

What is Fibromyalgia Syndrome?

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Fibromyalgia Syndrome (FMS) is a syndrome characterized by chronic, generalized, musculoskeletal pain. While there is controversy in the medical community surrounding diagnosis and treatment, one thing is sure, it is very debilitating to the persons who suffer from it. In the following short article I will attempt to give an overview of the epidemiology, clinical findings and treatment options of this chronic pain syndrome. Hopefully, this will be helpful to my healthcare colleagues confronted with the challenge of the FMS patient.

In terms of epidemiology, FMS is primarily seen in middle-aged women, but the age range is broad and includes those from 20 – 60 years old. It appears to be fairly gender specific in that women make up as much as 73% to 90% of patients diagnosed with FMS. In the general population, widespread pain is considered to affect 7.3% to 12.9%. FMS by comparison is considered to be 0.5 to 5%.

There is an association of FMS with other conditions, such as rheumatologic disorders, certain systemic illness, and a broad spectrum of syndromes involving chronic fatigue known as Chronic Fatigue Syndrome (CFS) or Chronic Fatigue Immune Dysfunction Syndrome (CFIDS). Patients with certain rheumatologic conditions such as Systemic Lupus Erythematosus (SLE) present symptoms that also meet the FMS criteria. In fact, up to 65% of patients with SLE meet the FMS diagnostic criteria.

In addition there is a family of conditions known as Functional Somatic Syndromes some or all of which may also be present in the FMS patient. Included are, Irritable Bowel Syndrome (IBS), Temporomandibular Joint Disorder (TMJ), and various subsets of chronic low back pain and/or chronic headache.

The American College of Rheumatology has formulated the following diagnostic criteria to help clinicians in defining and diagnosing FMS:

1. Diffuse and generalized pain with aches, stiffness and generalized fatigue.
2. Tender points in specific areas that are palpated with application of approximately 4kg of pressure (done properly with a dolorimeter).
3. Pain in at least 11 of 18 tender point sites upon digital palpation presenting on both the left and right side of the body, above and below the waist with the lower back being considered as below the waist.

4. Areas where multiple tender points may be present include:

- Occiput
- Low cervical area
- Trapezius muscle
- Supraspinatus muscle
- Second rib
- Lateral epicondyle
- Gluteal muscle
- Greater trochanter
- Knee

The Treatment for FMS demands a multi-focal approach. Eliminate simple contributing factors such as underlying vitamin deficiencies and ensure the patient is on a well balanced diet. Approach and correct any biomechanical problems that may be contributing to pain such as anatomic leg length discrepancies and/or poor body posture. The assistance of a physical and/or occupational therapist may help in addressing any motor dysfunction with the overall goal of decreasing pain, restoring functional range of motion, improving cardiovascular and aerobic fitness and restoring normal neuro-muscular conditioning. Tender points may be treated locally with cold spray. Many tender points, upon examination, are actually trigger points in the muscles which can cause referred pain to other parts of the body. Treatment of trigger points may include injection with a dry needle alone, with saline, with a local anesthetic or a combination of anesthetic and a corticosteroid.

When considering treatment with medications for pain if narcotic analgesics must be used, whenever possible, choose medicines that allow for a pattern of decreased dosage and/or total elimination. A controlled release opioid narcotic should be used for long term pain control and an immediate release narcotic for break-through pain. However, there are other drugs such as Ultram (Tramadol) and some NSAID'S, such as Bextra with excellent analgesic properties which can be used in place of immediate release opioids for break-through pain if they are tolerated. Other drugs such as tricyclic antidepressants (TCA's) and anticonvulsants can be used in place of narcotics or in combination to allow the lowest possible narcotic dosing to be prescribed. The TCA's are very useful because many of them, such as Amitryptiline have a sedative effect which can be helpful in treating the sleep disturbances that many FMS patients experience. Also, TCA's can help treat underlying psychiatric disorders such as depression which is common in the FMS patient. The use of anticonvulsants such as Neurontin can help with neuropathic symptoms that FMS patients may have in their extremities such as anesthesia, dysesthesia, allodynia and parathesias. Many FMS patients are helped with the use of a muscle relaxant as well.

For the patient with FMS the pain is very real. We must use every tool at our disposal to help them manage their pain and return to their optimum level of function.

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