

PATIENT INFORMATION

FIBROMYALGIA

WHAT IS FIBROMYALGIA?

Fibromyalgia syndrome is a common form of generalized muscular pain and fatigue. The name “fibromyalgia” means pain the muscles and the fibrous connective tissues (the ligaments and tendons). This condition is referred to as a “syndrome” because it’s a set of signs and symptoms that occur together. Fibromyalgia is especially confusing and often misunderstood because almost all its symptoms are also common in other conditions. In addition, it does not have a known cause.

Fibromyalgia is a form of “soft-tissue” or muscular aching rather than “arthritis of a joint.” Fibromyalgia mainly affects the muscles and their attachments to bones. Therefore, although fibromyalgia may feel like a joint disease, it is not a true form of arthritis and does not cause deformities of the joints.

Unfortunately, because certain syndromes lack physical and laboratory findings, but depend mostly on a person’s report of complaints and feelings, these syndromes are often viewed as not being real or important. In the past, fibromyalgia suffered from this type of negative thinking.

Over the past 10 years, however, fibromyalgia has been better defined through studies that have established guides for its diagnosis. These studies have shown that certain complaints, such as generalized muscular pain and tender points, are present in people with fibromyalgia and not commonly present in healthy people or people with other rheumatic conditions. These diagnostic features separate fibromyalgia from other types of conditions that have chronic muscle and bone pain.

WHAT ARE THE SYMPTOMS OF FIBROMYALGIA?

There are three important components in helping to diagnose fibromyalgia:

1. Pain

Pain is the most prominent symptom of fibromyalgia. It is generally felt all over, although it may start in one region, such as the neck and shoulders, and seems to spread over a period of time. Fibromyalgia pain has been described in a variety of ways including: burning, radiating, gnawing, sore, stiff, and aching. It often varies according to the time of day, activity level, weather, sleep patterns, and stress. Most people with fibromyalgia say that some degree of pain is always present. They sense that the pain is mainly in their muscles and often note that fibromyalgia feels like a persistent flu. For some people with fibromyalgia, the pain may be quite severe.

Although the general physical examination is usually normal, and individuals may look well, a careful examination of their muscles will demonstrate very tender areas at specific locations. The presence and pattern of the characteristic “tender points” separate fibromyalgia from other conditions. The tender areas in fibromyalgia are similar in location to sore and tender areas in other common muscle and bone pain disorders. They are found in many locations and are almost always on both sides of the body. People often are not aware of the exact location or even the presence of many of these tender points until they are specifically examined by a doctor.

2. Fatigue and Sleep Disturbances

Most people with fibromyalgia describe moderate or severe fatigue with lack of energy, decreased exercise endurance, or the kind of exhaustion felt with the flu or with lack of sleep. Often the fatigue is more of a problem and more troubling than the pain. Generally, people with fibromyalgia wake up feeling tired, even after sleeping throughout the night. They may be aware that their sleep has become lighter and that they wake up during the night. Scientific studies have demonstrated that most people with fibromyalgia have an abnormal sleep pattern, especially an interruption in their deep sleep.

The fatigue in fibromyalgia is similar to that in another condition called chronic fatigue syndrome (CFS). Some people with fibromyalgia have symptoms of CFS, and vice versa. For example, many people with CFS have the tender points and symptoms considered to be diagnostic of fibromyalgia. Because there is an overlap in these two common syndromes, it may not be possible to separate these two conditions, and one doctor may give a diagnosis of fibromyalgia whereas another may call the same condition chronic fatigue syndrome.

3. Nervous System Symptoms

Changes in mood and thinking are common in fibromyalgia. Many individuals feel “blue” or “down,” although only about 25 percent are truly depressed. Some people also feel very anxious. Generally, the depression and anxiety seem to follow the onset of fibromyalgia symptoms and may be the result of the fibromyalgia rather than a cause of it. However, some researchers feel there may be a “biologic link” between fibromyalgia and some forms of depression and chronic anxiety. As with other chronic illnesses, people with fibromyalgia may report difficulty concentrating or performing simple mental tasks. There is no evidence that these problems become more serious. Similar problems have been noted in many people with sleep disturbances of all kinds or with mood changes.

4. Other Problems

Headaches, especially muscular (tension headaches) and migraine headaches, are common in fibromyalgia. Abdominal pain, bloating, and alternating constipation and diarrhea are also common. This may resemble irritable bowel syndrome or “spastic colon.” Similar bladder spasms and irritability may cause urinary urgency or frequency. The skin and circulation are often sensitive to temperature and moisture changes, resulting in temporary changes in skin color. People with fibromyalgia may have feelings of numbness and tingling in their hands, arms, feet, legs, or sometimes in their face. In response to these symptoms, people with fibromyalgia often undergo numerous tests for such conditions, only to find that the test results are normal.

