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Fibromyalgia Fundamentals

There's no time to waste!

What Is Fibromyalgia?

Fibromyalgia (or "FM" for short) is a common, chronic condition which causes widespread pain and fatigue as well as several other symptoms. It occurs worldwide and in all age groups. Although often confused with arthritis, which causes pain and inflammation in the joints, FM is not an inflammatory condition, and it does not directly affect the joints. Rather, patients with fibromyalgia feel tenderness throughout the body along with pain and stiffness in muscles and soft tissue.

The pain of FM usually consists of ongoing aching or burning and/or muscle spasms. Pain can vary in severity from day to day. Sometimes, it can be so intense that it interferes with the performance of even simple tasks, while other times it may cause only moderate discomfort. Likewise, the fatigue of FM can range from mild lack of stamina to the exhaustion of a severe, flu-like illness. When severe, FM can have a profound, negative effect on quality of life, compromising work, school, and social activities. Many fibromyalgia patients also find it difficult to remain physically fit, mobile, and independent.

FM-Related Symptoms & Syndromes

In addition to pain and fatigue, a number of symptoms may be experienced with FM. Like pain/fatigue, their severity may wax and wane over time, and individuals may differ in the extent to which they are troubled by them. Possible symptoms include:

Stiffness: Body stiffness is usually most apparent upon awakening, after prolonged periods of sitting or standing, or with changes in barometric pressure.

Sleep Disturbances: Despite sufficient amounts of sleep, FM patients may awaken feeling unrefreshed, as if they have barely slept. Alternatively, they may have trouble falling asleep and staying asleep.

Cognitive Difficulties: These include difficulty concentrating, "spaciness" or "fibro-fog," memory lapses, difficulty thinking of words/names, and feeling overwhelmed when multi-tasking.

Postural Problems: Individuals with FM who engage in activities which involve continuous, forward body posture (i.e., desk work, assembly line work, housework, dentistry, etc.) often have problems with chest and upper body (thoracic) pain and dysfunction which can, in turn, cause shallow breathing and worsen postural problems.

Sensory Sensitivity & Allergy-like Symptoms: Hypersensitivity to light, sound, touch, odors, and ambient temperature frequently occurs among those with FM. They may also feel chilled or cold when others around them are comfortable, or they may feel much warmer than others in the same room. Dryness of the eyes and mouth (sicca syndrome) can be a problem.

Difficulty With Balance/Light-Headedness: FM patients may be troubled by vestibular problems for a variety of reasons. Over-stressed muscles in the neck may cause dizziness and unsteadiness. Since fibromyalgia is thought to affect the skeletal tracking muscles of the eyes, "visual confusion" and nausea may be experienced when driving a car, reading a book, or visually tracking objects. Some FM patients may experience neutrally-mediated hypotension, a drop in blood pressure and heart rate upon standing, which causes light-headedness, nausea, and "brain fog."

Depression & Anxiety: Although FM patients are frequently misdiagnosed with depression or anxiety disorders ("it's all in your head"), research has repeatedly shown that fibromyalgia is not a form of depression or hypochondriasis. Where depression or anxiety do independently co-exist with fibromyalgia or occur as a result of severe FM, treatment is important as both can exacerbate FM and interfere with successful symptom management.

Other Medical Conditions Known To Co-exist Or Overlap With Fibromyalgia

Gastrointestinal Upset: Digestive disturbances, abdominal pain, and bloating are quite common with FM as are constipation and/or diarrhea (or a combination of the two). Together these symptoms are usually known as "irritable bowel syndrome" or IBS.

Myofascial Pain: A significant number of people with FM have chronic myofascial pain, a neuromuscular condition in which hyper-irritable spots (trigger points) form in taut bands in skeletal muscle or its surrounding fascia, often as a result of injury, illness, or activities, especially those requiring repetitive motion. These spots can become very painful and can refer pain to other parts of the body in very predictable ways and cause limited range of motion, loss of strength and stamina, and a variety of non-pain symptoms. Temporomandibular joint (TMJ) dysfunction, a painful condition which affects the jaw joints and surrounding muscles, often includes significant myofascial pain.

Chronic Fatigue Syndrome (CFS), also known as chronic fatigue and immune dysfunction syndrome (CFIDS), involves extremely incapacitating fatigue and poor stamina which cannot be accounted for by any other medical condition. Officially, its symptoms, in addition to fatigue, include muscle pain, joint pain, sore throat, tender lymph nodes, problems with short-term memory, difficulty concentrating, headaches, malaise after exertion, and unrestful sleep.

