

What is Fibromyalgia?

Very simply defined fibromyalgia is a disease of sympathetic nervous system over-stimulation. Basically, the fight-or-flight part of your nervous system that amps you up to run away from or fight danger turns on and doesn't turn back off. The result is a constellation of symptoms that might include achy painful joints, over-sensitization to seemingly mild painful stimuli (hyperalgesia), pain from typically non-painful stimuli like clothes or light touch (allodynia), nervousness, shakiness, anxiety and/or depression, feeling tired or "foggy" all day but not being able to get good sleep at night, and/or cold fingers and toes.

Think about that time you had to stand in front a class in school and give a presentation. Remember how it felt? Multiply that feeling many times over and that's fibromyalgia.

Historically fibromyalgia was diagnosed by a certain number of tender points along the body. While this is still part of the diagnostic criteria, it's not the entire picture. The report of symptoms, other evidence of sympathetic over-tone, and lack of data confirming another disease processes is what makes the diagnosis.

Who gets Fibromyalgia?

Anyone can get fibromyalgia. Epidemiological studies tell us that women tend to report the disease more often than men. However, the authors of these studies will admit that this could be selection bias meaning men have the symptoms but do not report them as much as women do.

There is mounting evidence that suggests that a highly stressful or psychologically traumatic event can set the stage for fibromyalgia. Years later a seemingly benign injury sets a process into motion that then becomes what we identify as fibromyalgia. This is exciting research, as it gives us some idea on what exactly is going on inside the body, how to treat the disease, and perhaps how to prevent it.

Are there tests or labs for Fibromyalgia?

To date we are not aware of any direct test that can include or exclude the diagnosis of fibromyalgia. Tests to rule out other disorders such as Lupus, hypothyroidism, pinched nerves, or infections will help lead to the diagnosis, however.

That said, in many cases non-specific inflammatory markers are often elevated in the blood. These tests alone, however, are not sufficient to rule in or to rule out the disease.

I heard that Fibromyalgia is a fake disease.

We've heard this too. The trouble is that because fibromyalgia cannot be objectively and definitively identified by any single battery of tests it becomes over-diagnosed and used as a catch-all for all sorts of painful syndromes that are not, in fact, fibromyalgia. We un-diagnose as many cases of fibromyalgia as we diagnose, if not more.

The danger with misdiagnosing something as fibromyalgia is that it stops the search for the true cause of the suffering. Treating fibromyalgia requires the clinician to take a hard look at the ENTIRE set of symptoms that a patient reports and decide if they all go together.



What can be done to treat Fibromyalgia?

There is no single, universally agreed upon, protocol for treating fibromyalgia. There are, however, several areas that most clinicians and researchers agree on, and many areas that are still being investigated.

One thing that is almost universally agreed on is that fibromyalgia is a chronic disease that currently has no cure. As such, treatment protocols focus on reducing symptoms and preventing flares. Effective treatment will likely utilize several medications, lifestyle guidelines, and supportive therapy. Treatment protocols will vary from patient to patient but in general the reduction of neuroinflammation, decrease in sympathetic nervous tone, and increase in well-being should be end-points.

Another area of care that has broad consensus is the role of opioids. Overwhelmingly, clinicians and researchers agree that opioids have very little if any role in the treatment of fibromyalgia. Opioids are medications such as tramadol (Ultram), hydrocodone (Norco, Vicodin), oxycodone (Oxycontin, Percocet), and morphine (MS-Contin), to name a few. While initially these medications help reduce the pain attributed to fibromyalgia, in the long term they cause the nerves to become even more sensitized, worsening the overall clinical picture. If opioids are to be used, the lowest dose possible for the shortest duration possible (no more than a week) to reduce a flare may be considered.

The cornerstone to any fibromyalgia treatment plan needs to be an overall healthy lifestyle. 20 minutes of exercise every day, healthy foods that eliminates or greatly limits processed foods, and good sleep habits are all important. One thing that seems to show promise is constant learning and mental stimulation. Hobbies, reading, and presenting the brain with little challenges has shown promise in reducing flares and improving overall well-being.

In all areas of medicine, but particularly with fibromyalgia, we are seeing pseudo-science preying on patients. Companies promise supplements, nostrums, and treatment plans that are advertised as cures for fibromyalgia. These “treatments” serve only to separate the sufferer from their money and cannot offer any true relief. Again, there is no cure for fibromyalgia. If you come across some new “science” that you’re curious about, let’s get together and go through it as partners. Remember, if it seems too good to be true, it very likely is.

It’s essential to understand that even with excellent care, strict adherence to a healthy lifestyle, and dedication to controlling the disease, flares are still likely to occur. The goal, therefore, should be to reduce the severity, duration, and frequency of these flairs. There is currently a great deal of research going into finding a cure for fibromyalgia. We are committed to keeping up to date with this research and offering the most scientifically modern treatments possible.