

Fibromyalgia

Overview: Fibromyalgia is a very common disorder that results in chronic pain and stiffness in various muscle groups throughout the body without active inflammation. The pain seems to originate in the tendons, muscles and ligaments, excluding the joints. It is estimated five million Americans, usually between the ages of 20 and 50, experience fibromyalgia. Fibromyalgia seems to be associated with physically unfit muscles and poor conditioning. Muscles that are unable to withstand physical demands will begin to ache and hurt. A classic example is a poorly muscled woman performing manual labor in a factory on a repetitive basis. This can cause an aching in the shoulder or between the shoulder blades due to excessive muscle demands. Smoking also tends to aggravate fibromyalgia. This is because nicotine is a muscle stimulant and increases the demands of the muscle. In addition, there seems to be links between sleep disorders and fibromyalgia. Sleep studies have shown patients with fibromyalgia have decreased rapid eye movement (REM) sleep, or dream sleep. During REM sleep, we manufacture chemicals in our brain, which elevate our pain threshold. Patients who have disturbed sleep have low levels of these chemicals and have an increased perception of pain. Stress also has a negative impact on fibromyalgia. Trauma, surgery, medical illness and emotional turmoil have all been suspected as agents that can trigger fibromyalgia.

Diagnosis: The primary symptom of fibromyalgia is pain. This can occur in any muscle, tendon, or ligament in the human body, but is most common around the shoulder girdles, neck, low back and hips. Certain areas of the muscle can become extremely tender. These are called trigger points. Trigger points are generally in the same place from patient to patient, and help confirm the diagnosis. Another primary symptom of fibromyalgia is fatigue, which may be secondary to the sleep disturbance that is common with fibromyalgia. Other common symptoms associated with fibromyalgia include headaches, irritable bowel, dizziness and bladder spasms. Upon physical examination, the doctor will note the patient to have the characteristic trigger points of fibromyalgia. Above and beyond this, however, there are no specific laboratory tests or x-rays to confirm the diagnosis. Nonetheless, your doctor may order certain tests to rule out other disorders like rheumatoid arthritis.

Treatment: There are two primary treatments for fibromyalgia; exercise and anti-depressants. Since the disorder seems to be related to poorly conditioned muscles, it is very important to strengthen muscles. This can be done with a regular exercise program involving strength training at home as well as under the guidance of a physical therapist. It is important to maintain ideal body weight so unnecessary stress is not placed on the poorly conditioned muscles. Eating a well-balanced diet low in fat is helpful.

Anti-inflammatory drugs, which have pain-relieving qualities, such as aspirin and ibuprofen, do not seem to work well in fibromyalgia. Tylenol is a better drug because it does not cause ulcers or irritate the stomach and intestines the way the anti-inflammatory drugs do. The most useful medications in the treatment of fibromyalgia are the anti-depressant drugs like Pamelor and Sinequan, which raise levels of chemicals in our brain, that are the body's mood elevators. We now know these mood elevators are also the body's natural pain relievers. Anti-depressants have the additional benefit of inducing deeper sleep. In severe flare-ups of fibromyalgia, injections can be used to control pain that is restricted to one area of the body like the neck and shoulder. Injections of local anesthetics and small doses of anti-inflammatory drugs can be

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given. This can be very useful to control the pain and allow the patient to become more functional. Generally the injections are given as a series of two to four over a period of weeks. When the injections are stopped, the patient is observed to see how long the relief lasts. If the pain relief lasts at least a number of months, the injections can be given again in the presence of a recurrent attack.

Prognosis: The long-term outlook for patients with fibromyalgia is generally very good. Patients do not have to worry about joint destruction or neurological damage. Moreover muscles respond well to an active exercise program. By working closely with your doctor, exercising on a regular basis, building strength and taking prescribed medications, patients with fibromyalgia can lead a normal life.

Prevention:

- Avoid smoking
- Stress reduction and relaxation
- Proper diet
- Proper strength training
- Regular activity
- Maintain ideal body weight
- Get enough sleep