HOW IS FIBROMYALGIA DIAGNOSED?

Fibromyalgia is diagnosed by the presence of widespread pain in combination with tenderness in very specific locations coupled with fatigue. Unfortunately, no one laboratory test or x-ray can diagnose fibromyalgia. Such tests are only helpful when they prove the presence of other conditions, such as low thyroid hormone (hypothyroidism), which can cause fibromyalgia signs and symptoms. A careful history and physical examination can identify other conditions that may cause chronic pain and fatigue and identify the “tender points” that are seen in fibromyalgia.

Because the complaints of fibromyalgia are so general and often bring to mind other medical disorders, many people undergo complicated and often repeated evaluations before they are diagnosed as having fibromyalgia.

WHAT CAUSES OR TRIGGERS FIBROMYALGIA?

The single exact cause of fibromyalgia is unknown. Many different factors, alone or in combination, may trigger this disorder. For example, a number of stresses—such as illness, physical trauma, emotional trauma, or hormonal changes—may precipitate the generalized pain, fatigue, sleep, and mood problems that characterize fibromyalgia. Physical or emotional trauma could precipitate fibromyalgia in a number of ways. For example, a physical trauma such as having an infection or flu could lead to certain hormonal or chemical changes that promote pain and worsen sleep. Also, people with fibromyalgia may become inactive, depressed, and anxious about their health, further aggravating the disorder.

In recent years, studies have shown that in fibromyalgia the muscle is especially vulnerable to decreased circulation and minor injury. Therefore, smoking and inappropriate exercise or poor posture may aggravate fibromyalgia. Research has also looked at the role of certain hormones or body chemicals that may alter pain, sleep, and mood. Eventually, this research should result in a better understanding of fibromyalgia, as well as more effective treatment, and even prevention!

HOW IS FIBROMYALGIA TREATED?

Currently, treatment of fibromyalgia includes:

- **Medications** that diminish pain and improve sleep;
- **Exercise programs** that involve muscle stretching and improve cardiovascular fitness;
- **Relaxation techniques** and other measures to help you relax tense muscles; and
- **Educational programs** to help you cope with fibromyalgia.

As with most chronic illnesses, the treatment should be tailored to meet your individual needs. Some people with fibromyalgia have mild symptoms and need very little treatment once they understand what fibromyalgia is and what worsens their condition. Most people do benefit from a comprehensive care program.

Medications

The anti-inflammatory medications used to treat arthritis and many rheumatic conditions do not have a major effect on fibromyalgia. However, modest doses of aspirin, ibuprofen, or acetaminophen may help to provide some pain relief and lessen stiffness. Narcotic pain relievers, tranquilizers, and cortizone derivatives have been shown to be ineffective and should be avoided because of their potential side effects.

Medications that promote deeper sleep and also relax muscles help many people with fibromyalgia. These include amitriptyline (*Elavil*), doxepin (*Sinequan*), cyclobenzaprine (*Flexeril*), and related medications. Although these medications are also used to treat depression, in people with fibromyalgia they are generally in very low doses and only at bedtime. Thus, they are not specifically used as antidepressants or tranquilizers in the treatment of fibromyalgia but may relieve pain and improve sleep.

Although many people sleep better and have less discomfort when they take these medications, the improvement varies greatly from person to person. In addition, the medications may have side effects such as daytime drowsiness, constipation, dry mouth, and increased appetite. These side effects are rarely severe, but can be disturbing and may limit the use of these drugs. Therefore, a number of different medicines may need to be tried and doses adjusted in consultation with a doctor.

Exercise and Physical Therapy

Two principles of treating fibromyalgia are to increase cardiovascular (aerobic) fitness and to stretch and mobilize tight, sore muscles. You may be reluctant to exercise if you are already in pain and feel tired. Low-or non-impact aerobic exercise such as brisk walking, biking, swimming, or water aerobics, are generally the best way to start such a program. Exercise on a regular basis, such as every other day, and gradually increase to reach a better level of fitness.

Gently stretch your muscles and move your joints through an adequate range of motion daily and before and after aerobic exercise. Physical therapy may be helpful and could include techniques such as heat, ice, massage, whirlpool, ultrasound, and electrical stimulation to help control pain. Physical therapists may also be consulted to design a specific exercise program to improve posture, flexibility, and fitness.