

Fibromyalgia



Five features of Fibromyalgia (FM)

A **chronic, non-inflammatory** myofascial (musculoskeletal) syndrome characterized by **widespread pain** **points of increased tenderness** to pressure and typically accompanied by profound **fatigue**.

Clinical Features

- Pain** – The pain frequently waxes and wanes, may be migratory, and often is accompanied by **paresthesias** .
- **Regional musculoskeletal pain** – typically involves the axial skeleton or areas of tender points.
 - **Regional nonmusculoskeletal pain –five**
a higher-than-expected prevalence of tension and migraine headaches, temporomandibular joint syndrome, non-cardiac chest pain, irritable bowel syndrome, and chronic pelvic pain.

24.47 The spectrum of symptoms in fibromyalgia

Usual symptoms

- Widespread pain
- Fatiguability
- Disability
- Broken, non-restorative sleep
- Low affect, irritability, poor concentration

Variable locomotor symptoms

- Early-morning stiffness
- Feeling of swelling in hands
- Distal finger tingling

Additional, variable, non-locomotor symptoms

- Non-throbbing bifrontal headache (tension headache)
- Colicky abdominal pain, bloating, variable bowel habit (irritable bowel syndrome)
- Bladder fullness, nocturnal frequency (irritable bladder)
- Hyperacusis, dyspareunia, discomfort when touched (allodynia)
- Frequent side-effects with drugs (chemical sensitivity)

prevalence

- ❖ The prevalence is about 2–3%.
- ❖ can occur at any age, including adolescence, it increases in prevalence with age, to reach a peak of 7% in women aged over 70

types

- primary and
- secondary; the latter is usually associated with a rheumatic disorder.

