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2010

Guide to Fibromyalgia Management

A publication of the National Fibromyalgia Partnership, Inc.

A non-profit, educational organization, estab. 1992

Because there is currently no “magic pill” for fibromyalgia, treatment aims at managing FM symptoms to the greatest extent possible. Just as individual manifestations of fibromyalgia vary from patient to patient, so do successful forms of treatment (e.g., what works for one patient may not work for another). In addition, medical practitioners often have different preferences as to treatment. Because successful FM treatment can involve a variety of medical professionals, patients usually benefit from a coordinated, team approach to disease management. This guide describes the most common treatment strategies, used alone or in combination for the management of FM.



Drug Therapies

PRESCRIPTION MEDICATIONS

Note: The overview of prescription drugs included in this section is intended to familiarize you with the medications most commonly prescribed for fibromyalgia. It does not replace advice and treatment from your doctor which you are strongly urged to get before trying any prescription drug. It also does not include supplemental medications that might be recommended to you for the treatment of fibromyalgia-related conditions (i.e., TMJ, restless leg syndrome, irritable bowel syndrome, etc.) Drugs are listed by trade name first, followed by their generic name in parentheses.

Analgesics are drugs designed to relieve pain. Those commonly used to treat fibromyalgia include anti-inflammatory medications with analgesic properties and narcotic drugs which are sometimes combined with acetaminophen (Tylenol) for added strength. As a group, analgesics are typically used to “take the edge off” of pain or to combat flare-ups.

Anti-inflammatory medications used to treat fibromyalgia include traditional NSAIDs (Non-Steroidal Anti-Inflammatory Drugs). As indicated above, because fibromyalgia is not an inflammatory condition, it is the analgesic property of these drugs that can sometimes be useful to FM patients. Among the traditional prescription NSAIDs are:

Indocin (indomethacin)	Voltaren (diclofenac)
Toradol (ketorolac)	Orudis (ketoprofen)
Naprosyn (naproxen)	Feldene (piroxicam)
Relafen (nabumetone)	Daypro (oxaprozin)
Lodine (etodolac)	Mobic (meloxicam)

Because stomach irritation can be a problem with these drugs, many doctors and pharmacists recommend taking them with food as a precaution. In addition, when the drugs are prescribed in large doses or over a long period of time, they should be closely monitored as they can also cause gastrointestinal bleeding.

Narcotic medications (opioids) are controversial in the management of fibromyalgia just as they are in other chronic pain conditions. While these drugs can be very useful in the treatment of patients who are suffering from acute flare-ups of FM, a fear of addiction remains on the part of some doctors and patients. However, many experienced clinicians in the field of FM management have gone on record saying that with careful management, the use of narcotic painkillers need not be problematic. Examples of drugs used in fibromyalgia treatment are:

Vicodin (hydrocodone + acetaminophen)
Darvocet (propoxyphene napsylate)
Percocet (oxycodone + acetaminophen)
Oxycontin (oxycodone hydrochloride)

Despite their reported usefulness in the treatment of episodes of severe FM pain, the effectiveness of narcotics in treating long-term, chronic pain is still uncertain. Rheumatologist Russell Rothenberg, M.D., Chair of the Medical Advisory Board of the National Fibromyalgia Partnership, notes that while opioids can be helpful in the treatment of acute FM flare-ups or in individuals who are highly disabled, they tend to be less effective in the treatment of chronic pain over the long term because they do not (chemically) address the root of the pain. As a result, the musculoskeletal problems associated with fibromyalgia are not dealt with. Because of this, a patient can eventually get worse, and the drugs can cease to be effective. If the patient requires long-term narcotic analgesics as part of a comprehensive treatment program for fibromyalgia, then long-acting drugs are usually preferable to short-acting drugs that can result in rebound pain overnight as the effect of the drug wears off. (*Russell Rothenberg, M.D., Presentation to the National Fibromyalgia Partnership, January 25, 2004*)

Ultracet (tramadol hydrochloride combined with acetaminophen) is a unique new centrally acting, synthetic, opioid analgesic which helps to relieve pain in three ways. Laboratory studies performed by Ortho McNeil suggest that it acts directly on parts of the brain where pain is received and on the spinal cord, and it reduces the size of the pain signal passed from one nerve to another. In a study published in the May 2003 issue of the *American Journal of Medicine*,

rheumatologist/researcher Robert Bennett, M.D., concluded that a combination tablet containing tramadol and acetaminophen is effective for the treatment of FM pain without any adverse side effects.

