



FIBROMYALGIA SA
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F i b r o m y a l g i a S y n d r o m e

Fibro (fibre) **Myo** (muscle) **Algia** (pain) **Syndrome** (group of symptoms).

Fibromyalgia, also known as Fibrositis, is not necessarily known as a disease; it may be better described as the body coping with a specific stress or trauma in an abnormal way.

Education about Fibromyalgia is vital to the successful diagnosis, treatment and management of this chronic, painful, musculo-skeletal condition.

What is Fibromyalgia?

Fibromyalgia syndrome (also called 'FMS' or 'FM') is a complex, chronic condition, which causes wide spread pain and fatigue.

Its effects are felt primarily in muscles, tendons and ligaments throughout the body.

The pain of Fibromyalgia Syndrome is usually described as aching, throbbing or burning and is unpredictable in nature. Its severity varies from day to day and different parts of the body tend to be affected at different times.

In some people FMS can be very severe and disabling, while in others it may cause only mild discomfort.

Likewise, the fatigue, which often accompanies Fibromyalgia Syndrome ranges from mild, tired, to feeling all consuming exhaustion and weakness.

Who gets Fibromyalgia?

Although Fibromyalgia seems mainly to affect women between 30 and 50, increasing experience is showing that males and all age groups can be affected.

Fibromyalgia seems to occur either of its own accord, or after an event such as an infection, psychological stress or physical trauma.

It can be set off or triggered by having another medical condition, especially Arthritis.

It is not uncommon to find that people with Rheumatoid Arthritis or Osteoarthritis have Fibromyalgia at the same time. This can sometimes complicate the diagnosis and the management for some people.

Is Fibromyalgia a form of Arthritis?

It often surprises people to learn that Fibromyalgia is not a true Arthritis as such.

The word Arthritis means inflammation of the joints and is a term that is used to describe the large groups of different conditions that affect the joints of the body.

Fibromyalgia refers more to pain that is felt in the non-bony or 'soft-tissue' structures around the joints, such as muscles and tendons.

The term Rheumatism is a more general term which was and still is used to describe aches and pains in both joints and soft tissues of the body.

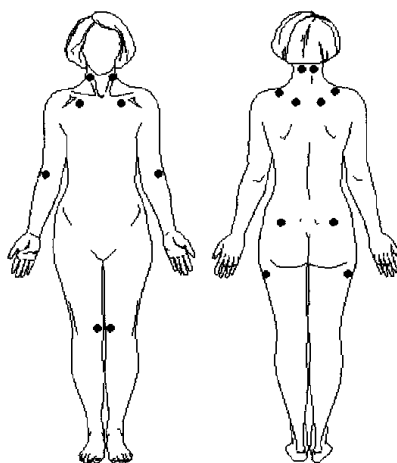
How is Fibromyalgia diagnosed?

None of the signs and symptoms of Fibromyalgia show up on diagnostic tools such as blood tests, x-rays and diagnostic scans. This makes diagnosis more difficult than for most other syndromes.

With Fibromyalgia, diagnosis has to be made through physical examination of the person, and through listening to their history. This means finding out about what triggers symptoms, and the course and pattern of the symptoms.

This way of diagnosing can sometimes lead to controversy as the diagnosis has been based mainly on the person's opinions and thoughts, rather than something more measurable.

To help this process, some key diagnostic points to make diagnosis more definite have been established. These include the presence of at least 3 months of widespread pain, tenderness, and at least 11 out of 18 recognised 'tender points', (It is known that the body is more tender at these points in everyone, but these points are particularly tender in FM).



The fibromyalgia tender points

What are the Symptoms of Fibromyalgia?

The symptoms of Fibromyalgia vary a great deal. People with Fibromyalgia often complain of varying degrees of muscular pain, stiffness and fatigue.

Pain is present when people are resting but may be worsened by exercise. Pain is felt in all four limbs and almost always in the upper and/or lower parts of the spine, and/or the head, face and jaw.

