

Patient information

## Fibromyalgia Syndrome (FMS)



[http://www.fenixstopspain.com/fibromyalgia\\_syndrome.html](http://www.fenixstopspain.com/fibromyalgia_syndrome.html)

*“Aching all over and too tired to think”*

**Fibromyalgia syndrome** is a condition where a person experiences some-or-all of the following symptoms:

- **Widespread pain:** aching all over, especially in lower back, neck and shoulders.
- **The slightest touch feels painful.**
- **Feels like a never-ending dose of the flu.**
- **Chronic fatigue and sleep problems:** no energy; hard to get out of bed.
- **Sensitivity** to light, sound, extremes of temperature, smells, chemicals, medications.
- **Sensitivity** to stress, colds, flu, infections.
- **Changes in mood:** anxiety, depression, feeling stressed.
- **‘Fibro fog’:** difficulties with memory, concentration and thinking.
- **Other symptoms:** headaches, restless legs, irritable bowel or bladder, jaw pain (TMJ), chest pain or indigestion, sinus problems, swelling, rashes, pins and needles, numbness, ringing in the ears, dizziness.

**Fibromyalgia** literally means ‘aching muscles’, but there’s actually nothing wrong with the muscles. There is no ‘disease’ or ‘damage’ to the muscles or any part of the body for that matter.

### **Fibromyalgia syndrome (FMS):**

- Affects 3% of the population.
- Affects females 3 x more than men.
- Can occur at any age, but is more common between 30 and 60 years of age.

## Patient information

- More common in persons with a family history of pain.
- More common in persons who have chronic pain, like whiplash, irritable bowel syndrome, restless legs, TMJ (jaw) pain, rheumatoid arthritis or low back pain.
- More common in persons with anxiety, post-traumatic stress disorder (PTSD), panic disorder, obsessive-compulsive disorder (OCD), depression or bipolar.

FMS is part of a 'spectrum' of similar conditions including *chronic fatigue syndrome (CFS)*, *myalgic encephalitis (ME)* and *chemical sensitivity syndrome*.

In FMS, pain and other symptoms develop as part of the body's response to **stress**.

This is called the '**sickness response**.'

Exposure to 'stresses' that 'threaten' the body, such as **injuries** (e.g. whiplash, broken bones), **illness** (e.g. glandular fever virus, cancer, arthritis) or **life-events** (e.g. depression, anxiety, work or relationships problems) cause changes in the whole-body's nervous, immune and hormone systems, producing a **sickness response** (exactly like a dose of the 'flu'), which sometimes doesn't switch-off as expected, but continues over the long-term (especially if stress continues).

This **sickness response** not only produces chronic pain in various parts of the body (like the aching muscles you feel when you're sick in bed with flu), but many of the other symptoms that go hand-in-hand with pain, like chronic fatigue, poor sleep, lack of energy and motivation, difficulty thinking, poor memory, depression, anxiety, sensitivity to various sensations (cold or bright lights), poor appetite and libido.

In FMS, the immune system is in 'overdrive', producing chemicals that promote the sickness response (interleukins, substance P). The pain control system becomes super-sensitive (the pain 'volume' is turned up, just like an amplifier). There are changes in hormones (growth hormone, cortisone) and brain chemicals such as serotonin and dopamine that control pain, mood and sleep.

The sickness response is the body's way of shutting-down for a few days to help recovery. By staying in bed and sleeping, the body has a chance to build up the energy it needs to overcome the stress it's dealing with, such as a 'flu' virus. This is a good thing if we are fighting an infection and it only lasts a few days. However, the sickness response can go on for weeks, months or even years if we are overloaded by stress such as injury, illness or worries.

The sickness response (and FMS) is a kind of *hibernation* (bears deal with the stress of a cold winter by 'going to sleep' in a cave for months).

FMS may be triggered by the following stresses:

- **Injuries:** e.g. 'whiplash', surgery, trauma (car accident)
- **Viruses & infections:** e.g. Ross River virus, glandular fever.
- **Illnesses:** e.g. rheumatoid arthritis, cancer.
- **Environmental factors:** e.g. chemicals, toxins.
- **Psychological & social stress:** e.g. childhood abuse or illness, anxiety, stress, military service.

## Patient information

The more **stress** a person is exposed to over time, the greater their risk of developing FMS.

**Example:** FMS develops in a 45 year old woman after a motor vehicle accident, with whiplash-associated neck pain and post traumatic stress disorder, followed by a court case and family breakdown.

**Testing for FMS**

- FMS is diagnosed by performing a good history and examination.
- There is no 'gold standard' test for FMS.
- Your doctor may have to rule out other conditions that 'look like' FMS.
- Blood tests and x-rays such as a bone scan may be required.

**MANAGEMENT OF FIBROMYALGIA SYNDROME**

- We talk about 'management' rather than treatment or 'cure'.
- Unfortunately, there is no 'magic cure' for FMS, but there are lots of things that can be done to help.
- Because FMS affects many aspects of a person's life, we must manage the 'whole-person.'
- To do this effectively, we need the help of healthcare team including physiotherapists, clinical psychologists and occupational therapists.
- Management is based using medications to reduce pain sensitivity (without causing side effects), dealing with stress, anxiety and depression, and steadily building-up physical fitness and activities in a 'paced' fashion.

**The following information is what we suggest to health care professionals.**

- Pain relief for FMS is based on the use of simple analgesics (paracetamol), antidepressants (amitriptyline, duloxetine, venlafaxine), tramadol or gabapentinoids (pregabalin 'Lyrica', or gabapentin), non-steroidal anti-inflammatory drugs (e.g. ibuprofen, celecoxib). These medications vary in their effectiveness—may improve sleep and pain in about *1 in 6 patients*.
- Strong opioids (e.g. codeine, oxycodone, morphine or patches) is **not helpful** in FMS and can make widespread pain worse (opioid induced hyperalgesia).
- Many patients with FMS are sensitive to the side effects of medications—therefore 'start low and go slow' when first starting medications.
- Gradually building up muscle strength and endurance with the help of a physiotherapist is the most effective way of managing FMS.

## Patient information

- People with FMS have muscle (and generalised) physical deconditioning because they've done less exercise than usual for quite a while. The difficulty is that people with FMS are chronically fatigued so exercise may be hard to do.
- Helpful activities include walking, hydrotherapy, muscle strengthening, swimming and tasks of daily living.
- **Pacing** means building-up your activities *slowly* (by 10% per week, so as not to overdo it).
- You will experience 'good and bad days' (with 'flare-ups' of pain and fatigue); this *will improve* over time so don't be disheartened if this happens.
- Clinical psychology-behavioural pain management is very important.
- A **pain management programme** is **very helpful** and based on good scientific evidence.
- Specific FMS treatments include:
  - Managing sleep.
  - Treating mood and anxiety problems.
  - Myofascial trigger-point therapies (e.g. neck and shoulders).
  - Headache management.
  - Occupational therapy review (work, home).

**Alternative therapies:** There are many medical and complementary therapies for FMS, including mineral or vitamin treatments, low-dose naltrexone, PEA, muscle therapies, herbal remedies etc. The effectiveness of these treatments may not have been scientifically proven. Be careful not to get 'swept up' in all sorts of 'promising' treatments, especially if they are expensive.

## Conclusion

Modern pain management focuses on helping **you** take control and using your whole-body's resources to deal with your pain.

**Realistic** treatment aims for FMS over *several months* include:

- Steadily building-up muscle and whole-body fitness using pacing.
- Improving your ability to perform every day activities, work and recreation, with less pain.
- Improving mental function and mood.
- Reducing fatigue and improving sleep.