It should be noted that Ultracet should not be taken by people who are allergic to codeine or other opioids, and it should not be used with alcohol. In addition, because a small percentage of people taking tramadol have reported seizures, particularly after combining Ultracet with other medications that are known to put patients at risk for developing seizures, it is important to first carefully assess an individual's medication profile.

The Treatment Of Centrally Mediated Pain and other symptoms has become a more popular concept in recent years as more research points to the brain and central nervous system, and not the periphery of the body, as the source of dysfunction in fibromyalgia.

Tricyclic anti-depressants have been adopted for use in the treatment of fibromyalgia because of their ability to boost levels of the brain neurochemical serotonin (usually deficient in FM patients) and to control pain and promote sleep. They are usually prescribed in much lower dosages for FM than for depression, however. Common tricyclics include:

- Elavil (Amitriptyline)
- Pamelor (Nortriptyline)
- Sinequan (Doxepin)
- Desyrel (Trazadone)

One of the early drugs used to treat FM, amitriptyline has undergone extensive testing for effectiveness in fibromyalgia patients. Its primary side effects (similar to the other tricyclics) include: dry mouth, drowsiness, morning hangover, constipation, weight gain, and sometimes anxiety. Because of their sedating qualities, tricyclics are usually taken at bedtime.

Muscle relaxants can decrease pain in fibromyalgia patients by minimizing muscle spasms and muscle pain. Because of their sedating qualities, they also help to increase sleep and are usually taken at bedtime. Typically used muscle relaxants are:

- Flexeril (cyclobenzaprine hydrochloride)
- Norflex (orphenadrine citrate)
- Soma (carisoprodol)
- Skelaxin (metaxalone)
- Robaxin (methocarbamol)

Common side effects include drowsiness, dry mouth, constipation, headache, and heart palpitations. Soma does have the additional risk of becoming habit-forming.

Like Elavil, Flexeril was one of the earliest drugs used in the treatment of FM and has been well researched. Most recently, FM researcher and sleep expert Harvey

Moldofsky, M.D., of the Centre for Sleep and Chronobiology in Toronto, reported on a study of low dose Flexeril on 36 FM patients with alpha EEG sleep disorder. Subjects receiving Flexeril experienced improved pre- and post-sleep pain as well as post-sleep fatigue compared to controls. Their pain scores were also better. The drug is now being researched by VelaPharm Pharmaceuticals for the improvement of sleep quality. (*2003 Annual Meeting of the American College of Rheumatology, Abstract #1654*)

Selective Serotonin and Norepinephrine Reuptake Inhibitors (SSNRI's) are a new group of medicines which are thought to work by increasing the activity of chemicals called serotonin and norepinephrine in the brain. Examples of SSNRI's are Effexor XR (venlafaxine hydrochloride) and two drugs approved by the U.S. Food and Drug Administration (FDA) for the treatment of fibromyalgia: Cymbalta (duloxetine) and Savella (milnacipran).

Effexor XR (venlafaxine hydrochloride) was evaluated in a small study by Sayar et al. (*Ann Pharmacotherapy*, November 2003.) Fibromyalgia patients who took Effexor XR showed significant improvement in pain intensity and disability caused by fibromyalgia as well as in depression and anxiety.

Prior to their approval for fibromyalgia treatment by the FDA, Cymbalta and Savella underwent numerous clinical trials overseen by their respective pharmaceutical companies.

