

Medicine for Managers

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Fibromyalgia

Fibromyalgia is a rheumatic condition characterized by muscular or musculoskeletal pain with stiffness and localized tenderness at specific points on the body. Sufferers hurt all over. It was previously called muscular rheumatism or fibrositis but the term fibromyalgia was coined in 1975. It is derived from the Latin word *fibra* (fibre) and the Greek words *myo* (muscle) and *algos* (pain)

It is a common condition affecting between three and five percent of people. More women are affected than men and the severity of the symptoms varies from person to person and from day to day.

Pain is the principal symptom and is often very difficult to control. In addition sufferers experience muscle stiffness and tenderness and increased sensitivity to pain (hyperalgesia) but also unrelated symptoms such as extreme fatigue, insomnia, nausea, headaches and difficulty in concentration and undertaking mental activities. The condition may be associated with anxiety and depression (though it is often difficult to decide which came first), restless legs syndrome and irritable bowel, urinary symptoms, visual problems, jaw joint dysfunction, chest pain, dysmenorrhoea and also unrelated and almost random nerve symptoms such as numbness, tingling or burning, usually felt in the extremities.

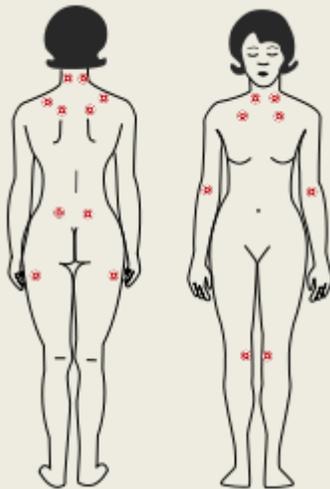
For many sufferers the pain is so persistent and difficult to manage that the depression becomes almost overwhelming and results in inactivity, loss of interest in everything and even feelings of hopelessness.

The cause of fibromyalgia is not understood although several mechanisms have been suggested. Brain transmitters (the chemicals which pass messages from nerve to nerve) may be disturbed in affected people as may the operation of the nerves carrying pain sensations themselves. Some researchers have suggested that there may be an inherited component. There is no doubt that the symptoms are aggravated by poor sleep and of course pain feels worse when tiredness is a factor. Other factors that may trigger or aggravate the symptoms include a major emotional event, an injury or a viral illness.

There are no specific changes that a doctor can see, measure or test for to make a diagnosis of fibromyalgia. It is normally diagnosed from the

history and by the exclusion of other musculo-skeletal disorders which may lead to the same symptoms. In order to eliminate other conditions, blood tests, radiographs and scans may be required.

The American College of Rheumatology, in 1990, identified nine paired tender points which they defined as the criteria for a diagnosis of fibromyalgia



Picture from Wikipedia

In general a diagnosis is made in someone who has had pain in at least three different sites in the body which has persisted for at least three months and in whom no other cause has been found.

The paucity of information about cause and nature of the condition gives a clue to the reason why a variety of different treatments exist. Some cases are managed in general practice, others by rheumatologists, neurologists or the pain clinics.

Medication is a mainstay of the treatment of the condition. Analgesics (painkillers) are extremely important and the type selected will depend on the severity of the pain and the response to treatment. Some patients will obtain adequate relief from a simple analgesic such as paracetamol whilst, for others, more powerful agents such as codeine, dihydrocodeine, up to fentanyl or even morphine may be necessary to get reasonable control. The variety of side effects associated with treatment increases with the power of the analgesics and, with all narcotic agents, tiredness and fatigue and constipation are often very troublesome.

For other patients treatment with antidepressants, either alone or combined with analgesics, may relieve the symptoms. Drugs which have been found to be useful include the tricyclic antidepressants, such as amitriptyline and medications which are known to affect the chemical transmitters in the brain (such as duloxetine, fluoxetine and paroxetine). Such drugs have a range of side effects including blurred vision, dry mouth, constipation, dizziness and weight gain.

Other treatments may include hypnotics (sleeping tablets), muscle relaxants, non-steroidal anti-inflammatory drugs, and some anticonvulsants (normally used in the treatment of epilepsy but known to help some patients with fibromyalgia, such as pregabalin). Exercise and keeping the affected areas moving is also very important and so aerobics and swimming

may be helpful. For some people cognitive behavioural therapy, relaxation therapy, acupuncture, massage and aromatherapy may be of help.

Chronic sufferers need much support because the symptoms may be distressing, exhausting and deperately depressing as they contiue for day after day. Some patients appear well despite the unremitting pain and perhaps lack the sympathy and support to which they are entitled. However, for every sufferer the key to success is the identification of the tailored solution to obtain maximum benefit to relieve the symptoms.

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