

Fibromyalgia

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Fibromyalgia (also known as fibrositis or FM) is the name given to a cluster of symptoms of varying severity. The main symptoms are of wide-spread pain. Women are twice as likely to complain of these symptoms as are men.

Other symptoms include tiredness to a degree that normal activities are affected, sleep problems, troubles with memory and depression.

Some people also report restless legs syndrome, bowel or bladder problems, numbness and tingling and sensitivity to noise, lights or temperature.(3,4) Fibromyalgia is frequently associated with depression, anxiety and posttraumatic stress disorder.(3,4) Other types of chronic pain are also frequently present.

Fibromyalgia) is a form of non-articular rheumatism characterised by muscular-skeletal pain, stiffness, fatigue, and severe sleep disturbance. Common site of pain or stiffness include the neck, shoulder region, arms, knees, thighs and legs. These sites are known as tender points and are excessively sensitive to applied pressure.

Fibromyalgia affects 2 to 8 per cent of the population in Australia. This is pretty much consistent on a world-wide basis. There are many cases of undiagnosed or misdiagnosed fibromyalgia. It affects mainly women, although men and adolescents can also develop the condition. It tends to develop during middle adulthood.

Causes of fibromyalgia

The cause of fibromyalgia is unknown, however, it is believed to involve a combination of *genetic* and *environmental* factors.

The condition runs in families and many genes are believed to be involved

Environmental factors may include psychological stress, trauma and certain infections. The pain appears to result from processes in the central nervous system and the condition is referred to as a "central sensitisation syndrome".)

Diagnosis There is no *specific* diagnostic test.

However, diagnosis involves first ruling out other potential causes and verifying that a set number of symptoms are present.(6,7)

Fibromyalgia is estimated to affect 2–8% of the population. Rates appear similar in different areas of the world and among different cultures. Fibromyalgia was first defined in 1990, with updated criteria in 2011. There is controversy about the classification, diagnosis and treatment of fibromyalgia.

While some feel the diagnosis of fibromyalgia may negatively affect a person, other research finds it to be beneficial as exemplified by a 55 year-old woman who was eventually diagnosed as having fibromyalgia.

"After two years of tests and some wrong diagnosis, I was eventually told that I had fibromyalgia. It was such a relief to have a diagnosis for the pain."

Symptoms of fibromyalgia

The many symptoms do not indicate any specific recognised disease process. There is now good evidence to suggest that the same symptoms found in people with fibromyalgia are similar to those present in animals who are sick and/or responding to severe stress.

Recent studies in animals and humans suggest that whenever stress responses are activated, a neuro-immune process is accentuated within the central nervous system.

Symptoms of fibromyalgia can vary from mild to severe. Each person with fibromyalgia will have their own unique set of symptoms.

Pain in fibromyalgia is typically widespread and may be experienced in both soft tissues and joints. While pain severity often fluctuates. It rarely follows the consistent diurnal pattern seen in inflammatory disorders. Patients may present with regionalised pain related to a recent event, but a detailed history often reveals a more extensive pain history. Some individuals may be genetically predisposed to widespread pain, and a history of 'growing pains' or other painful disorders in childhood is fairly common.

Triggers for fibromyalgia flares

At times the symptoms experienced as a result of fibromyalgia (such as pain or fatigue) will become more intense. This is called a flare. Flares can be triggered or made worse by several factors including:

- temperature and weather changes
- overexertion
- poor sleep
- physical or mental stress
- illness or injury
- travelling and/or changes in schedule
- hormonal changes
- changes in treatment.
- diet

Managing fibromyalgia

While there is no cure for fibromyalgia, the symptoms can be effectively managed. This starts with a correct diagnosis. A management program will then be designed to meet specific needs.

Generally non-pharmacological management of fibromyalgia will involve a combination of:

- Education
- Exercise
- Pain management
- Stress management and relaxation
- Balancing rest and activity
- Pacing
- Cognitive behaviour therapy
- Staying at work
- Sleep
- Mindfulness
- Transcutaneous electrical nerve stimulation (TENS)
- Acupuncture
- Nutrition
- Complementary and alternative medicine (CAMs) – mostly poor evidence-

Pharmacological Management of fibromyalgia:

Combined with other strategies mentioned above, medication may be used to manage pain, reduce stress or promote sleep. There are different types of medications that that may be used:

- analgesics – such as paracetamol may provide temporary pain relief
- non-steroidal anti-inflammatory medications– for temporary pain relief
- anti-depressant medications – may be used in small doses to reduce pain and help sleep
- anti-epileptic medications – may also be used to help reduce pain and promote sleep.

Drug therapy is a component of fibromyalgia management; however, it may give rise to only modest benefits, so is best employed in conjunction with lifestyle and non-pharmacological management.

Multiple drugs may need to be trialled sequentially because patients with fibromyalgia commonly experience unpleasant adverse effects or may have an inadequate response to treatment. The tolerability of drug therapy in fibromyalgia is often improved by starting treatment at a low dose and slowly increasing the dose in small increments.

The only drug approved by TGA for fibromyalgia is milnacipran. It is not on the PBS schedule. However, SSRI antidepressants have been used with varying degrees of success.

See <https://www.healthdirect.gov.au/fibromyalgia>