

USEFUL CONTACTS

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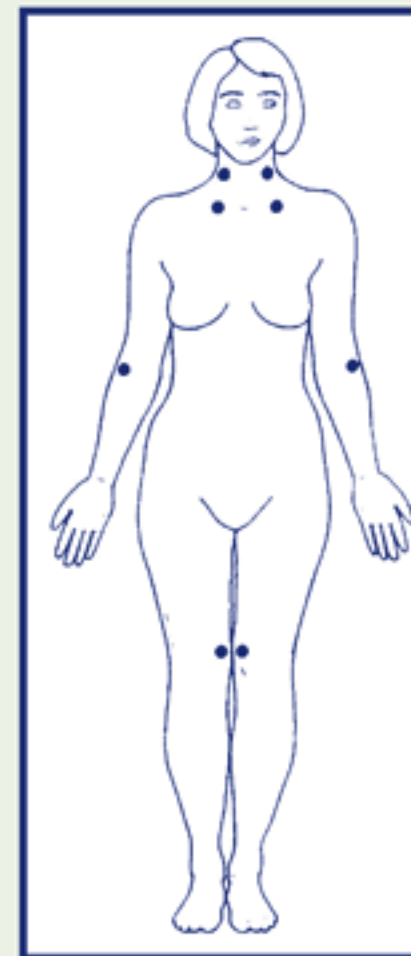
www.fmaware.org

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FIBROMYALGIA SYNDROME

Fibromyalgia is a painful, non-articular condition, predominantly involving muscles. It is the commonest cause of chronic, widespread musculoskeletal pain.



The Main Symptoms

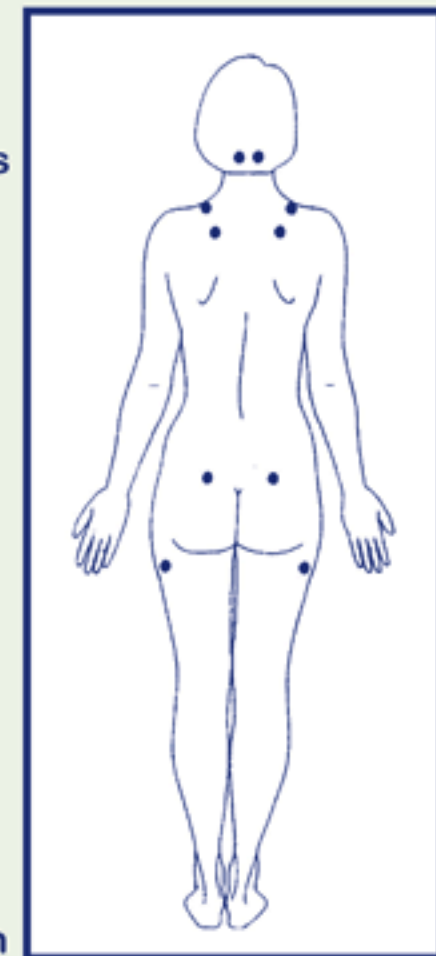
- Widespread muscular pain and generalised stiffness
- Persistent fatigue
- Non-refreshing sleep

The Main Sign

- Specific tender points

Associated Symptoms

- Irritable bowel syndrome
- Cognitive dysfunction
- Numbness & tingling
- Cold sensitivity
- Headaches
- TMJ dysfunction
- Anxiety & reactive depression