pathophysiology

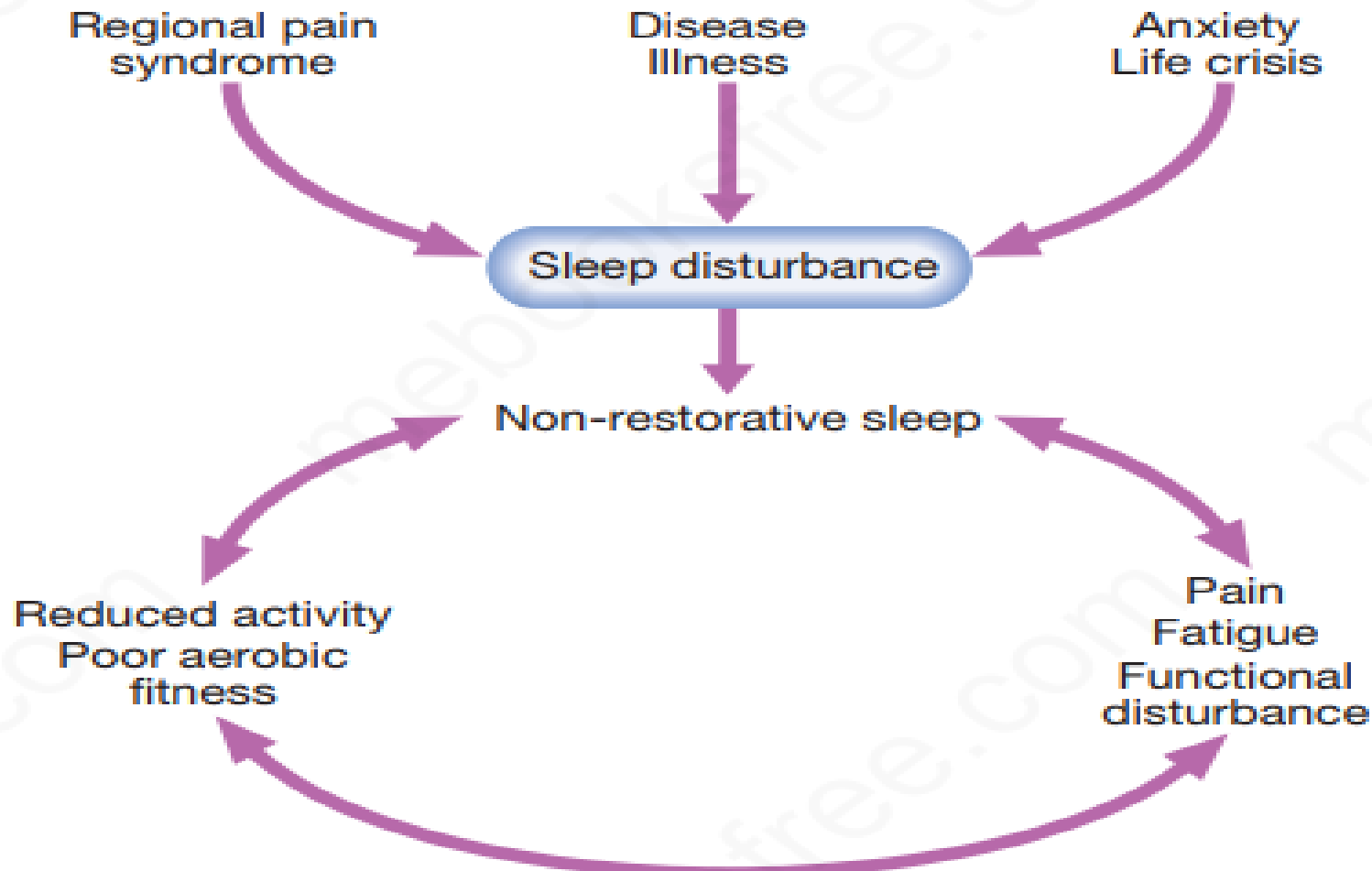


Fig. 24.30 Possible causative mechanisms in fibromyalgia.

Consider fibromyalgia when a patient :complains of the following

- widespread musculoskeletal pain.
- multiple tender points.
- painful spasms.
- fatigue, sleep and mood disturbance and Postexercise pain(**usual daily activities**) .
- headache, paraesthesia and functional organic syndromes.
- **Multiple symptoms that cannot be easily explained**

- Onset, location, and nature of pain, together with ameliorating and exacerbating factors .
- Sleep quality .
- Current and past stressors .
- Adverse experiences, such as physical, emotional abuse .
- How the patient deals with the usual stresses of daily life, feelings of anxiety, and feelings of depression .

