



Fibromyalgia

Fast Facts

- Fibromyalgia affects two - four percent of people, women more often than men.
- Fibromyalgia is not an autoimmune or inflammation based illness, but research suggests the nervous system is involved.
- Doctors diagnose fibromyalgia based on all the patient's relevant symptoms (what you feel), no longer just on the number of tender places during an examination.
- There is no test to detect this disease, but you may need lab tests or X-rays to rule out other health problems.
- Though there is no cure, medications can reduce symptoms in some patients.
- Patients also may feel better with proper self-care, such as exercise and getting enough sleep.

Fibromyalgia is a common neurologic health problem that causes widespread pain and tenderness (sensitivity to touch) all over the body. Most often, people with this chronic (long-term) illness are fatigued (very tired) and have sleep problems. The

Fibromyalgia is most common in women, though it can occur in men. It most often starts in middle adulthood, but can occur at any age. Fibromyalgia is often associated with other health problems, such as rheumatoid arthritis, lupus, or other autoimmune diseases. These include

+ What is fibromyalgia?

Fibromyalgia is a neurologic chronic health condition that causes pain all over the body and other symptoms.

- Tenderness to touch or pressure affecting muscles and sometimes joints or even the skin
- Severe fatigue
- Sleep problems (waking up unrefreshed)
- Problems with memory or thinking clearly

Some patients also may have:

- Depression or anxiety
- Migraine or tension headaches
- Digestive problems: irritable bowel syndrome (commonly called IBS) or gastroesophageal reflux disease (of
- Irritable or overactive bladder
- Pelvic pain
- Temporomandibular disorder - often called TMJ (a set of symptoms including face or jaw pain, jaw clicking,

+ What causes fibromyalgia?

The causes of fibromyalgia are unclear. They may be different in different people. Current research suggests in (brain and spinal cord). **Fibromyalgia is not from an autoimmune, inflammation, joint, or muscle disorder.** make people more prone to getting fibromyalgia and the other health problems that can occur with it. Genes a

There is most often some triggering factor that sets off fibromyalgia. It may be spine problems, arthritis, injury, illness. The result is a change in the way the body “talks” with the spinal cord and brain. Levels of brain chemi described as Central Pain Amplification disorder, meaning the volume of pain sensation in the brain is turned u

Although Fibromyalgia can affect quality of life, it is still considered medically benign. It does not cause any he

+ How is fibromyalgia diagnosed?

A doctor will suspect fibromyalgia based on your symptoms. Doctors may require that you have tenderness to saying you have fibromyalgia, but they are not required to make the diagnosis (see the Box). A physical exam pain. There are no diagnostic tests (such as X-rays or blood tests) for this problem. Yet, you may need tests to

Because widespread body pain is the main feature of fibromyalgia, health care providers will ask you to descri other diseases with similar symptoms. Other conditions such as hypothyroidism (underactive thyroid gland) ar tell if you have either of these problems. Sometimes, fibromyalgia is confused with rheumatoid arthritis or lupu blood tests that will help your health care provider detect these health problems. Unlike fibromyalgia, these rh

Criteria Needed for a Fibromyalgia Diagnosis

1. Pain and symptoms over the past week, based on the total of number of painful areas out of 19 parts of th
 - a. Fatigue
 - b. Waking unrefreshed
 - c. Cognitive (memory or thought) problems

Plus number of other general physical symptoms

2. Symptoms lasting at least three months at a similar level

3. No other health problem that would explain the pain and other symptoms

Source: American College of Rheumatology, 2010

How is fibromyalgia treated?

There is no cure for fibromyalgia. However, symptoms can be treated with both non-drug and medication based types of treatments.

Non-Drug Therapies: People with fibromyalgia should use non-drug treatments as well as any medicines the fibromyalgia is physical exercise. Physical exercise should be used in addition to any drug treatment. Patients including Tai Chi and yoga, can ease fibromyalgia symptoms. Although you may be in pain, low impact physic

Cognitive behavioral therapy is a type of therapy focused on understanding how thoughts and behaviors affect mindfulness, can help patients learn symptom reduction skills that lessen pain. Mindfulness is a non-spiritual based stress reduction has been shown to significantly improve symptoms of fibromyalgia.