Genito-Urinary Disorders: FM patients may experience increased frequency of urination or increased urgency to urinate, typically in the absence of a bladder infection (irritable bladder syndrome). Some may develop a chronic, painful inflammatory condition of the bladder wall known as interstitial cystitis. Pelvic pain is also not uncommon. Women with FM may have more painful menstrual periods or a flare-up of fibromyalgia symptoms during this time. Conditions such as vulvodynia, characterized by a painful vulvar region, may also develop.

Restless Leg Syndrome (RLS), which also sometimes occurs with FM, is a neurologic disorder which involves a "creepy crawly" sensation in the legs and an irresistible urge to move the legs when at rest or when lying down. RLS may also involve periodic limb movements during sleep (PLMS) which can be very disruptive to both the patient and the sleeping partner.

FM & Other Rheumatic Conditions: Can FM occur concurrently with other rheumatic conditions? According to FM expert, Robert Bennett, M.D.:

" It is quite common for patients with 'well-established' rheumatic diseases, such as rheumatoid arthritis, systemic lupus, and Sjögren's Syndrome, to also have fibromyalgia. It is important for their doctor to

realize they have such a combination of problems, as specific therapy for rheumatoid arthritis, lupus, etc., does not have any effect on FM symptoms." (Source: http://www.myalgia.com)

What Causes Fibromyalgia?

The specific cause of fibromyalgia is currently unknown. However, researchers at the Chronic Pain and Fatigue Research Center at the University of Michigan at Ann Arbor, a well-known source of advanced studies in the field of fibromyalgia, report that "there are many pieces of evidence that point to a fundamental problem in the way the spinal cord and brain are processing pain signals." The Center's director, Daniel Clauw, M.D., explains FM in laymen's terms: "It is as if the 'volume control' in the nerves throughout the body is turned up too high." (Source: http://www.med.umich.edu/painresearch)

Genetic research in the field of fibromyalgia supports the theory that people with FM may have a gene or genes that cause them to react strongly to stimuli that most people would not perceive as painful. The National Center of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) of the National Institutes of Health, the lead institute on FM at the NIH, reports that there have already been several genes identified that occur more commonly in fibromyalgia patients. NIAMS-supported researchers are looking at other possibilities, as well. (Source: https://www.niams.nih.gov)

Even though the cause of fibromyalgia is not yet known, there is considerable agreement in the field about its possible triggers. These include infection, physical or psychological trauma, hormonal abnormalities (i.e., hypothyroidism), drugs, vaccines, and certain catastrophic events (i.e., wars). In some individuals, FM occurs spontaneously for no known reason.

How Is Fibromyalgia Diagnosed?

There are currently no diagnostic laboratory tests or x-rays specifically for fibromyalgia. Instead, diagnosis is made by an experienced physician who takes a careful medical history, asks specific questions about how long a given patient has been experiencing pain, and inquires whether (s)he has had other symptoms like fatigue, poor sleep, and/or cognitive difficulties (among others), to rule out other illnesses and musculoskeletal disorders. The physician then often examines the patient for pain and tenderness in specific areas of muscle in the body.

Fibromyalgia Management

The goal of treatment is to manage fibromyalgia symptoms to the greatest extent possible. Because symptoms vary from patient to patient, it is necessary to tailor treatment plans to fit individual needs and to find a regimen which offers useful improvement. Options typically include medication(s), physical rehabilitation /exercise, and alternative therapies - used singly or in combination.

Medications: Most frequently prescribed for fibromyalgia are medications which address the prominent FM symptoms of pain and fatigue. Because some FM patients are medication-sensitive, a low dosage may need to be prescribed at first and then slowly increased. Low-dose, tricyclic anti-depressants (TCA's) and muscle relaxants are popular choices which have a long track record of testing and

evaluation. Still being evaluated are the more recent FDA-approved medications for FM called selective serotonin and norepinephrine reuptake inhibitors (SSNRI's) which some patients find effective and others have difficulty tolerating. Promising research is also being conducted with other medications. (For further details, check out the National Fibromyalgia Partnership's *Guide to Fibromyalgia Management*, available through the NFP's catalog or on its website.) As with all drugs, the potential adverse effects must be carefully considered.

Physical Rehabilitation & Exercise: A wide variety of hands-on "body work" therapies can also be helpful. These include massage therapy, craniosacral therapy, muscle/joint re-education, and for those who have myofascial pain due to trigger points - trigger point therapy. In addition, gentle stretching and low-impact exercises (i.e., walking/treadmill, aquatic exercise in warm water, and bicycling) can be quite helpful. Because successful treatment can sometimes require a variety of medical professionals, a coordinated, team approach to FM management is recommended when feasible.

Complementary/Alternative Treatments: Other useful approaches include: acupuncture, postural training, qigong/tai chi, relaxation therapy, biofeedback, nutritional counseling, and cognitive behavioral therapy, among others.