FIBROMYALGIA

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DEFINITION

- CHRONIC MUSCILOSKELETAL DISORDER CHARACTERIZED BY GENERALIZED PAIN AND TENDERNESS AT SPECIFIC ANATOMIC SITES.
- CRITERIA DEFINED IN 1990 BY ACR AND UPDATED 2010 (STILL CONTROVERSIAL)
- CONCEPT OF FIBROMYALGIA ALSO STILL CONTROVERSIAL

PATHOGENESIS

- UNCLEAR
- MAY HAVE GENETIC BASIS BUT STUDIES CANNOT SEPARATE LEARNED BEHAVIOR VERSUS TRUE GENETIC INHERITANCE
- MORE POPULAR AT PRESENT IS NEUROLOGIC THEORY: ABNORMAL SIGNALING OF C FIBERS THROUGH DORSAL HORN UPWARD TO PAIN-PROCESSING CENTERS OF THE BRAIN
- PERIPHERAL FACTORS MAY PLAY A ROLE - DIET, PHYSICAL ACTIVITY, MENTAL HEALTH ISSUES

EPIDEMOLOGY

- PREFERENTIALLY AFFECTS WOMEN IN MIDDLE AGE
- HOWEVER CAN BE SEEN IN CHILDREN AND MEN AS WELL
- MORE COMMON IN MIDDLE AND UPPER SOCIOECONOMIC GROUPS BUT THIS MAY REFLECT ACCESS TO HEALTH CARE
- INCIDENCE ESTIMATED TO BE 2-4% OF POPULATION AND 20% OF NEW PATIENTS REFERRED TO RHEUMATOLOGY
- ASSOCIATION WITH IRRITABLE BOWEL SYNDROME, CHRONIC HEADACHES

SYMPTOMS

- GENERALIZED ACHES AND PAINS – pain inn al four quadrants
- FATIGUE
- AM STIFFNESS
- SLEEP ISSUES
- SENSATION OF SWELLING IN EXTREMITIES
- PARESHESIAS