Fatigue may be a prominent feature and when severe, makes it difficult to tell the difference between Fibromyalgia and Chronic Fatigue Syndrome.

Stiffness, body stiffness is a significant problem experienced by most patients. It can occur upon awakening or remaining in one position for prolonged periods. It can also accompany weather changes.

Increased Headaches or Facial Pain. Headaches are a common complaint for many with FMS. They may be caused by referred pain from tender neck and shoulder areas, or they may be associated with pain in the muscles and other soft tissues around the temporomandibular joint, or TMJ, which is located where the jaw meets the ear. In the latter case, jaw or facial pain is usually present, too.

Abdominal Discomfort, FMS-related symptoms include digestive disturbances, abdominal pain and bloating, constipation, and diarrhea. As a whole, such symptoms are known as irritable bowel syndrome.

Irritable Bladder, Fibromyalgia patients may notice an increase in urinary frequency or experience a greater urgency to urinate. Often, no accompanying Bladder infection is present.

Numbness and Tingling, also known as “paresthesia”, symptoms usually involve a prickling or burning sensation, particularly in the extremities.

Chest Pain. Persons with FMS sometimes experience a condition called “costochondralgia” which involves muscular pain at the spot where the ribs meet the chest bone. Since costochondralgia mimics cardiac symptoms, it is always a good idea to check with a physician if chest pain occurs.

Cognitive Disorders. Frequent complaints, which vary from day to day, include difficulty concentrating “spaciness”, “Fog”, memory lapses, word mix-ups when speaking or writing, type of stuttering (difficulty getting words out) and clumsiness or dropping things.

Disequilibrium. FMS patients also experience dizziness and balance problems. Typically, there is no classical, spinning vertigo. Rather difficulties in orientation occur when standing, driving or reading.

Environmental Sensitivity. Allergic-like (but not true allergies, i.e. non immune mediated), reactions to a variety of substances are common, including sinusitis, as are sensitivities to light, noise, voice (when tension head/headache is present) odors, and weather patterns. Dryness of the skin, eyes and mouth is also common.

Other Symptoms. Fibromyalgia Syndrome is often described as the "Irritable Everything Syndrome" increasingly, additional symptoms (see the extended list of symptoms in this folder) and syndromes are being associated with FM.

Correct diagnosis of Fibromyalgia is imperative, as there are many over-lapping disorders with similar symptoms.

What is the Treatment for Fibromyalgia?

To date, there is no cure for FMS. Treatment consists of managing symptoms to the greatest extent possible. There is growing evidence that an individually tailored **self-management** program, where people develop techniques to control their own symptoms, is the most effective way of dealing with the syndrome.

The Key to Self-Management is Education.

Information = Knowledge = Power.

Power to Take Control.

To make informed life-style choices.

Because FMS sufferers vary widely in their responses to available treatments, several approaches may need to be tried before a satisfactory program can be established.

The following treatments, used alone or in combination, generally help FMS sufferers improve their quality of life.

Medication: For pain relief and improved sleep, low dose anti-depressant medications which increase the body's level of serotonin (a chemical in the brain that regulates pain and sleep) are often prescribed.

Physical Therapy. Among the many types of available approaches are: massage, myofascial release, posture and movement training, the application of heat (i.e. moist heat packs, hot baths or showers), the application of cold/ice packs, physiotherapy, ultrasound and heat creams.

Exercise. Gentle exercise can be helpful in easing sore muscles by increasing blood circulation and range of motion. Medical practitioners usually prescribe stretching and low-impact exercises (i.e. Water exercise in a warm pool, and walking).

Alternative Approaches. Increasingly, Fibromyalgia patients are finding some relief from such treatments as biofeedback, yoga, tai chi, stress management, nutritional counselling and acupuncture.

