

Fibromyalgia

Fibromyalgia is an often misunderstood—even unrecognized—disorder that causes widespread muscle pain and tenderness which tends to come and go and move about the body. This common and chronic condition typically is associated with fatigue and sleep disturbances.

Fast facts

- Fibromyalgia affects 2-4% of the population, predominantly women.
- Fibromyalgia is diagnosed based on patient symptoms and physical examination. There is no laboratory, radiographic, or other diagnostic test, but these can be used to exclude other conditions.
- Medication, while important, is not the only treatment. Patient education, exercise, self-management skills and alternative therapies help treat fibromyalgia symptoms.

What is fibromyalgia?

Fibromyalgia is defined by chronic widespread muscular pain and tenderness. Many people with fibromyalgia also experience additional symptoms such as fatigue, sleep disturbances, stiffness, cognitive and memory problems, and symptoms of depression and anxiety. More localized pain conditions often occur in patients with fibromyalgia, including migraine or tension headaches, temporomandibular disorder, irritable bowel syndrome, gastroesophageal reflux disorder, irritable bladder, and pelvic pain syndromes. The symptoms of fibromyalgia and associated conditions can vary in intensity and wax and wane over time. Stress often worsens these symptoms.

What causes fibromyalgia?

The causes of fibromyalgia may be different in different people. However, it is very likely that there are certain types of genes that can predispose people to developing fibromyalgia and other co-occurring conditions. Genes alone do not, however, cause fibromyalgia. There is usually some triggering factor, such as spine disorders, arthritis, trauma, and other types of physical stressors. Emotional stressors also may play a triggering role. The result is changes in the way the body communicates with the spinal cord and brain associated with altered levels of chemicals and proteins in the central nervous system. For the person with fibromyalgia, it is as though the “volume control” is turned up too high in the brain's pain processing areas.



Who gets fibromyalgia?

Fibromyalgia is most common in women, though men also can develop fibromyalgia. The disorder most commonly has its onset in middle adulthood, but can occur in adolescence and old age. Those who have a rheumatic disease such as osteoarthritis, [lupus](#), [rheumatoid arthritis](#), or [ankylosing spondylitis](#) also are at higher risk for developing fibromyalgia.

How is fibromyalgia diagnosed?

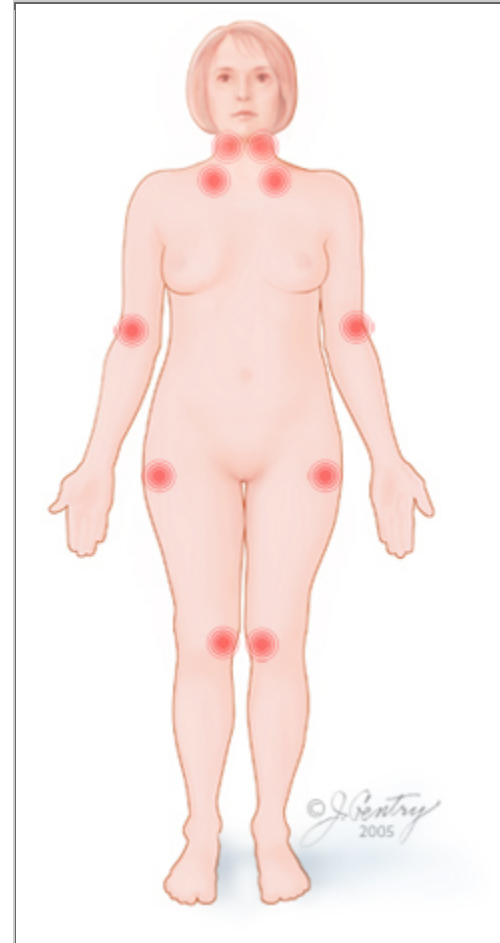
Patients can be diagnosed accurately based on the symptoms they experience and physical findings. There are no diagnostic tests, such as X-rays, blood tests or muscle biopsies, for this condition.

Because pain and tenderness are the defining characteristics of fibromyalgia, medical care providers focus on the features of the pain to distinguish it from other rheumatic disorders. For instance, hypothyroidism and [polymyalgia rheumatica](#) often mimic fibromyalgia. However, blood tests for TSH (thyroid stimulating hormone) and ESR (erythrocyte sedimentation rate) values can differentiate these diagnoses from fibromyalgia. Occasionally, fibromyalgia can be confused with other rheumatic disorders such as [rheumatoid arthritis](#) or [lupus](#), but again there is a difference as these conditions cause inflammation in the joints and tissues.