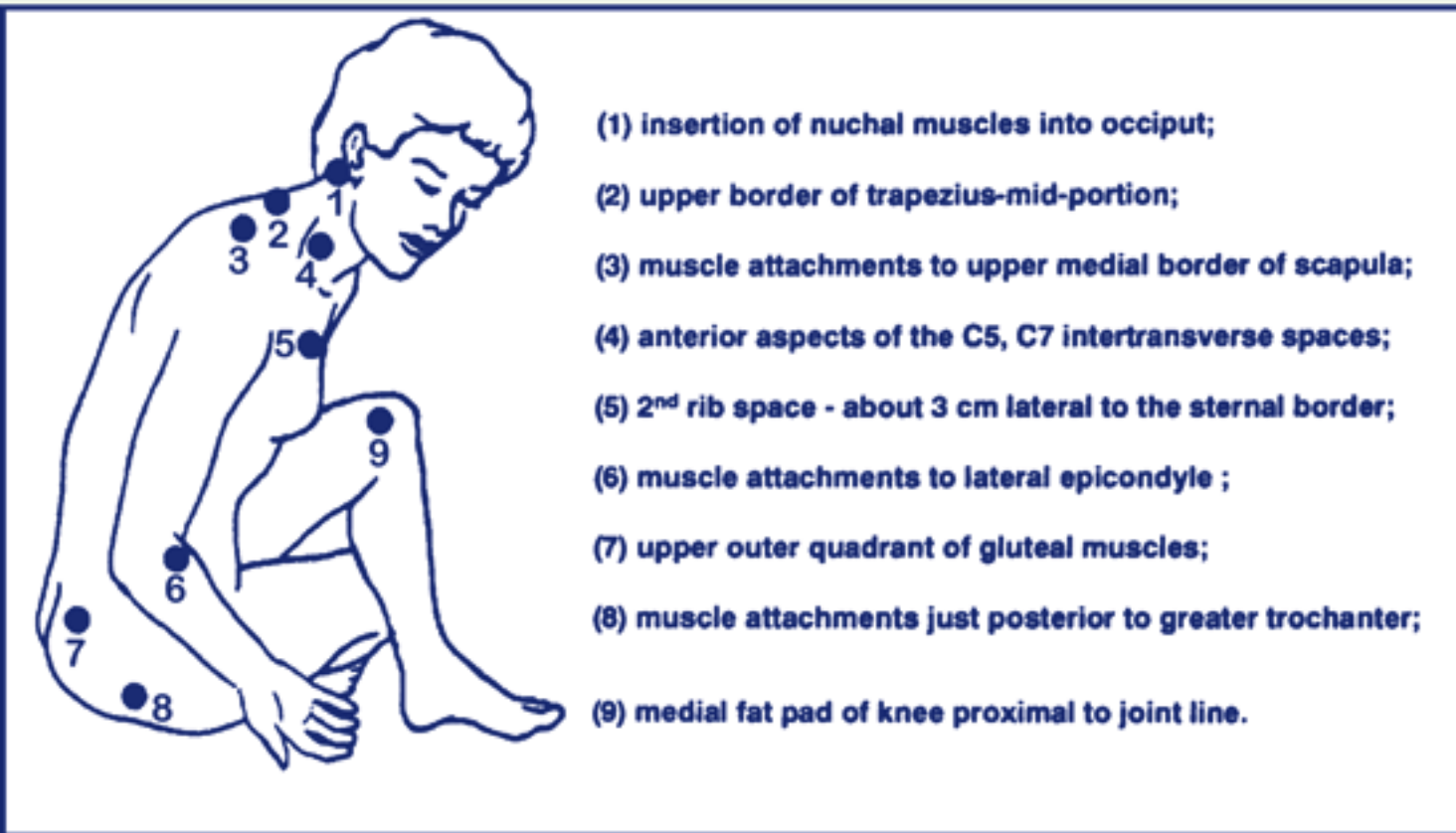
Designed by the Medical Advisory Board of
The Fibromyalgia Association UK

Approximately 2% of the population suffers with fibromyalgia¹. Females outnumber males in the ratio of 9 to 1.

DIAGNOSIS

The American College of Rheumatology presented diagnostic criteria for fibromyalgia in 1990.²

1. A history of widespread pain, present for at least three months. Pain is considered widespread when all the following are present: pain in both sides of the body and pain above and below the waist. In addition, axial skeletal pain (cervical spine, anterior chest, thoracic spine or low back pain) must be present. "Low back" pain is considered lower segment pain.²
2. Pain in 11 of 18 tender points. Digital palpation of the tender points should be performed with an approximate force of 4 kg and should be classed as painful on palpation. 'Tender' is not to be considered 'painful'.²



Referrals can be made to a Rheumatologist or local Pain Clinic. Exclude other pathology, eg Polymyalgia Rheumatica, Hypothyroid and ME. All new symptoms that could be linked to other conditions need to be investigated as they arise.

TREATMENT

A combination of drug therapy and physical treatments is recommended. Cognitive behavioural therapy, aimed at helping patients understand their pain and develop coping strategies, has also been shown to be effective. Patients are likely to be anxious and tend to respond well to explanatory information on fibromyalgia and proposed treatments.

Examples of Medications and Physical Therapies

Tricyclic Antidepressants ³ e.g. dothiepin	Paced activity
Muscle Relaxants e.g. baclofen ⁴	Hydrotherapy
Analgesics e.g. tramadol ⁵	Osteopathy
Local Anaesthetics e.g. lignocaine ⁶	Acupuncture

All therapies are individual to each patient. There is no scientific evidence for the use of anti-inflammatory drugs.

PATHOLOGY

The precise pathology of fibromyalgia remains unknown, although a number of physiological abnormalities have been reported. Current research has shown: -

- A disturbance of deep delta sleep by the intrusion of alpha waves, leading to a decrease in the secretion of growth hormone and IGF-1 during sleep.⁷
- Elevated levels of substance P in the CSF leading to central sensitisation and a decreased pain threshold.⁸
- Central metabolic disturbances causing a decline in the production of ATP and altered muscle physiology.⁹
- A disturbance of the hypothalamus-pituitary-adrenal axis causing an exaggerated response of ACTH to CRH and decreased levels of 24hr free urinary cortisol.¹⁰
- Further findings have shown decreases in serotonin, neuropeptide V and calcitonin and elevated levels of prolactin and ACE, compared to normal controls.¹¹
- A genetic link has been proposed for an underlying predisposition to fibromyalgia.¹²

Further research is currently under way.