

Fibromyalgia

Epidemiology of fibromyalgia

- Prevalence in western countries up to 5%
- Women > men approximately 10:1

Pathogenesis of fibromyalgia

- Unknown but potentially due to hyperexcitability with abnormal pain perception

Presentation of fibromyalgia

- Widespread pain for >3 months
- 'Pain all over'
- 18 tender points identified by American College of Rheumatology
- Fatigue & poor sleep often major problems
- May be associated with anxiety and depression, irritable bowel syndrome, TMJ pain
- Often co-exists with inflammatory disease
 - Can be difficult to separate pain from fibromyalgia and pain from active disease e.g. RA

Investigations in fibromyalgia

- Normal bloods (FBC, U&Es, inflammatory markers, TFTs)
- A certain level of investigation can sometimes reassure the patient, but try not to over-do as this tends to heighten anxiety

Management of fibromyalgia

- Patient education
 - It is very important to take this seriously and have an initial positive conversation.
 - Conditions involving chronic pain have a huge impact on quality of life so it is important to acknowledge this: it is a real and debilitating condition.
 - Emphasise the positives: there is nothing wrong with the patient's joints or muscles, it is an issue with the perception of pain and patients can teach their bodies to deal with this through exercise and behavioural techniques.
- Exercise programmes: graded return to activity
- Cognitive behavioural therapy (CBT)
- Tricyclics can improve sleep and pain
 - Start with amitriptyline 10mg ON and increase as tolerated
- Antidepressants in selected cases e.g. citalopram

Poor prognostic features in fibromyalgia

- High levels of distress
- Work avoidance
- Long-standing pain
- Functional impairment