How is fibromyalgia treated?

There is no cure for fibromyalgia, so it must be managed as a chronic condition. Management should include both medication and non-drug treatments for symptoms.

Medications: The U.S. Food and Drug Administration has approved several drugs for the treatment of fibromyalgia. They include drugs that alter some of the brain chemicals (serotonin and norepinephrine) that are involved in pain processing, duloxetine (*Cymbalta*) and milnacipran (*Savella*). Older drugs that also affect these brain chemicals also may be used to treat fibromyalgia including amitriptyline (*Elavil*), cyclobenzaprine (*Flexeril*), venlafaxine (*Effexor*). It also may be effective to use medications that act mostly on serotonin, such as fluoxetine (*Prozac*), paroxetine (*Paxil*) or sertraline (*Zoloft*). These medications have side effects related to their specific formulation.

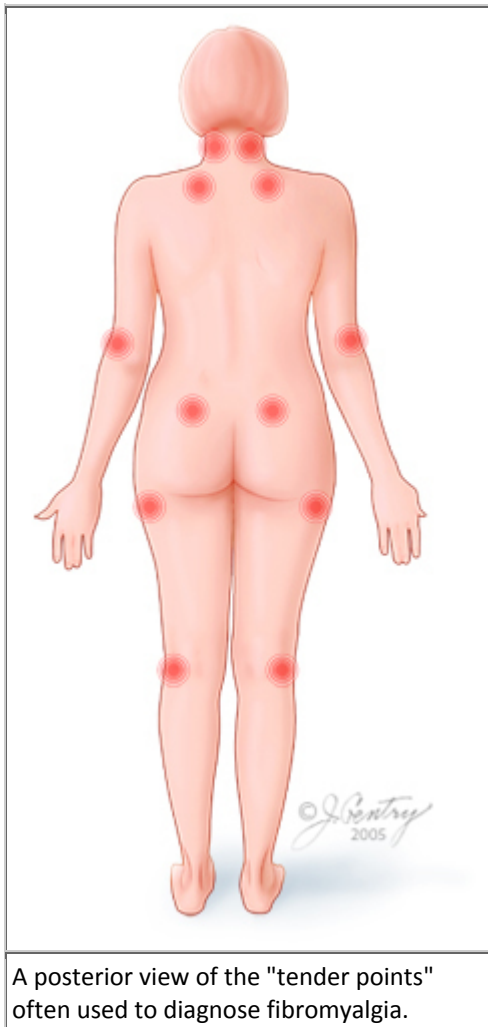


Pain and tenderness in the so-called "tender points" are the defining characteristics of fibromyalgia, so medical care providers focus on the features of the pain to distinguish it from other rheumatic disorders.



The other medication approved by the FDA is pregabalin (*Lyrica*). Pregabalin and another drug gabapentin (*Neurontin*) work in a different way by blocking the overactivity of nerve cells involved in pain transmission. These medications may cause dizziness, sleepiness, swelling and weight gain.

Tramadol (*Ultram*) can be used to treat fibromyalgia pain, but other opioids are typically not recommended for the treatment of fibromyalgia unless patients are refractory (or resistant) to other therapies. This is not due to issues with dependence, but rather because anecdotal evidence suggests these drugs are not of great benefit to most people with fibromyalgia and in fact may cause greater pain sensitivity or persistence of chronic pain. It is useful to treat sleep problems with medications that improve sleep but can also treat pain, such as cyclobenzaprine (*Flexeril*), amitriptyline (*Elavil*), gabapentin (*Neurontin*) or gabapentin (*Lyrica*).



A posterior view of the "tender points" often used to diagnose fibromyalgia.

In some cases, pain in fibromyalgia patients can be helped by treatment with analgesics such as over-the-counter acetaminophen (*Tylenol*) or non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (*Advil*, *Motrin*) or naproxen (*Aleve*, *Anaprox*). However, it is particularly important to recognize that these drugs are likely treating the pain triggers rather than the fibromyalgia pain itself so are most useful in individuals that have a "peripheral" (e.g., arthritis) pain syndrome in addition to fibromyalgia.