Anti-convulsant medications, originally developed for the treatment of epilepsy, are sometimes prescribed for the relief of neuropathic pain in fibromyalgia patients (i.e., burning and electric shock-like feelings in the extremities). If tolerated, these medications can help relieve nerve irritation. Examples of anti-convulsants are:

- Neurontin (gabapentin)
- Lyrica (pregabalin)
- Depakote (divalproex)
- Dilantin (phenytoin)
- Tegretol (carbamazepine)

Side effects may include sedation, dry mouth, and dizziness. Patients should be closely supervised by a doctor who can monitor blood counts and liver function tests.

Recently, the NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) funded a study to measure the effectiveness of Neurontin in reducing the symptoms of fibromyalgia. The study was conducted by Leslie Arnold, M.D., and her colleagues at the University of Cincinnati College of Medicine and at two Boston-area sites.

Lyrica (pregabalin) is a third drug recently approved for fibromyalgia treatment by the FDA. It is structurally related to the amino acid and neurotransmitter GABA. Lyrica has been shown to improve pain, disturbed sleep,

and fatigue in patients with FM according to one drug study (*Arthritis & Rheumatism*, April 2005).

University of Florida-Gainesville researcher Roland Staud, M.D., offers an extremely useful comparative analysis of medications for fibromyalgia in a lead article published in the journal, *Drugs*.¹ Dr. Staud describes the newer FDA-licensed drugs (Cymbalta, Savella, and Lyrica) overall as follows: “In general, about half of all treated patients seem to experience a 30% reduction of symptoms, suggesting that many patients with fibromyalgia will require additional therapies.”

He also notes, “Although future therapies with any combination of these interventions will probably be beneficial for patients with fibromyalgia, only head-to-head comparison trials will provide evidence for the superiority of one treatment over another.”

In Germany, researchers Winfried Häuser, Frank Petzke, and Claudia Sommer recently joined forces to conduct a systematic review of the research trials that had been conducted on fibromyalgia for the two SSNRI’s duloxetine (Cymbalta) and milnacipran (Savella) and the anti-epileptic drug, pregabalin (Lyrica). One particularly valuable set of findings which the investigators included in their article was a list of caveats for potential uses of the three drugs which included the following:²

1. Patients with unstable hypertension or chronic liver disease should use duloxetine or milnacipran with caution.

2. When depression is co-morbid with fibromyalgia, individuals taking milnacipran or duloxetine should be monitored for suicidal thoughts or signs of aggression.

3. When gastrointestinal issues like dyspepsia or irritable bowel syndrome are present in a patient, pregabalin might be the best drug choice.

4. FM patients who also have tension or migraine headaches need to keep an eye on the severity of headaches when either duloxetine or milnacipran is taken.

5. FM patients with chronic heart failure or obesity should use pregabalin with caution. In addition, the neurocognitive side effects of pregabalin such as confusion, disturbed attention, and euphoric mood might dictate limited use in patients with severe “fibro fog.”

Sleep medicines are used to treat insomnia and other sleep disorders. Because persons with fibromyalgia have trouble falling asleep, staying asleep, or getting quality, restorative sleep, sleep medicines have been found useful in FM management. By improving sleep, it is also possible to decrease pain and achieve better daytime functioning. Examples of commonly prescribed drugs include the central nervous system depressants Ambien (zolpidem tartrate) and Sonata (zaleplon). These drugs can be habit-forming and are therefore usually prescribed for short periods of time.

A new product, Lunesta (eszopiclone), is one of the generation of sleep aids like Ambien which helps people to fall asleep without the next day hangover characteristic of older-generation sleep drugs. Lunesta is the first drug to be approved for long-term use (though others may be tested in the future), and it helps people to stay asleep.

Although not yet approved by the FDA specifically for the treatment of fibromyalgia, the central nervous system depressant known as Xyrem is a promising drug currently being assessed for use in individuals with FM. Clinical trials in FM patients have already shown significant pain relief and improved functioning. Sodium oxybate, the active ingredient of Xyrem, is a sodium salt of gamma-hydroxybutyrate (GHB), a substance with a history of abuse. Therefore, Xyrem is highly controlled through a restricted distribution system.

