

Factsheet

Fibromyalgia

Fibromyalgia can cause similar symptoms to multiple sclerosis (MS) including muscle weakness and pain in the arms and legs. In fibromyalgia, the pain is muscle-specific, and not in the joints or all over. Dizziness is a common complaint, as is difficulty concentrating, memory issues, and depression.

Fibromyalgia and MS both currently have no cure, but people with either condition can benefit from drug treatments and physical therapies to manage symptoms. As with MS, more women than men are affected by fibromyalgia, which most often develops between the ages of 30 and 60.¹

Symptoms

The common symptoms of fibromyalgia are pain, tender spots (areas of soreness on the body) stiffness and fatigue. These symptoms are not outwardly visible – someone with the condition may appear perfectly well. As a result, it is sometimes referred to as ‘the invisible disability’ or ‘irritable everything syndrome’.

In some people, the pain may cause only moderate discomfort, while in others it can be so intense that it interferes with everyday tasks such as eating. The pain is often accompanied by stiffness in the area affected. There may also be evidence of irritable bowels or bladder, leading to an increased need to pass urine, diarrhoea, constipation, or feeling bloated.

Other symptoms can include:

- tingling
- numbness
- prickling or burning sensations in the hands and feet
- dry eyes, skin or mouth
- unusually painful menstruation in women
- restlessness in the legs, particularly at night

- increased sensitivity to smells, noise, bright lights or touch
- poor concentration or memory lapses
- anxiety and depression.

Pain, tiredness and sleep disturbance are also common in fibromyalgia. Pain may feel worse first thing in the morning, or as the day goes on, or with activity. It may affect one part of the body or several different areas such as the limbs, neck and back.¹

Causes

The cause is unknown, although there are several theories about what can bring it on. Suggestions include 'triggering events' like an infection (viral or bacterial), a car accident or the development of another disorder, such as rheumatoid arthritis. 'Triggers' can also activate the condition in those who may have a genetic predisposition.²

Research has shown that people with fibromyalgia have lower than normal levels of a chemical called serotonin. Serotonin plays an important part in controlling pain and regulating sleep. One of the leading theories is that a low level of serotonin causes fibromyalgia.³

Research has also shown that people with fibromyalgia tend to have disturbances in their deep sleep. Some experts believe that disturbed sleep patterns may be a cause of fibromyalgia, rather than just a symptom.⁴

It may be that there is no single cause, and that several factors combine to cause the condition.

Diagnosis

There is no specific diagnostic test and the symptoms can vary from person to person. A diagnosis is usually made by taking a medical history, checking the symptoms, and by physical examination. A doctor may suspect fibromyalgia from the characteristic 'tender spots' it can cause. Blood tests, X-rays and other scans may be used to rule out conditions with similar symptoms.

These could include MS, chronic fatigue syndrome (also known as CFS and sometimes myalgic encephalitis. (ME) , lupus, under-active thyroid, myositis, rheumatoid arthritis, and Sjogren's syndrome.

Treatment

Research suggests that exercise can significantly improve the symptoms of fibromyalgia for most people, reducing pain, boosting energy levels and helping with regular sleep patterns. Low-impact aerobic exercises – such as walking, cycling or swimming – are thought to be best, rather than specific muscle-building exercises such as weight-training. A physiotherapist can provide a programme of gentle exercise and stretching that is tailored to an individual's symptoms.⁵

The following medicines may be prescribed to help relieve symptoms:

Low-dose tricyclic antidepressants, such as amitriptyline - these can ease pain and help with disturbed sleep.

Selective serotonin re-uptake inhibitors (SSRIs), such as fluoxetine can help to relieve a serotonin deficiency.

Over-the-counter painkillers such as paracetamol, or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen can help to ease pain. If the pain is severe, stronger narcotic painkillers such as codeine, methadone, or morphine can be prescribed.

Mild tranquillizers such as diazepam can treat anxiety and muscle spasms.

Relaxation therapy, anxiety management techniques, counselling, cognitive behavioural therapy (CBT), or other 'talking therapies' can help some people to cope better with the way pain, fatigue or other symptoms interfere with life.

Getting enough sleep, and eating a healthy, balanced diet can help with energy levels, and fatigue. Some people find complementary therapy treatments such as acupuncture, aromatherapy, massage, chiropractic or osteopathy ease their pain or fatigue, or help them relax and manage their condition better. As with all drug therapies, always consult your doctor or other health care professional before trying a complementary therapy.

Full recovery is uncommon. Although symptoms may vary in severity over time, and may even disappear completely for periods, they usually return. Most people will have to learn to live with the condition for life. Joining a fibromyalgia support group can be a tremendous source of information and comfort.

Many people with a long-term condition find it helpful to take part in the Expert patient Programme. (EPP) This provides opportunities to people who live with long-term chronic conditions to develop new skills to manage their condition better on a day-to-day basis. To find your local programme please call the Expert patient programme on 020 7922 7860.

References

Arthritis Research Campaign (2008) Fibromyalgia: an information booklet. York: ARC Trading. Available from www.arc.org.uk or from ARC Trading Ltd, James Nicholson Link, Clifton Moor, York, YO30 4XX

Fibromyalgia Association UK (2006) Information booklet for people with fibromyalgia. Available at www.fibromyalgia-associationuk.org or from Fibromyalgia Association UK, PO Box 206, Stourbridge, DY9 8YL

Bazzichi, L. et al (2006) Alteration of serotonin transporter density and activity in fibromyalgia. *Arthritis, research and therapy*, 8 (4): R99.

Sepici, V. et al (2007) Obstructive sleep apnea syndrome as an uncommon cause of fibromyalgia: a case report. *Rheumatology International*, 28 (1): 69-71.

Busch, A. J. et al (2007) Exercise for treating fibromyalgia syndrome. *Cochrane Database of Systematic Reviews 2007*, Issue 4. Art. No.: CD003786. DOI: 10.1002/14651858.CD003786.pub2.

Useful organisations and other information

The Arthritis Research Campaign (arc)
PO Box 177
Chesterfield
Derbyshire
S41 7TQ
Telephone: 0870 850 5000

Arthritis Care
18 Stephenson Way
London
NW1 2HD
Helpline: 0207 380 6500
www.arthririscare.org.uk

Fibromyalgia Association UK
PO Box 206
Stourbridge
West Midlands DY9 8YL
Helpline: 0870 220 1232 (10am–4pm Mon–Fri)
www.fibromyalgia-associationuk.org

MS Society publications

The MS Society has publications on a wide variety of topics, including information for people newly diagnosed, types of MS, managing relapses, and social services. For a publications list and order form visit the website www.mssociety.org.uk or call 020 8438 0799. (Monday to Friday, 10am-3pm)

MS Helpline

The award winning MS Helpline offers confidential emotional support and information to anyone affected by MS, including family, friends, carers, newly diagnosed or those who have lived with the condition for many years. Information about MS is available in over 150 different languages by speaking to a Helpline worker via an interpreter. Call freephone 0808 800 8000 Monday to Friday, 9am-9pm, except bank holidays, or email helpline@mssociety.org.uk

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Suggestions for improvement in future editions are welcomed

Please send them to infoteam@mssociety.org.uk

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