Other complementary and alternative therapies (sometimes called CAM or integrative medicine), such as acupuncture fibromyalgia symptoms. Many of these treatments, though, have not been well tested in patients with fibromy

It is important to address risk factors and triggers for fibromyalgia including sleep disorders, such as sleep apnea depression. This may require involvement of other specialists such as a Sleep Medicine doctor, Psychiatrist, a

Medications: The U.S. Food and Drug Administration has approved three drugs for the treatment of fibromyalgia (serotonin and norepinephrine) that help control pain levels: duloxetine (Cymbalta) and milnacipran (Savella). C fibromyalgia. These include amitriptyline (Elavil) and cyclobenzaprine (Flexeril). Other antidepressant drugs car about the risks and benefits of your medicine.

The other drug approved for fibromyalgia is pregabalin (Lyrica). Pregabalin and another drug, gabapentin (Neurontin) can help with pain transmission. These medicines may cause dizziness, sleepiness, swelling and weight gain.

It is strongly recommended to avoid opioid narcotic medications for treating fibromyalgia. The reason for this is people with fibromyalgia, and will cause greater pain sensitivity or make pain persist. Tramadol (Ultram) may be needed. Over-the-counter medicines such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs

Anaprox) are not effective for fibromyalgia pain. Yet, these drugs may be useful to treat the pain triggers of fibromyalgia such as arthritis in addition to fibromyalgia.

For sleep problems, some of the medicines that treat pain also improve sleep. These include cyclobenzaprine. It is not recommended that patients with fibromyalgia take sleeping medicines like zolpidem (Ambien) or benzodiazepines.

+ Living with fibromyalgia

Even with the many treatment options, patient self-care is vital to improving symptoms and daily function. In addition to treatment, self-care can help you increase sleep quality, lessen fatigue and help you cope better with fibromyalgia. With proper treatment and self-care tips for living with fibromyalgia:

- Make time to relax each day. Deep-breathing exercises and meditation will help reduce the stress that can worsen symptoms.
- Set a regular sleep pattern. Go to bed and wake up at the same time each day. Getting enough sleep lets you feel more rested and limit caffeine intake, which can disrupt sleep. Nicotine is a stimulant, so those fibromyalgia patients with nicotine dependence should quit. If you are a smoker, talk to your doctor about quitting.
- Exercise often. This is a very important part of fibromyalgia treatment. While difficult at first, regular exercise can help reduce pain and improve mood. Start with low-impact activities, such as walking, swimming, or water aerobics. If you have difficulty with exercise, ask your doctor for advice. Remember, saying, "Start low, go slow." Slowly add daily fitness into your routine. For instance, take the stairs instead of the elevator. As your symptoms decrease with drug treatments, start increasing your activity. Add in some walking, swimming, water aerobics, or other low-impact activities. Do not stop exercising because of your pain and other symptoms. It takes time to create a comfortable routine. Just get moving.
- Educate yourself. Nationally recognized organizations like the Arthritis Foundation and the National Fibromyalgia Association can provide information and support. Share information with family, friends and co-workers.
- Look forward, not backward. Focus on what you need to do to get better, not what caused your illness.

+ The role of the rheumatologist

Fibromyalgia is not a form of arthritis (joint disease). It does not cause inflammation or damage to joints, muscles, or bones. However, because of the pain and fatigue similar to arthritis, some people may advise you to see a rheumatologist. As a result, often a rheumatologist's diagnosis is helpful. In long-term care, you do not need to follow with a rheumatologist. Your primary care physician can provide all the other services you need.

+ Additional Information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The American College of Rheumatology is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist about these resources.

- National Institute of Arthritis and Musculoskeletal and Skin Diseases
- National Fibromyalgia Association
- National Fibromyalgia and Chronic Pain Association

- National Fibromyalgia Partnership, Inc.
 - The American Fibromyalgia Syndrome Association, Inc.
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This information is provided for general education only. Individuals should consult a qualified health care provider for professional medic

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