Benzodiazepines, also very sedating and usually taken at bedtime, are sometimes used to help patients feel calmer and cope with pain more effectively. They include the following:

Klonopin (clonazepam)
Valium (diazepam)
Restoril (temazepam)
Xanax (alprazolam).

Note: Klonopin and Valium also have muscle relaxant properties that are useful in FM treatment.



Non-Drug Therapy

PHYSICAL REHABILITATION

A wide variety of hands-on “body work” therapies are available to individuals with FM. Some can only be provided by trained physical rehabilitation professionals familiar with fibromyalgia while others may be practiced at home under the guidance of a professional. The most widely used therapies are:

Massage is useful in soothing and increasing blood circulation to tense, sore muscles. It can also help remove built-up toxins like lactic acid and re-educate muscles and joints which have become mechanically misaligned. New

research suggests that the body enjoys a heightened immune response following massage.³

Ruth Werner, president of the Massage Therapy Foundation, a massage therapist, educator, and author, explains:

“I think that the most important message about massage for fibromyalgia is that patients have good days and bad days. Their tolerance for depth, speed, and pressure in massage can vary greatly day to day; the therapist must always stay within individual pain tolerance. Patients with fibromyalgia live with an ‘invisible’ condition. Massage as practiced by a therapist who is sensitive to their diffuse pain and their feedback can help them not only with pain, stress, and sleep, but through listening and through understanding their situation.”⁴

Craniosacral Therapy: According to David Benjamin, LMT, COTA, a long-time practitioner of craniosacral therapy, “Craniosacral therapists use gentle pressure, generally no more than five grams, coupled with an intuitive reading of the client’s body and energy field to dissipate and release dense areas within the energy field and to tease apart adhesions within the soft tissues, particularly in the meninges surrounding the brain and spinal cord, but including all of the connective tissues of the body.” He adds, “In general, what most of my clients have reported is a more relaxed way of being. Craniosacral therapy can provide many physical benefits as well, including relief from headaches, tension-related issues such as neck and back stiffness, TMJ, and fatigue. It can also provide relief from long-standing problems associated with fibromyalgia and post-traumatic stress syndrome.”⁵

Chiropractic: A key focus in chiropractic care is the nervous system (brain, spinal cord, and nerves) which is at work in every corner of the body and involved in all physiological functions. Chiropractors work to remove misalignments in the vertebrae, “unchoke” nerves, and allow the body to heal naturally.

Osteopathy is a discipline which proposes that the body is often able to effectively cope with disease on its own as long as it is in a normal structural relationship, has a favorable environment, and suffers no nutritional deficits. Osteopathy uses generally accepted physical, medicinal, and surgical methods of diagnosis and therapy (including the prescription of medications) while placing chief emphasis on the musculoskeletal system. FM patients may also receive manipulation (body work) as part of treatment.

Myofascial Release: A technique developed by physical therapist John Barnes, myofascial release is a very gentle form of body work designed to relieve restrictions and tightness in connective tissue (fascia). When properly performed, it often decreases connective tissue’s pull on

bones, allowing muscle fibers to relax and lengthen and organs to expand.⁶

Trigger Point Therapy is a technique designed to break up trigger points, the hyper-irritable spots which develop in skeletal muscle or its surrounding fascia and cause myofascial pain and a host of other symptoms throughout the body. In trigger point therapy, sustained pressure is usually applied on a trigger point by a therapist.

When trigger points cannot be broken up by this method, patients may be sent to a physician for trigger point injections. Injected medications usually contain 1% procaine or lidocaine. Many patients experience pain relief from these injections, especially when they are used in conjunction with physical therapy. The effects may last for up to three or four weeks.