Other Therapies: Complementary and alternative therapies can be useful in pain management for people with fibromyalgia, although these treatments have generally not been well tested.

Yoga, therapeutic massage, acupuncture, and other body-based therapies can be helpful to relieve muscle spasms and stiffness.

Living with fibromyalgia

Even with these therapeutic options, however, patient self-management is integral to a meaningful improvement in symptoms and daily function.

- Schedule time to relax each day. Deep-breathing exercises and meditation will help reduce the stress that can bring on symptoms.
- Establish a regular pattern for going to bed and waking up. Getting enough sleep allows the body to repair itself, physically and psychologically. Also, avoid

daytime napping and limit caffeine intake that can disrupt sleep. Nicotine is a stimulant, so those with sleep problems should stop smoking.



- Exercise regularly. This is a particularly important part of fibromyalgia treatment. While difficult at first, regular exercise often reduces pain symptoms and fatigue. Patients should follow the adage, “Start low, go slow.” Begin with physical activity that fits into your lifestyle. For instance, take the stairs instead of the elevator, or park further away from the store, slowly adding daily fitness into your routine. Then push harder. Add in some walking, swimming, water aerobics and/or stretching exercises. Remember, it takes time to establish a comfortable routine, so just get moving, stay active and don't give up!
- Educate yourself. Nationally recognized organizations like the Arthritis Foundation and the National Fibromyalgia Association are excellent resources for information you can share with family, friends and co-workers.

Need some additional help with self-management? Cognitive behavioral therapy (CBT) can help redefine your illness beliefs and, through symptom reduction skills, change your behavioral response to pain.

Keep in mind that establishing healthy lifestyle behaviors in concert with medical treatment can reduce pain, increase sleep quality, lessen fatigue and help you cope effectively with fibromyalgia.

Points to remember

- Look forward, not backward. Focus on what you need to do to get better, not what caused your illness.
- As your symptoms decrease with medical treatment, begin increasing your activity and functions, by beginning to do things that you had originally stopped doing because of your pain and other symptoms. You can get better and live a normal life.

The role of the rheumatologist

Fibromyalgia is not a form of arthritis (joint disease) and does not cause inflammation or damage to joints, muscles or other tissues. However, because fibromyalgia can cause chronic pain and fatigue similar to arthritis, it may be thought of as a rheumatic condition. As a result, it is often the rheumatologist who makes the diagnosis (and rules out other rheumatic diseases), but your primary care physician can provide all the care and treatment for fibromyalgia that you need.

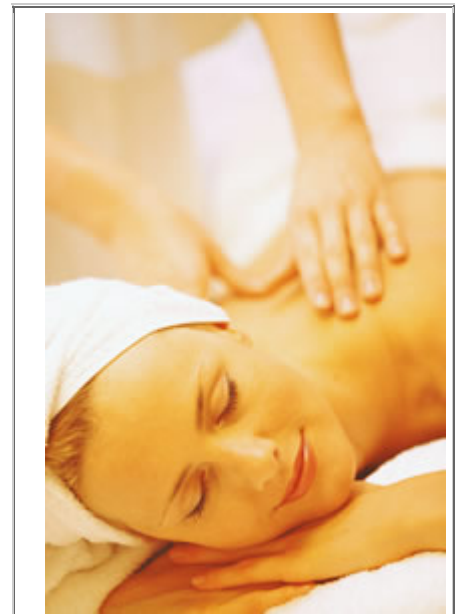
To find a rheumatologist

For more information about rheumatologists, [click here](#).

For a listing of rheumatologists in your area, [click here](#).

For more information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these Web sites, and is not responsible for



Therapeutic massage to manipulate the muscles and soft tissues of the body may alleviate pain, discomfort, muscle spasms and stress.



any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

Fibromyalgia Network

www.fmnetnews.com

National Institute of Arthritis and Musculoskeletal and Skin Diseases

<http://www.niams.nih.gov/hi/topics/fibromyalgia/fibrofs.htm>

National Fibromyalgia Association

www.fmaware.org

National Fibromyalgia Partnership, Inc.

www.fmpartnership.org

The American Fibromyalgia Syndrome Association, Inc.

www.afsafund.org

Updated September 2009

Written by Leslie J. Crofford, MD, and reviewed by the American College of Rheumatology Patient Education Task Force.

This patient fact sheet is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnoses and treatment of a medical or health condition.

© 2010 American College of Rheumatology