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FIBROMYALGIA

Fibromyalgia is a specific chronic non-degenerative, non-progressive, non-inflammatory, truly systemic pain condition. Fibromyalgia syndrome is called a syndrome, which means it is a specific set of signs and symptoms that occur together. A key to the diagnosis requires that tender points in 11 of 18 areas must be present in all four quadrants of the body and that a patient must have widespread, more or less continuous pain for at least three months. The tender points are often clustered around the injury or around degenerative and/or inflammatory problems, such as arthritis. Fibromyalgia can occur at any age. The onset is typically insidious, which means it is growing with a progressive onset. Pain is usually increased in the morning, and is also increased with weather changes, anxiety and stress. Pain is improved with mild physical activity or vacations, or other stress relieving situations. Patients are often found to have abnormal Stage IV sleep patterns, generalized fatigue or tiredness, anxiety, chronic headaches, irritable bowel syndrome, subjective non-confirmable complaints of swelling or numbness that are not associated with objective neurological findings, depression, reduced physical endurance and decreased social interaction.

WHAT CAUSES OR TRIGGERS FIBROMYALGIA?

The exact cause of Fibromyalgia is unknown. One leading theory links Fibromyalgia with an abnormality of deep sleep. Fibromyalgia patients often who are not getting enough sleep, or who are even just staying up an hour later, find their Fibromyalgia symptoms worse the next day. Many other factors, either alone or in combination, may trigger this disorder. For example, many stresses such as illness, physical trauma, emotional trauma, or hormonal changes may precipitate the generalized pain, fatigue, sleep and mood problems that characterize Fibromyalgia. People with Fibromyalgia may become inactive, depressed, and anxious about their health, which further aggravates this disorder.

HOW IS FIBROMYALGIA TREATED?

Treatment of Fibromyalgia includes:

- Medications to improve deep sleep.
- Regular sleep hours and an adequate amount of sleep.
- Daily gentle aerobic exercise, aquatic exercise, and stretching programs.
- Relaxation techniques and other measures to help relax tense muscles, including avoidance of overexertion and stress.
- Intermittent trigger point injections to decrease muscle spasms.
- Treatment of any co-existing sleep disorders, for example, obstructive sleep apnea.
- Treatment of co-existing pain-causing disorders such as disc disease.
- An educational program to help patients cope with Fibromyalgia, including support groups.

It is important to avoid prescription tranquilizers, including medications from the Benzodiazepine group such as Alprazolam (which is Xanax), as well as alcohol in the evenings. While these may help you get to sleep, they suppress deep sleep and, therefore, often make Fibromyalgia symptoms worse the next day. Narcotic pain medication may have the same effect and should be avoided.

Some patients have also noted that certain foods may trigger their Fibromyalgia symptoms, much as they may affect migraines. Some have found that a diet low in fat, fried foods, and simple sugars may help. If you suspect some foods make your symptoms worse, try avoiding these and see if it makes a difference.

Patients with Fibromyalgia should probably give up caffeine completely, even one cup of coffee in the morning can sometimes disrupt sleep at night and may directly increase muscle pain and headaches. If you are drinking more than one cup of coffee or other caffeine-containing beverages per day, you should taper off all beverages containing caffeine over two weeks or so to prevent headaches and other withdrawal symptoms.

EXPECTED COURSE AND PROGNOSIS

With resolution of sleep disturbance, pain may resolve totally. Aggressive physical therapy is critical in those patients who do not respond to other forms of therapy. Even with the best of therapy, Fibromyalgia is often a chronic pain condition.