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If You Hurt All Over, It Could Be Fibromyalgia

You have lived with pain for months, and you are exhausted. You have undergone several diagnostic tests, but every one is negative. Your doctor cannot find anything specifically wrong, yet the pain and fatigue persist. Welcome to the world of fibromyalgia.

Until very recently, fibromyalgia was believed by many to be a psychosomatic disease because its victims always tested “normal” on diagnostic measures. Although this condition has been known to exist for hundreds of years, its name was not coined until 1976. It was not seriously considered a physical illness until 1990, when the American College of Rheumatology developed diagnostic criteria. Now, new lab tests and brain imaging have shown that fibromyalgia is a real physical disorder, characterized by a malfunction of the central nervous system.

Fibromyalgia is a condition in which everything hurts. The pain, affecting muscles, ligaments, and tendons, may be dull or sharp. It migrates to different parts of the body and lasts for several months. In addition to the general pain, there are multiple tender spots all over the body; when slight pressure is applied on any of this spots, there is acute pain. Besides the chronic pain in the neck, shoulders, arms, legs, and back, fibromyalgia causes muscle tenderness, soreness, flu-like aching, stiffness, and dull pain.

Typically, the person also feels exhausted. A sleep disorder known as alpha wave interrupted sleep pattern is common—bursts of brain activity constantly interrupt deep, restorative sleep; it is just like being awake. Some people suffer with muscle spasms in the legs, or have restless leg syndrome when sleeping. Others have irritable bowel syndrome, resulting in diarrhea, constipation, and abdominal pain. Headaches, including migraines, and facial pain are common. Many people with fibromyalgia also experience heightened sensitivity to bright lights, noises, odors, and touch. Cognitive difficulties involving thought and memory occur often enough to earn the label “fibro fog.” Other symptoms may include skin sensitivities and rashes, dry eyes and mouth, dizziness, impaired coordination, irritable bladder, and ringing in the ears. Other medical conditions, like lupus, Raynaud’s Syndrome (vascular spasm affecting the fingers and toes), and rheumatoid arthritis, are also associated with this condition.

Fibromyalgia does affect men and children, but predominantly occurs in women. It is one of the most common types of chronic pain in the United States, affecting more than 6 million people (according to the National Fibromyalgia Association). A strict interpretation of the diagnostic criteria requires that at least 11 of 18 tender points in the body are painful, and widespread pain must last at least 3 months. However, some doctors feel as few as 3 or 4 tender points are sufficient to merit a diagnosis of fibromyalgia.

While the precise cause of fibromyalgia is not known, researchers now believe that pain signals from any particular part of the body are amplified (the volume control is too high). The presence of abnormal levels of Substance P (a chemical that helps transmit and amplify pain signals to and from the brain) in the spinal fluid supports this theory. The pain resulting from a mere touch is just as real, and may be worse, than the pain experienced when tissue or bone actually is damaged or broken. Additionally, studies have shown a low level of blood flow to the thalamus in the brain, which is involved with pain sensation and movement; further, a reduced functioning in the production of certain hormones occurs in people with fibromyalgia.

As with other conditions, some people appear to be at higher risk of acquiring fibromyalgia than others. Family history, disturbed sleep patterns, rheumatic disease, age (most people are affected in early and middle adulthood), and being female all increase the likelihood of having fibromyalgia. It can also be triggered by trauma caused by an illness or injury.

Although there is no cure for fibromyalgia, it can be treated with various pain management techniques and lifestyle changes. Prescription and over-the-counter medications include analgesics for pain, muscle relaxants for muscle pain and spasms, sleep aids, and antidepressants. Cognitive therapy, relaxation techniques, and biofeedback can be helpful. Physical therapy and chiropractic treatment may play a role. Eating a healthy diet, exercising regularly, and getting enough sleep are also important. The focus of treatment is to minimize pain and improve general health. Although fibromyalgia is a chronic, life-long disease, it is not fatal and its effects can be managed with appropriate treatment and support.

To learn more about fibromyalgia, visit the National Fibromyalgia Association's website at www.fibrohope.org or www.fmaware.org (714-921-0150), the American College of Rheumatology at www.rheumatology.org (404-633-3777), or the National Institute of Arthritis and Musculoskeletal and Skin Disease at www.niams.nih.gov (877-226-4267 toll free). For further information about this or other public health concerns, contact the Central Connecticut Health District at www.ccthd.org (860-721-2822).