Frequency Specific Microcurrent (FSM): The theoretical foundation of FSM can be traced to medical discoveries of physicians and osteopaths in the 1920’s who used electromagnetic therapy equipment in their practices to treat patients. These clinicians found that when specific frequencies of current were used on particular body tissues or medical conditions, the resonance effects of the frequencies could produce improvements in a patient’s condition.⁷

In 1994, Carolyn McMakin, D.C., and George Douglas, D.C., revived this protocol, tested the frequencies that had been documented using modern microcurrent devices, and built on the theoretical framework that had begun in the 1920s. Different from TENS units, FSM uses highly selective frequencies of low-power, microamperage current, similar to the kind that the human body produces in its own cells to promote healing at the basic cellular level. The goal of FSM is to target the underlying causes of maladies, not just the symptoms. Myofascial pain and fibromyalgia associated with cervical spine trauma (i.e., whiplash injuries, trauma to the neck from falls or lifting accidents or from hyperextension of the neck during surgery) seem to respond especially well to FSM, according to available research.⁸ Patients report feeling a sudden release of stress and tensions in painful muscles or damaged tissues. Often there is a pleasant feeling of warmth, but as they progress through multiple sessions of FSM treatments, patients also report experiencing lasting reductions in pain.⁹

Body Mechanics:

• **Postural Training:** While different forms of body work can help patients reduce pain and relax muscles, posture or movement training is often required to undo lifelong bad habits which increase pain and to re-educate muscles/joints that have become mechanically misaligned. Physical therapists can help with posture while professionals trained in the “Alexander Technique” can provide movement training. FM patients who have

significant problems with foot pain resulting from poor posture or body mechanics may also benefit from special shoe inserts (orthotics) prescribed by a podiatrist.

- **Stretching:** Gentle stretching can be performed by physical therapists and/or practiced by patients at home. Several videotapes have been specially created for FM patients for this purpose. Stretching is important because it helps to relieve muscle tension and spasm. In difficult-to-treat areas, “spray and stretch” techniques can be used to apply a spray coolant to sore muscles, deadening pain while the muscles are stretched.

- **Aerobic Exercise:** Low-impact aerobic exercise is very important for fibromyalgia patients to prevent muscle atrophy (wasting), to promote the circulation of blood containing oxygen and other nutrients to muscles and connective tissue, and to build strength and endurance. Examples of low-impact exercise include walking, warm water walking/exercise, and the use of treadmills or cross-country ski machines. A cardinal rule for fibromyalgia patients is to start extremely slowly and conservatively and build up exercise tolerance in small increments. Should a FM patient find that exercise repeatedly causes high levels of pain, a consultation with a physical rehabilitation therapist (i.e., physical therapist, chiropractor, etc.) may be indicated. These professionals can help restore normal physiological relationships between muscles and joints, thereby paving the way for successful exercise.



COMPLEMENTARY THERAPIES

A number of other approaches have proven useful in the management of fibromyalgia:

- **Acupuncture:** While a number of alternative remedies have been offered for FM management, very few have been rigorously studied in clinical settings. Acupuncture, a treatment which involves the insertion of small needles at specific anatomical points identified as conducive to energy, has received more scrutiny than most. Research has offered evidence that acupuncture enables electromagnetic signals in the body to be relayed at a greater rate than usual, thus allowing the flow of natural pain-killing endorphins to specific pain sites. In addition, it may also encourage the

release of the body’s own opioids into the central nervous system during treatment and alter brain chemistry by changing the release of neurotransmitters and neurohormones.¹⁰

- **Qigong & Tai Chi:** Although not as well known in the West, qigong is considered the mother of Chinese self healing. There are many forms of qigong ranging from internal ones like tai chi to the more robust external ones like kung fu. What all the forms have in common is a posture (either moving or stationary), breathing techniques, and mental focus.¹¹ Although tai chi is probably the best known form of qigong in the U.S., it is also one of the most difficult to learn with 108 movements designed to flow together in a specific order. Other forms of qigong are quite easy to learn (a few are even available on video) and can be practiced by anyone, including those in wheelchairs or hospital beds. Studies have suggested that qigong is promising for the management of hypertension, heart disease, dizziness/balance problems and for relieving stress, anxiety, and chronic pain.

It is especially useful to persons with fibromyalgia in another sense as well. First, it couples low impact movement with carefully orchestrated breathing and mental focusing techniques—an invaluable, gentle tool for a condition like FM which can cause significant deconditioning and be disruptive in a cognitive sense. Secondly, qigong can serve as a tool for significant stress relief and an avenue for dealing with severe pain, fatigue, and other symptoms. Thirdly, qigong has an intriguing ability to apparently stabilize the operations of certain autonomic nervous system functions in the body. Dysautonomia has been found to be a significant problem for many with fibromyalgia.