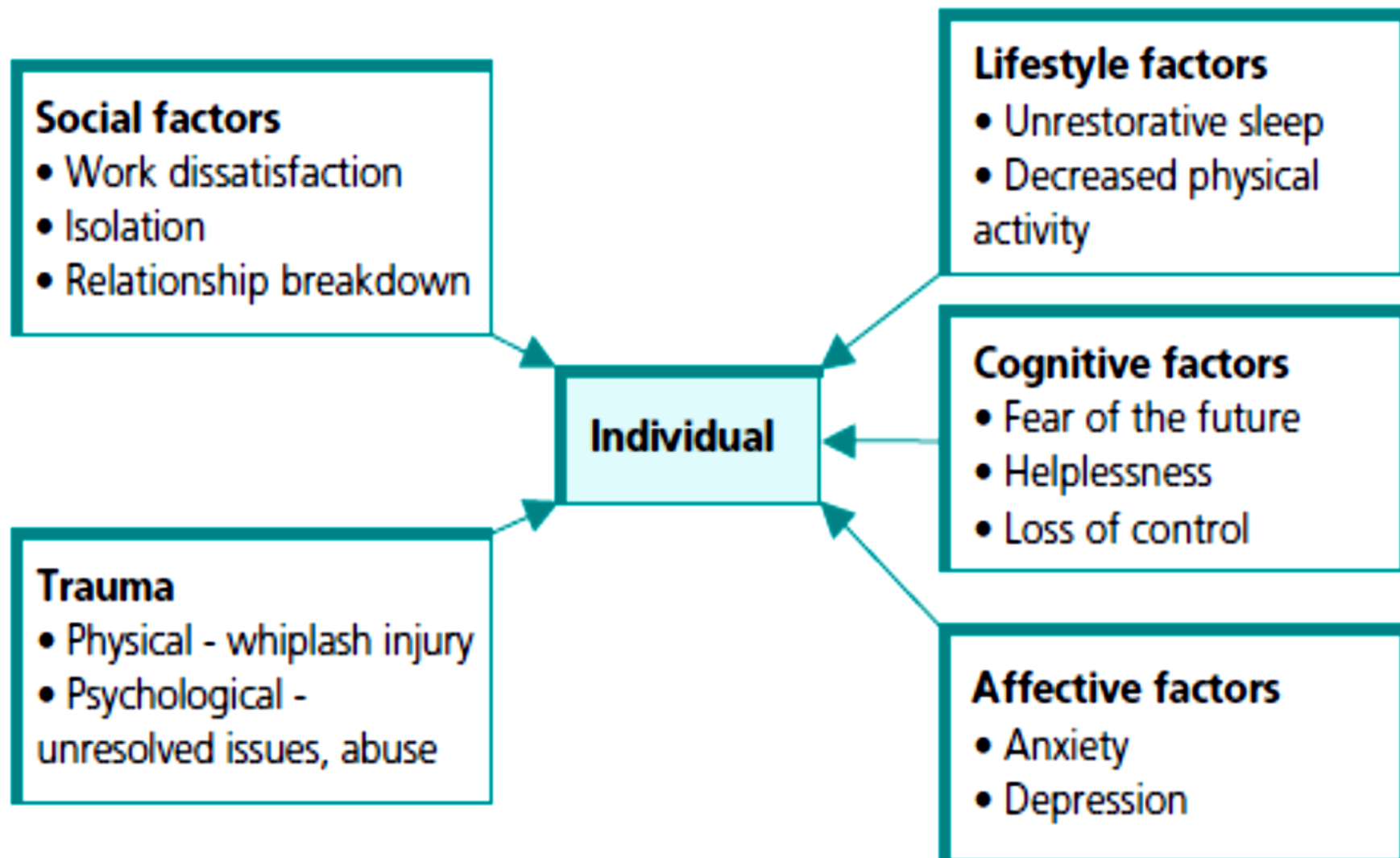
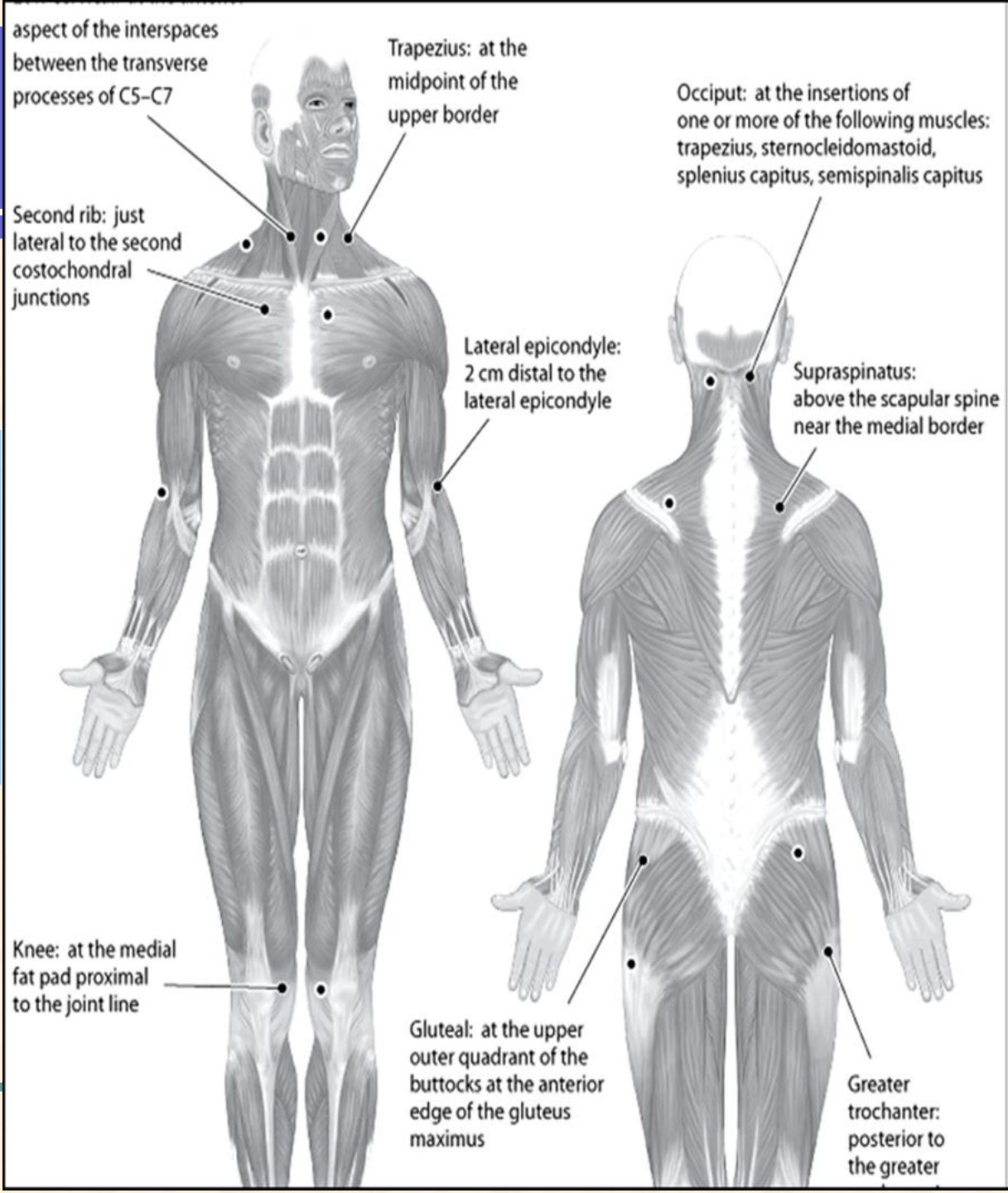


