
Information from your Patient Aligned Care Team

Fibromyalgia Fact Sheet

What are the Facts?

- Fibromyalgia is a common condition that affects 2% to 4% of the U.S. population
- Diagnosis is based on physical examination in combination with the patient's report of symptoms
- history of widespread pain lasting more than 3 months, and the presence of diffuse tenderness
- Pain is considered to be widespread when it affects all four quadrants of the body, meaning it must be felt on both the left and right sides of the body as well as above and below the waist. Certain medical tests help to differentiate Fibromyalgia from other conditions, but as yet there are no specific tests that reliably confirm its presence or absence
- Common conditions that can mimic Fibromyalgia are Hypothyroidism, Lupus, Rheumatoid Arthritis, and Infections
- Fibromyalgia may be hereditary, so you may have family members with this condition
- About 1/3 of people with Fibromyalgia also have Depression
- There is no known cause for Fibromyalgia, although some people develop it after physical or emotional trauma for reasons that are not well understood
- There is no definitive cure for Fibromyalgia, but symptoms often can be managed through a combination of approaches.

What are the Symptoms?

- The most significant problem is chronic and widespread pain
- Tenderness occurs at 11 or more of 18 "trigger points", or points of the body where ligaments, tendons, and muscles attach to bone

- These points include the back of the head, between shoulder blades, top of shoulders, front sides of neck, upper chest, outer elbows, upper hips, sides of hips, inner knees
- Many people with Fibromyalgia report aching and stiffness in the neck, shoulders, upper back, lower back, and hips
- Associated factors include physical fatigue and sleep that is "nonrestorative", or sleep does not leave you feeling refreshed or rested and
- Some people with Fibromyalgia also experience difficulty thinking clearly, a symptom commonly referred to as "fibro-fog"
- Symptoms may come and go

What Can You Do About It?

- Although painful, this condition does not cause damage to tissues
- Symptoms can be managed successfully in many cases with a combination of medication, physical therapy, and behavioral techniques
- Your medical provider will determine which medications are best for your specific concerns
- In general, medications for Fibromyalgia may include
 - common analgesics, such as acetaminophen (such as Tylenol) or NSAIDs, (such as ibuprofen or Motrin)
 - antidepressant medications can help with sleep, fatigue, and pain
 - Anti-seizure drugs that are also helpful in reducing pain symptoms

Physical therapy approaches:

- Your medical provider may suggest heat treatment or application of cold as well as massage, regular stretching, and range-of-motion exercises
- Supervised, low-impact, aerobic conditioning exercises can be of value
- Occupational Therapy can help to improve daily activities, such as personal care (bathing, dressing, etc.) and household chores (cooking, cleaning, etc.)
- Medication to improve sleep and/or relax muscles may be used

Behavioral techniques:

- As described above, a program of regular exercise can be very helpful in managing both pain itself and the distress that comes with chronic pain
- Planning and pacing activities for the day or week is very important in avoiding overexertion
- Reserve time for pleasurable activities (hobbies, talking with friends, going to a movie) that you enjoy during the day
- Avoid triggers that can aggravate symptoms, such as emotional stress, poor sleep, over- exertion, exposure to damp/cold weather
- Your behavioral health provider can discuss easy-to-use stress management approaches that can help prevent and manage distress
 - Be sure to seek help from a behavioral health provider if chronic anger, despair, and pessimism develop
- Because Fibromyalgia can impact your sleep quality, it can be helpful to follow the follow tips for better sleep:
 1. Keep regular sleep habits. Try to get to bed at the same time and get up at the same time every day—even on weekends and vacations.
 2. Avoid caffeine and alcohol in the late afternoon and evening. If consumed too close to bedtime, the caffeine in coffee, soft drinks, chocolate, and some medications can keep you from sleeping or sleeping soundly. Even though it can make you feel sleepy, drinking alcohol around bedtime also can disturb sleep.
 3. Time your exercise. Regular daytime exercise can improve nighttime sleep. But avoid exercising within 3 hours of bedtime, which actually can be stimulating, keeping you awake.
 4. Avoid daytime naps. Sleeping in the afternoon can interfere with nighttime sleep. If you feel you cannot get by without a nap, set an alarm for 30 minutes to 1 hour. When it goes off, get up and start moving.
 5. Reserve your bed for sleeping. Watching the late news, reading a suspense novel, or working on your laptop in bed can stimulate you, making it hard to sleep.
 6. Keep your bedroom dark, quiet, and cool.
 7. Avoid liquids and spicy meals before bed. Heartburn and late night trips to the bathroom are not conducive to good sleep.

8. Wind down before bed. Avoid working right up to bedtime. Do relaxing activities, such as listening to soft music or taking a warm bath, that get you ready to sleep. (A warm bath also may soothe aching muscles.)

Where Can You Get Additional Information and/or Help?

- Education on Fibromyalgia for people with this condition as well as their families is an important component of treatment
- Several resources are noted below

Websites:

American Fibromyalgia Syndrome Association: www.afsafund.org

Fibromyalgia Network: www.fmnetnews.com

National Fibromyalgia Partnership: www.fmpartnership.org

USA Fibromyalgia Association: www.fmaware.org

Information in this handout is adapted from: Mayo Clinic (www.mayoclinic.com) and the National Institutes of Health (www.niams.nih.gov/health_info/fibromyalgia)