Occasionally psychological counselling is required if psychological issues are prominent

Due to the complex and confusing nature of the syndrome, a good relationship with a particular and understanding Doctor is also essential. The Doctor must offer not only support and help co-ordinate care, but must be ready to re-evaluate and reassess the person with Fibromyalgia if new symptoms appear.

Another positive means of getting help is to join a Support Group such as the one run by the Arthritis Foundation which provides the opportunity for mutual support, education and for the sharing of problems and solutions with other people with Fibromyalgia.

What is the cause of Fibromyalgia?

The cause of Fibromyalgia is unknown and it is a syndrome that is discussed and debated often in the medical and scientific community. Research into the syndrome only began in the 1980s but it has been established that Fibromyalgia is a specific and identifiable condition.

Overseas studies indicate that various types of syndromes where people have these symptoms, including Fibromyalgia, may affect up to 4% of the population. This figure would make it one of the most common causes of musculo-skeletal pain in the community.

While researchers continue to seek the cause of Fibromyalgia Syndrome, there is evidence that FMS is triggered in pre-disposed individuals by such precipitants as illness, physical trauma to the body, or acute emotional stress.

FMS also seems to run in some families, although no genetic component has yet been identified.

Many people with Fibromyalgia are found to be physically very unfit but an exercise program, while helping in the overall management of the symptoms, appears not to be a complete answer.

Some people with Fibromyalgia experience difficulty with sleep. This has been supported by the presence of a characteristic pattern of the electrical brain wave activity in the brain. However, improvement of sleep still does not relieve all the symptoms.

There has been wide spread belief that Fibromyalgia is a psychosomatic disorder, that is, one that occurs because of psychological disturbance and distress, rather than something physical.

However, many studies have shown that not all people with Fibromyalgia are psychologically distressed, and several have suggested that the incidents of such distress is the same in people with Fibromyalgia as in those with other chronic painful conditions, for example, Rheumatoid Arthritis.

Encouraging research is now occurring in the fields of Neuroendocrinology, Immunology, Cardiology, and Exercise Physiology, amongst others.

This research is beginning to offer some new insights into possible causes.

Evidence is now being found which suggests that many people with Fibromyalgia have altered chemical levels in the fluid surrounding their brain. These chemicals are responsible for the transmission of pain and sleep signals. Subtle changes in the nerves and the blood hormone levels have been seen.

Fibromyalgia Syndrome simulates diseases i.e. Raynauds, thyroid, sinus and eye diseases.

Together with its other features, Fibromyalgia could be described as a Generalised Pain Amplification Syndrome, where minor discomforts are magnified to be felt as major pain, and even non-painful sensations are felt as discomfort.

This might result from a 'resetting' of the way in which the central nervous system processes information about pain from the body. Therefore, once the syndrome of Fibromyalgia has developed, it could be said that there is no one single 'cause' of the problem.

What is the long-term outlook in Fibromyalgia?

There is no doubt that people with Fibromyalgia have difficulty in maintaining their normal levels of activity.

A small proportion may experience significant limitation and disability. However it is important to realise that Fibromyalgia does not lead to progressive deformities of the musculo-skeletal system and that overall there is no decline.

Factors such as excitement, stress, infection, over-exertion and pressure of over-pacing, for example, may cause the symptoms to fluctuate.

Permanent remissions do seem to occur in a minority of patients. Otherwise symptoms tend to run a long-term fluctuating course.

What causes the problem to persist or resolve remains uncertain and is an important area needing more study/research.

Knowing there is some support can help people with Fibromyalgia and their families cope better with the condition. The Arthritis Foundation of South Australia runs a Fibromyalgia Support Group, which is open to anyone with Fibromyalgia, their families, friends and carers, health professionals and anyone else with an interest in the area. Details are available from the Foundation on (08) 8379 5711.

The contents of this information sheet are not intended to be used as a diagnostic tool. The information should be used as a guide to Understanding and Management of Fibromyalgia Syndrome.

For official diagnosis, please consult a Medical Practitioner with a specialty in Fibromyalgia.