Figure 8.3 Factors that may influence pain perception

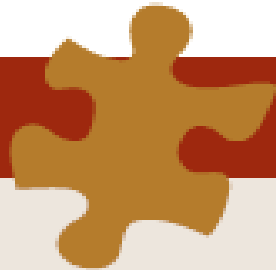
- Fibro fog is a term used to describe the cognitive difficulties brought on by fibromyalgia.
- Fibro fog symptoms may include the following:
 - Short term memory loss
 - Misplacing objects
 - Becoming easily distracted
 - Forgetting plans
 - Difficulty carrying on conversation
 - Inability to remember new information

Physical examination

Examination is unremarkable, apart from the presence of hyperalgesia on moderate digital pressure (enough just to whiten the nail) over multiple sites (Diagnosis requires 11 positive tender point out of 18)



FIBROMYALGIA



ESSENTIALS OF DIAGNOSIS

- ▶ Most frequent in women aged 20–50.
- ▶ Chronic widespread musculoskeletal pain syndrome with multiple tender points.
- ▶ Fatigue, headaches, numbness common.
- ▶ Objective signs of inflammation absent; laboratory studies normal.

dd

- Hypothyroidism.
- Vitamin D insufficiency
- Connective tissue dis.
- Chronic fatigue syndrome
- Depression
- Irritable bowel syndrome
- Infectious diseases
- Malignancy.

Exclude autoimmune disorders – Symptoms that may be seen in both fibromyalgia and autoimmune disorders include not only arthralgias, myalgias, and fatigue, but also morning stiffness and subjective swelling of the hands and feet. In addition, a Raynaud's-like syndrome (characterized by the entire hand turning pale or red, instead of just the digits), malar flushing (in contrast to a fixed malar rash), and livedo reticularis are common in fibromyalgia and can mislead the practitioner to suspect an autoimmune disorder.

- Education
- Exercise
 - Aerobic conditioning
 - Strengthening
- Simple analgesia
- Reduction of adverse mechanical factors
 - Pacing of activities
 - Appropriate footwear
- Weight reduction if obese

Antineuropathic agents

- Low doses of sedative antidepressant e.g 10-25 mg amitriptyline (tryptizole) few hours before bed time.
- Selective serotonin reuptake inhibitors e.g fluoxetine 20mg/d .
- Other agents may be of value are, duloxetine 30 to 60 mg once daily gabapentin (Neurontin 1200mg) and pregabalin. Lyrica 300a

- **Complementary therapies** – These therapies include trigger-point injections, myofascial release therapy (or other “hands-on” techniques), acupuncture, and chiropractic manipulation, each of which has some data supporting efficacy.

thank u