AGGRAVATING FACTORS

- COLD/HUMID WEATHER
- NON RESTORATIVE SLEEP
- EXCESSIVE PHYSICAL ACTIVITY
- PHYSICAL INACTIVITY
- STRESS

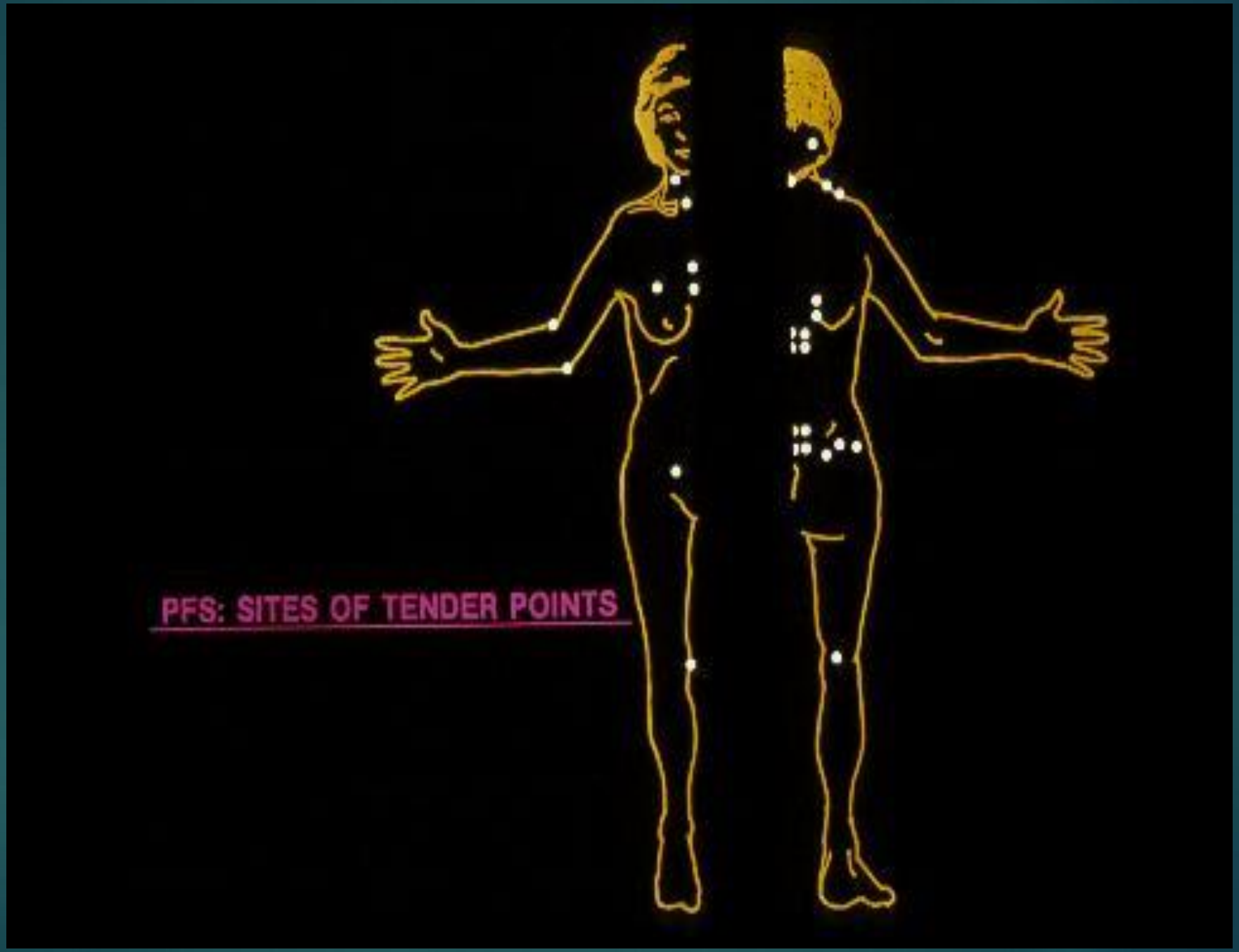
RELIEVING FACTORS

- WARM/DRY WEATHER
- HOT SHOWER/BATH
- RESTFUL SLEEP
- MODERATE ACTIVITY
- STRETCHING EXERCISES
- MASSAGE

EXAMINATION

- NORMAL JOINT EXAM
- NORMAL NEUROLOGIC EXAM
- NORMAL MUSCLE EXAM

- PRESENCE OF TENDER POINTS AND ABSENCE OF CONTROL POINTS


PFS: SITES OF TENDER POINTS

CONTROL POINTS

- MID FOREHEAD
- THUMBNAILS
- MID FOREARM
- MID THIGH

LABORATORY STUDIES

- CONSIDER CHECKING IF SYMPTOMS SUGGEST POSSIBLE OTHER DIAGNOSIS
- HLA B 27
- TSH
- VITAMIN D LEVELS
- BONE SCAN
- RF/CCP
- ANA
- XRAYS/MRI

LABORATORY TEST FOR FIBRO?

- FM/a
  - REPORTEDLY TESTS CELL MARKERS ON SPECIFIC CELL MEDIATED IMMUNE CELLS SPECIFIC FOR PATIENTS WITH FIBROMYALGIA
  - DONE IN PATIENTS WITH SLE, RA, FIBROMYALGIA AND REPORTEDLY ACCURATELY IDENTIFIED ONLY FIBROMYALGIA PATIENTS
  - SCORES ABOVE 51 INDICATE ACTIVE FIBROMYALGIA

TREATMENT

- FIRST, MAKE SURE YOUR DIAGNOSIS IS ACCURATE/CORRECT

- GOOD HISTORY AND PE
- LAB IF NEEDED

EDUCATION

- EXPLAIN DIAGNOSIS – ABNORMAL SIGNAL OF PAIN, NOT SOME INJURY
- EXPLAIN IMPORTANCE OF LIFESTYLE HABITS IN MANAGING SYMPTOMS
- EXPLAIN LACK FO DISABILITY – STUDIES SHOW WORSENING OF SYMPTOMS WHEN PATIENTS STOP WORKING

NUTRITION

- EA8 T AT LEAST 3 MEALS/ DAY INCLUDING PROTEIN IN EACH MEAL
- AVOID CAFFEINE
- AVOID NUTRASWEET?
- DRINK 6- 8 GLASSES OF WATER
- IF OVERWEIGHT, LOSE WEIGHT

EXERCISE

- STRETCHING
- LOW IMPACT AEROBIC EXERCISE
- YOGA
- PILATES
- TAI CHI

DRUG THERAPY

- TCAs: AMITRIPTYLINE, TRAZADONE, DOXEPIN, DESIPRAMINE, IMIPRAMINE
- MUSCLE RELAXERS: CYCLOBENZAPRINE, CARISPRODOL, SKELAXIN, NORFLEX

DRUG THERAPY

- SSRIs
- SNRIs: DULOXETINE, MILNACIPRAN, VENLAFAXINE
- NSAIDS
- ANTIANXIETY MEDS
- GABAPENTIN/PREGABALIN
- TRAMADOL
- NARCOTICS

PSYCHOLOGICAL THERAPIES

- STRESS MANAGEMENT
- BIOFEEDBACK
- RELAXATION TECHNIQUES
- GROUP THERAPY
- INDIVIDUAL COUNSELING

ELECTRICAL STIMULATION

- ALPHA STIMULATION
- AURICULAR STIMULATION
- TENS

OTHER THERAPIES

- MASSAGE THERAPY
- PHYSICAL THERAPY
- CHIROPRACTIC THERAPY
- TRIGGER POINT INJECTIONS

FIBROMYALGIA TREATMENT

- ONCE DISCUSSION OF DIET AND EXERCISE – THEN
- FOCUS ON SLEEP ENHANCEMENT WITH MEDS AND WITH SLEEP HYGIENE TECHNICS
- ONCE SLEEP IMPROVED AND STILL PAIN, THEN TRIAL OF SSNI OR SSRI
- IF STILL PAIN CONSIDER TRIAL OF GABAPENTIN/PREGABALIN