Several existing studies already show promise for qigong and invite more work in this field.¹²

- **EEG Neurotherapy:** As described by the Brain Wellness and Biofeedback Center of Washington (formerly the Neurotherapy Center of Washington), EEG neurofeedback is “a non-invasive procedure that involves monitoring and analyzing EEG [electroencephalograph] signals read through surface sensors on the scalp and uses the EEG itself to guide the feedback.”¹³ It is a therapy which is used to treat the brain wave abnormalities associated with mild to severe trauma to the brain caused by blunt force, whiplash, emotional trauma (i.e., post-traumatic stress disorder or PTSD), toxic exposure, and infection, among others. Such trauma is frequently responsible for “brain slowing,” a condition in which there is an excess or imbalance of energy in the slowest brain waves--the delta or theta waves. Such brain slowing has been identified in medical conditions like post-concussion syndrome, PTSD, depression, learning disabilities, fibromyalgia, and autism.

In individuals with mild traumatic brain injury, there is typically an inappropriate excess of energy in the slow brainwaves. The goal of treatment is to normalize brainwave patterns using a series of EEG-based stimulation treatments

which are administered by a specially trained professional. Later, surface electromyography (sEMG) therapy may be used to help retrain muscles, and myofascial release therapy may be prescribed to help restore proper muscle balance, promote optimum posture, and address other neuromuscular problems.¹⁴

HRV Biofeedback: A specialized form of biofeedback known as heart rate variability (HRV) biofeedback has also captured the interest of many professionals. According to William T. Evans of Roaring Valley, Colorado, who works in the field:¹⁵

“Heart rate is largely determined by the autonomic nervous system (ANS). Contrary to what is popularly believed, a healthy heart does not beat with a regular rhythm but has a continuously varying rate. The range of heart variability is an indicator of a person’s resilience and correlates with longevity and balance.”

Because research has been able to link fibromyalgia to autonomic nervous system (ANS) dysfunction and neurally mediated hypotension (NMH), a form of autonomic dysfunction,¹⁶ HRV biofeedback is of special interest for FM. In a pilot study by Hassett et al., at the Robert Wood Johnson Medical School in New Jersey, investigators set out to study the effectiveness of using HRV biofeedback on autonomic functioning in individuals with FM.¹⁷ Twelve female patients with fibromyalgia between the ages 18-60 were selected to receive 10 weekly sessions of heart rate variability biofeedback training as well as a three-month follow-up session. Study participants were instructed to practice the breathing techniques they had acquired for HRV biofeedback for 20 minutes twice/day.

The study results showed decreases in pain and depression and improvements in functioning between the first session and the three-month follow-up. Heart rate variability and blood pressure variability (BPV) also improved during the biofeedback tasks.¹⁸

Hypnotherapy: Although not everyone agrees on how hypnosis really works, it is now more commonly realized that when facilitated by a trained hypnotherapist, hypnosis can have a profound effect on a person’s physiological and neurological functioning, including the functioning of the autonomic nervous system which was previously thought to be beyond conscious control.¹⁹ Hypnotherapy can help clients to manage many physical aches and pains, and it can also enable significant changes in breathing and relaxation.

Although there is more than one way to perform hypnosis, the goal is generally to quiet the patient’s mind and gain greater access to the unconscious by “shifting a client’s attention away from the external environment toward a narrow range of objects or ideas as suggested by a hypnotherapist.” The theory is that the unconscious mind is more uncritical than the conscious mind, so suggestions have a better chance of working.²⁰

Hypnotherapy has been used in remarkable ways in medicine, dentistry, psychotherapy, and behavioral medicine. It has also been reported quite successful in the treatment of irritable bowel syndrome and fibromyalgia.

