

Fibromyalgia

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I. Introduction

Fibromyalgia is an extremely common condition that is believed to affect between 2 and 8 per cent of the adult population. It is characterized by pain that affects both the upper and lower halves of the body and has been present for over six weeks. Fatigue and poor quality sleep are associated symptoms.

II. Myths

There are, unfortunately, many myths about fibromyalgia that have been perpetuated mostly by physicians. They include:

- a). Fibromyalgia is "all in your head." It is basically the same thing as depression.
- b). Fibromyalgia is a "wastebasket term" that a doctor will use when he/she does not know what is wrong with you.
- c). There is nothing they can do for you when you have fibromyalgia. Nothing works.
- d). Fibromyalgia is an autoimmune disorder.

III. Causes

The cause of fibromyalgia is unknown. Although the pain is felt in muscles and soft-tissues, there are no visible abnormalities at these sites. The muscles and tendons are excessively irritated by various painful stimuli. This is thought to be the result of a change in pain perception, a phenomenon termed "central sensitization". Despite the large number of symptoms, there is no generally agreed upon explanation for how or why central sensitization develops. The most plausible theory suggests that some people have a genetic predisposition to fibromyalgia because of a heightened sense of pain. In other people, various stressors, including infection, physical or emotional trauma, sleep disturbances, or other medical conditions allow for the development of fibromyalgia.

The chance of developing fibromyalgia is increased eight fold in family members of a person with fibromyalgia compared to people in the general population.

Similar genetic factors are noted in people with irritable bowel syndrome, depression, and migraines

IV. Symptoms

The hallmark of this condition is pain. The pain is frequently described as severe and it either migrates from one body area to another – sometimes changing daily - or is described as being “all over.” Changes in barometric pressure (such as when a storm is approaching) seem to intensify the symptoms.

Patients also often report numbness, tingling, burning, or creeping or crawling sensations, especially in both arms and both legs. However, unless a concurrent neurologic disorder, such as carpal tunnel syndrome or a cervical radiculopathy (pinched nerve), is present, a detailed neurologic evaluation or formal testing is usually unremarkable.

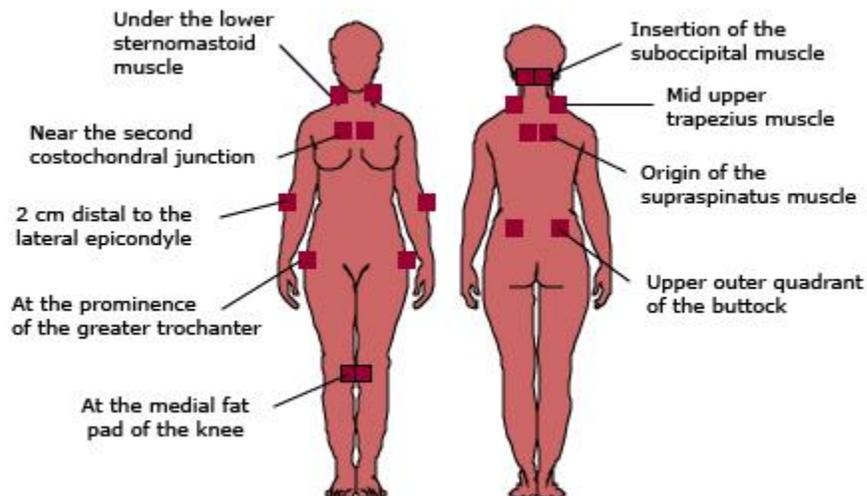
The other universal symptom of FM is fatigue. This is especially notable when arising from sleep, but is also marked in the mid-afternoon.

Patients typically describe problems with attention and difficulty doing tasks that require rapid thought changes. This is sometimes referred to as “fibro fog.”

Depression and/or anxiety are present in 30 to 50 percent of patients at the time of diagnosis. Headaches are present in more than 50 percent and include migraine and muscular (tension) types.

V. Physical signs

In patients with fibromyalgia, the only reproducible finding on physical examination is tenderness in specific anatomic locations. See below:



Adapted from: Goldenberg, DL, Hosp Pract (Off Ed) 1989; 24:39.

It is unclear why these 18 areas tend to be the most reliably tender areas in individuals with fibromyalgia. Note: not all 18 areas need to be tender at any one time. It is clear, however, that if at least 11 of these 18 areas are tender, then the likelihood of fibromyalgia being present is quite high (over 85% probability).

VI. Conditions that mimic and are confused with fibromyalgia

Many conditions cause pain and fatigue. As a result, fibromyalgia is frequently misdiagnosed as another condition. The most common conditions that are incorrectly proposed are: lupus, rheumatoid arthritis and Lyme disease. In addition, given the fact that many patients with fibromyalgia have complaints of numbness or tingling, neurologic diseases such as multiple sclerosis, carpal tunnel syndrome, and pinched nerves in the spine (radiculopathy) are frequently invoked by physicians untrained in the ability to diagnose fibromyalgia.

VII. Treatment

- a.) Education. Knowledge is power and learning about the condition is the first step to recovery. Most patients have had fibromyalgia for years before the diagnosis is finally made. They often have undergone multiple diagnostic evaluations and have consulted with many different specialists. Some patients may feel rejected by the medical profession, while others may fear that a life-threatening illness will eventually be found. The patient must be reassured that fibromyalgia is a real illness, and not imagined or "in your head." Patients must be told that this is not a deforming or deteriorating condition, and that it is neither life threatening nor a cosmetic problem.
- b.) Exercise. The benefit of exercise in fibromyalgia cannot be overstated. While it is obvious that people in pain and affected with fatigue have a difficult time exercising, those that persevere and are consistent, clearly do better than those that give up. It is recommended that the exercise be aerobic, i.e. makes the heart beat faster, be gradually increased (goals need to be very modest at the beginning, e.g. five minutes three days a week with gradual increments), and be low-impact. Examples of exercise that are usually well-tolerated include swimming, stationary bicycle, treadmill, etc. It behooves the patient to choose something he/she can do twelve months out of the year. Exercising outdoors is easy to do when the temperature is about 70degrees but not so easy at 15 or 90 degrees.
- c.) Medication. Currently, there are three medications approved by the FDA for the treatment of fibromyalgia. They are: Lyrica®(pregabalin), Cymbalta® (duloxetine), and Savella®(milnacipran). These are not, however, the only medications that have been studied and have been shown to be useful. Additional medications that may be useful include: amitriptyline, cyclobenzaprine, fluoxetine, venlafaxine, paroxetine, fluvoxamine, gabapentin, and tramadol-acetaminophen. There is no evidence that narcotics (Tylenol with codeine, Vicodin, Percocet, etc.) are helpful in the long term in the treatment of fibromyalgia.
Supplements. Magnesium malate combines magnesium and malic acid. Both substances help produced energy in the form of adenosine triphosphate (ATP), which studies show can be deficient in fibromyalgia and chronic fatigue syndrome. Magnesium helps maintains muscles, bones and nerves. Some fibromyalgia experts recommend taking 140 mg of magnesium twice a day and 600 mg of malic acid 3 times a day, before meals. One uncontrolled study showed benefit with 200mg of malic acid and 50mg of magnesium 3 time a day.

Magnesium is found in fish, artichokes, bananas, grains, yogurt, black beans, almonds, cashews and brazil nuts. Malic acid comes from apples or other tart fruits.