CASE 1

- 27 YO WF MOTHER OF 2
- ONSET OF DIFFUSE PAIN FOR 3 YEARS
- FEELS UNRESTED UPON AWAKENING
- DRINKS 6-7 CANS DR PEPPERS/DAY
- FEELS HER HANDS AND FEET SWELL
- COMPLAINS OF NUMBNESS IN HANDS AND FEET
- COMPLAINS OF FATIGUE

CASE 1

- PE: 12/18 TENDER POINTS AND NORMAL JOINT/ NEUROLOGIC MUSCLE EXAM
- Dx: FIBROMYALGIA
- DISCUSSED DECREASING CAFFEINE INGESTION AND EXERCISE
- STARTED ON AMITRYPTILENE 10MG QHS AND TITRATED UP TO 30 MG QHS

1 MONTH FOLLOWUP - IMPROVED FATIGUE AND PAIN LEVELS

CASE 2

- 27YO WF WITH 6 MONTH HISTORY OF DIFFUSE PAIN
- PAIN WORSE IN BACK AND NECK AREAS
- NO NEUROLOGIC SYMPTOMS BUT FEELS FATIGUED
- POOR SLEEP WHICH SHE ATTRIBUTES TO PAIN
- STIFFNESS IN AM LASTS ABOUT 2 HOURS
- SEEMS TO DO BETTER WITH PHYSICAL ACTIVITY

CASE 2

- PE: NORMAL EXCEPT TENDERNESS IN BUTTOCKS AND LUMBAR SPINE. NO PERIPHERAL SYNOVITIS. 6/18 TENDER POINTS
- LABORATORY: NORMAL ESR/ CRP POSITIVE HLA B27
- XRAYS: NORMAL SI JOINTS BUT MRI SHOWS ONE SMALL EROSION AND MILD SCLEROSIS OF SI JOINTS.

- DIAGNOSIS: ANKYLOSING SPONDYLITIS

Case 3

- 55 yo wf
- Complaints of diffuse pain for over 15 years but worse in the last 2 years
- Complaints of fatigue and poor sleep
- PMH: hypertension and hyperlipidemia
- MEDS: hctz 25mg daily and atorvastatin 10mg daily

Case 3

- PE: normal exam except mild degenerative changes in dip joints and 12/18 trigger points
- Dx: FIBROMYALGIA. MAY HAVE WORSENED DUE TO SLEEP ISSUES RELATED TO MENOPAUSE

- Started on trazadone 50mg qhs and titrated up to 150mg qhs
- Better sleep but still having pain
- Started on duloxetine 30mg daily and increased to 60 mg daily
- Also started on exercise program

Case 3

Back in clinic 2 months later

Improved pain and sleep but not exercising

6 months later – back in clinic and not doing well

Started on PT program

Improved again with PT

Case 3

- Returns to clinic one year later
- Not doing well with poor sleep and increased pain
- On same dose of trazadone and duloxetine
- Also no longer exercising
- Started back on exercise through PT help

Case 4

- 55yo wf referred for diffuse pain
- History of pain for 25 years but worse in the last 6 months
- Diffuse pain but worse in hip and shoulder area
- PMH: hyperlipidemia and hypertension

Case 4

- PE no synovitis in any joints. Tender points 12/18
- LAB: esr 52 CRP 7.3
- DX: PMR and fibromyalgia
- Started on 5mg prednisone and 50% symptoms improved
- Then started on plaquenil as steroid sparing agent and prednisone tapered over 3 months. Also placed on cyclobenzaprine 10-30 mg qhs FOR FIBROMYALGIA

Case 5

- 32 yo wf with diffuse pain FOR 2 YEARS
- Fatigued and having difficulty functioning
- Poor sleep and “fibro fog”
- Drinks 1 bottle of mountain dew

- PMH: negative EXCEPT FOR SKIN LESIONS
- MeDS: none

Case 5

- PE: 14/18 tender points negative controls, otherwise normal exam
- Lab: ANA 1:80 nucleolar pattern

- DX: fibromyalgia with probably false positive ANA

- Started on nortryptilene 10mg qhs and titrated up to 50mg for improved sleep
- Better but still symptomatic
- Milnacipran added – dose pack x 2 then 50mg bid
- Pain and fatigue improved

Case 5

- Back two years later and not doing well
- Has not been exercising and still ingesting caffeine
- Milnacipran increased to 100mg bid

- Some improvement but still feeling poorly
- Gabapentin 300mg qhs started and titrated up to 300mg bid and 600mg qhs
- Exercise and nutrition counseling

Case 6

- 26yo wf with diffuse pain
- Complaints of pain all over
- Poor sleep and “ fibro fog”
- Fatigued and feels unable to do ADLs
- PMH: negative
- Social HX: not working
- Meds: on hydrocodone 10/325 6 daily

Case 6

- PE: tender all over with 4/4 positive control points

- PREVIOUSLY TREATED WITH trazadone, duloxetine, gabapentin, pregabalin, venlafaxine and multiple muscle relaxers without any improvement
- Asking about disability and more narcotics
- Dx: UNCLEAR BUT SUSPICIOUS FOR PSYCH OR MALINGERING
- Sent for neuropsychiatric testing