Relaxation Therapy: Not surprisingly, the pain and related symptoms of fibromyalgia cause significant stress to the body. Recent research suggests that, physiologically, FM patients simply do not process stress well. Thus, effective stress management programs are recommended. Among those used for fibromyalgia are: biofeedback, watsu, meditation, breathing exercises, yoga, progressive relaxation, guided imagery, and autogenic training. Patients need to receive initial training for many of these but can often continue practicing the concepts they have learned on their own. Books, audiotapes, and classes are widely available to help.

Nutrition: Nutritional therapy for fibromyalgia can be helpful in counteracting stress, ridding the body of toxins, and restoring nutrients which have been malabsorbed or robbed from the body. Simple approaches may include the use of vitamin/mineral supplements to combat stress, replace deficiencies, and support the immune system. Of special interest are vitamin B12, which has been found deficient in some FM patients in research studies, and vitamin D which can be responsible for increased pain in the body and vulnerability to a number of diseases when deficient.²² Nutritionists commonly urge fibromyalgia patients to limit the amount of sugar, caffeine, and alcohol they consume since these substances have been shown to irritate muscles and stress the system. Also helpful is to consume plenty of water to cleanse the body of toxins, especially after exercise and/or physical therapy. When starting a new nutritional program, it is important to inform your physician as some supplements and foods cause serious, or even dangerous, side effects when mixed with certain medications.

Cognitive Behavioral Therapy: As trite as it may sound, attitude is often one of the strongest predictors of how well a patient is able to manage FM. Research has shown that patients who are not actively engaged in taking charge of their illness simply aren’t as likely to get better. Those who unknowingly adopt maladaptive illness behaviors (i.e., hopelessness, victim mentality) are less likely to aggressively seek help through exercise, physical therapy, or medications. Getting better with FM can be very tough, but patients should not give up. Constructive help is available even if the patient must find it using his/her own initiative. If negative thinking is a problem, cognitive/behavioral therapy (via classes, audiotapes, and or individual counseling) can be a beneficial resource.

Common Sense: Individuals with FM can make a meaningful contribution to their own treatment by learning how their bodies respond to fibromyalgia. For example, do

certain activities (especially those involving repeated or prolonged muscle use) tend to exacerbate FM? If so, how can they be modified or replaced and thus better tolerated? Do certain types/levels of activity cause delayed pain reactions a day or two later? Also crucial is learning to pace yourself, take frequent breaks, and say “No” to requests that simply cannot be accommodated on a particularly bad day. If certain commitments cannot be avoided, it is important to get extra rest before and after to aid in recovery. While these ideas sound simple in theory, they are often difficult to implement.

Self Tolerance: It is all too easy for individuals with FM to be excessively hard on themselves. After realizing that they are unable to accomplish all they once did, they can become overly critical or disparaging of themselves in their “self-talk”. Guilt may also become a problem as they must depend on friends and family to a greater extent for help with daily activities while “letting them down” by saying “no” to social outings when symptoms are severe. If surrounded by people who don’t “believe in” fibromyalgia, patients may sometimes wonder if their FM really IS just a figment of their imagination or is somehow “their fault”. If a helpful treatment regimen is not discovered right away, they may feel discouraged or worry that others think they just aren’t trying hard enough to feel better.

Newly diagnosed patients need to know that it is not their fault that they have fibromyalgia. FM is a legitimate, medically recognized condition which is being actively researched every day. Public awareness of FM is rapidly increasing, too. It takes enormous energy as well as courage to adjust to FM and find treatments that work well without wasting precious energy on guilt, self deprecation, and doubt.

Rheumatologist and FM specialist Russell Rothenberg, M.D., has words of hope to share. Just because someone starts out with severe symptoms doesn’t mean that (s)he cannot find worthwhile improvement with a skillfully devised and comprehensive treatment program. “Patients need to know that medication, judicious rest, exercise, physical therapy, and good diets can do more than just control the symptoms of fibromyalgia; they can control the disease process as well. There is no cure for FM, but people do get better! Hopefully, as better medications that are more specific for fibromyalgia are developed, and people are diagnosed earlier in their illness, more individuals with fibromyalgia will go into remission, or at least partial remission, and feel better.”²³

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