

## **Fibromyalgia Syndrome: A Mysterious Disease or Not?**

Fibromyalgia syndrome (FMS) is one of a group of chronic pain disorders producing painful symptoms characterized by long-term, body-wide pain with tender points. Symptoms often refer to joints, muscles, tendons and other soft tissues and can be confused with arthritis or connective tissue disease. Thought to be a primary neurological disorder, Fibromyalgia has also been linked to fatigue, morning stiffness, sleep problems, headaches, numbness in hands and feet, depression, and anxiety. The exact cause is unknown. More women than men are afflicted with FMS and a genetic component is implicated. While the severity of symptoms fluctuates from person to person, FMS may reach disabling proportions in some. Psychological complications often arise, shaped by the individual's personality, biography and coping resources. Multidisciplinary care is most effective.

Job's physical anguish described in the Bible was probably the earliest description of a fibromyalgia-like condition. "I, too, have been assigned months of futility, long and weary nights of misery. When I go to bed, I think, 'When will it be morning?' But the night drags on, and I toss till dawn...And now my heart is broken. Depression haunts my days. My weary nights are filled with pain as though something were relentlessly gnawing at my bones." (Job 7:3-4 and 30:16-17 – NLT). Florence Nightingale, the English army nurse and Red Cross pioneer became ill while working on the front lines during the Crimean War (1854 – 1856) and never fully recovered. Ms. Nightingale was virtually bedridden much of the time, suffering with unrelenting pain and fatigue. For several centuries, muscle pains have been known as rheumatism. In 1816, Dr. William Balfour, surgeon at the University of Edinburgh, gave the first full description of fibromyalgia and later described tender points in 1824. Sir William Gowers coined the term fibrositis (literally meaning inflammation of fibers) in 1904. It wasn't until 1972 that Dr. Hugh Smythe laid the foundation for the modern definition of fibromyalgia by describing widespread pain and tender points. In 1987, The American Medical Association recognized fibromyalgia as a real physical condition. In 1990, The American College of Rheumatology (ACR) developed diagnostic criteria for fibromyalgia to be used for research purposes. The criteria soon began to be used by clinicians as a tool to help them diagnose patients.

This truly mysterious disease is difficult to diagnosis. Routine laboratory and imaging testing reveals nothing. Thus, the diagnosis is typically based upon a complete physical or clinical examination, a thorough patient history, and routine tests that assist in excluding certain conditions with similar symptoms. According to the ACR 1990 criteria, fibromyalgia may be diagnosed based upon confirmation of the following on physical examination:

- Widespread musculoskeletal pain for more than 3 months.
- Excess tenderness in at least 11 of 18 specific, predefined anatomic sites known as “tender points.”

In 2010 the ACR proposed a new set of criteria, without a tender point count, to help clinicians identify Fibromyalgia patients. These include:

1. Widespread pain index (WPI)  $\geq 7$  and symptom severity (SS) scale score  $\geq 5$  or WPI 3–6 and SS scale score  $\geq 9$ . [The WPI notes the number areas in which the patient has had pain over the last week and scores 0 to 19. The SS scale rates fatigue, awakening unrefreshed, and cognitive symptoms on a severity scale of 1 to 3 for each symptom, plus general somatic symptom severity, for a total range of 0 to 12.]
2. Symptoms have been present at a similar level for at least 3 months.
3. The patient does not have a disorder that would otherwise explain the pain.

Patients with fibromyalgia also tend to have a history of additional symptoms, including persistent fatigue, headache, additional pain symptoms, and sleep and mood disturbances. Therefore, the diagnostic evaluation may also include the following:

- Informal or formal assessments to detect potential mood disturbances, such as depression or anxiety. If judged necessary, patients may be referred to a mental health specialist for further evaluation or treatment.
- A thorough sleep history. If such an evaluation suggests the possibility of certain sleep disturbances, such as nocturnal myoclonus or sleep apnea, patients may be referred to a specialized sleep clinic for additional evaluation and specific therapies.

In addition, because fibromyalgia can cause symptoms that mimic those associated with other disorders, physicians may perform general musculoskeletal and neurologic examinations to rule out arthritis, other connective tissue disorders and neurologic conditions.

While the severity of symptoms fluctuates from person to person, FMS is a very real chronic **pain** disorder. It is primarily characterized by widely distributed (diffuse), chronic and persistent pain that may be described as a deep muscular aching, soreness, stiffness, burning or throbbing. Patients may also experience numbness, tingling, or unusual “crawling” sensations. The pain can be aggravated under certain conditions, such as anxiety or stress, poor sleep, exertion, or exposure to cold or dampness. **Fatigue** is often described. Patients

can feel completely devoid of energy, affecting their daily activities, family and friends. Most FMS patients have an associated **sleep disorder** with their condition. Researchers found that most FMS patients could fall asleep without much trouble, but their deep level (or stage 3 - 4) sleep was constantly interrupted by bursts of awake-like brain activity. **Irritable Bowel Syndrome, chronic headaches, cognitive or memory impairment, shortness of breath, skin sensitivities and temporomandibular joint dysfunction syndrome (TMJ)** are also possible symptoms that accompany fibromyalgia syndrome.

This elusive pain disorder may be triggered by events that precipitate its onset. Some examples include infections (bacterial or viral), automobile accidents, rheumatoid arthritis, lupus or hypothyroidism. These triggering events may not cause FMS, but they may awaken the disorder. Neuroendocrine and humoral disorders can exist. It is interesting to note that substance P and nerve growth factor are increased threefold and fourfold (respectively) in the spinal fluid of many people with FMS, but researchers do not understand why this takes place.

Treatment of fibromyalgia requires a comprehensive, multidisciplinary approach in which patients, physicians, physical therapists, mental health professionals, and other healthcare professionals actively participate in the management of the disease. To maintain an active role and remain an essential partner in the management of the disease, remember the following points about fibromyalgia:

- I. Fibromyalgia is not a degenerative or deforming condition, nor does it result in life-threatening complications.
- II. Treatment is available. Certain medications may be helpful to alleviate the pain, improve sleep and elevate mood. Exercise, stretching programs and other activities can help manage symptoms without drugs.
- III. Understanding the disease may help to improve the response to treatment.
- IV. Realistic expectations are important concerning the overall long-term management of this condition.

Resources:

[American Chronic Pain Association](#)

[American College of Rheumatology](#)

[American Fibromyalgia Syndrome Association \(AFSA\)](#)

[American Pain Foundation](#)

[Fibromyalgia Network](#)

[HealthyWomen](#)

[National Fibromyalgia Association \(NFA\)](#)

[National Fibromyalgia Research Association \(NFRA\)](#)

[The National Pain Foundation](#)

[National Women's Health Resource Center](#)