

FIBROMYALGIA

Fibromyalgia (FM) is a common rheumatic disease with an estimated prevalence of 2.1-to-5.7 per cent of the population. Women are much more likely to develop FM than men by a ratio of four-to-one. The incidence of FM increases with age and it is most common in women 50 years of age or older.

Although FM is a relatively new term, this syndrome was known by several other names in recent years, including soft tissue rheumatism, fibrositis and non-articular rheumatism.

DIAGNOSIS

A person with FM has experienced widespread pain for three months or longer. They will also have pain above and below the waist, on both sides of the body. In addition, a person with FM will have 11 of 18 active tender points. Tender points are specific parts of the body and are considered active when pressure to that area causes an increase in pain.

FM diagnosis does not require specialized machinery or laboratory testing. Physicians test for FM by either using their thumb, or a device called a dolorimeter, to determine if a tender point is active. In addition to widespread pain and 11 of 18 tender points, many individuals with FM also experience a wide variety of other symptoms. Because some of these symptoms are also common in other types of arthritis, your physician may require blood tests, X-rays and other tests to verify your diagnosis.

SIGNS AND SYMPTOMS

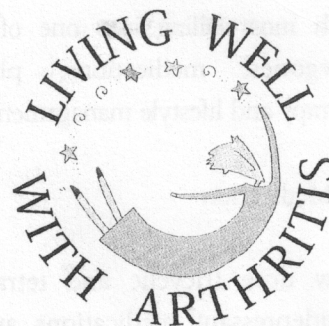
Symptoms may include fatigue, stiffness (particularly in the morning), numbness, disturbed sleep, joint or soft tissue swelling, dry eyes, an intolerance to cold, poor memory and concentration, a sensitivity to certain foods, medications or allergens, as well

as a feeling of weakness. A number of other conditions may accompany FM including depression, tension and migraine headaches, irritable bowel and bladder, chronic fatigue syndrome (CFS) and Temporomandibular Joint (TMJ) dysfunction.

WHAT HAPPENS

For many people, FM develops gradually, without any known cause. Others attribute the onset of this syndrome to a variety of causes including motor vehicle accidents, work-related injuries, viral illnesses, surgery, infections, emotional traumas, or physical or emotional stress. Researchers are not sure of the exact process by which this syndrome develops.

Many people with FM feel like they are on a downward cycle. Being in pain and having no energy makes it difficult to manage normal activities such as maintaining a job, housekeeping, or recreational and leisure pursuits. This can lead to stress, anxiety and depression. Lastly, cold and wet weather will often make your FM feel worse.



Along with the physical symptoms of arthritis, many people experience feelings of helplessness and depression. Learning daily living strategies to manage your arthritis gives you a greater feeling of control and a more positive outlook. To get the best results, people affected by arthritis need to form close ties with their doctors and therapists, and become full partners in their treatment. From our perspective, it's all part of living well with arthritis.

There are several resources you can use in finding out how best to manage your own arthritis. Here are a few:

The Arthritis Self-Management Program (ASMP) is a unique self-help program offered by The Arthritis Society to help you better control and manage your arthritis.

The Open Forum on **The Arthritis Society's Web site – www.arthritis.ca** – provides an opportunity to discuss and share information with other people who may be able to offer some useful insights.

Your support makes it possible for The Arthritis Society to provide this type of information. To make a donation, or for more information, call us toll-free during business hours at:



1-800-321-1433



Many different treatments are available, with most falling into one of three categories: medications, physical therapy and lifestyle management.

1. Medication

Low dose tricyclic and tetracyclic antidepressant medications are the group of drugs which are the most effective treatment for FM. These drugs increase the amount of time a person spends in deep sleep, increasing serotonin levels and also helping to relieve pain. Two families of medications which have not been shown to be useful in FM are non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids.

2. Physical Therapy

Physical therapy includes conditioning, stretching and proper posture. Many people with FM benefit from participation in some type of conditioning program. Maximum benefit is obtained through activity producing shortness of breath and perspiration for 30 minutes, three times a week. However because many people with FM are not in good physical shape, it is important to gradually build up to this target level. Common types of conditioning activities are walking, low impact aerobic programs designed for people with arthritis, water exercise programs and use of equipment such as an exercise bike, treadmill, or StairMaster. It's also important to warm up before beginning exercises. Consult your doctor if exercise causes increased pain. Heat may give some temporary relief and many people ease discomfort using heating pads, hot showers, or whirlpools.

3. Lifestyle Management

With FM, it is often not possible to remain as active as you once were. The first step in lifestyle management is listening to and respecting what your body is telling you. Keep a diary over a period of several weeks or longer and keep track of your pain and fatigue levels in relation to other things such as your mood, level of activity, stress and quality of sleep. Do you find that after doing certain activities your pain is a lot worse? Are you being kept awake at night from fears and worries? Is depression making your fatigue worse? Once you are aware of the factors which may be out of balance in your life, there are a large number of things that you can learn to do to begin to feel more in control of FM, rather than feeling that the FM is controlling you.

The outcomes of FM are variable. Many people manage to remain at work and lead satisfying, fulfilling lives. Some people with FM become quite debilitated and have trouble sustaining professional and recreational activities. Outcomes may be improved by seeking treatment very soon after the onset of symptoms.

My therapist told me exercise will help my fibromyalgia, so why do I have so much pain each time I exercise?

As a result of the pain and fatigue, many people with FM reduce their physical activity. This eventually leads to a decrease in muscle strength and flexibility and general deconditioning. It is not unusual that people experience an increase in muscle soreness, especially at the beginning of a new exercise program. This post-exercise pain is mainly

acid in the muscles during exercise. Usually the pain reaches its peak 24-to-48 hours after the activity. It is important to recognize that this pain is "harmless", meaning it is not indicative of soft tissue or joint injury. Many people find the use of moist heat, such as a warm shower or bath, helpful to alleviate the post-exercise pain. If pain is severe and lasts more than 48 hours, you should consult your physiotherapist about your exercise program.

When is the best time to exercise?

The best time to exercise is when a person feels energetic. Many people with FM find that they feel the most energetic in late mornings and early afternoons; therefore, these are usually the best times for exercise. However, if you feel the most energetic early in the morning or later in the day, you should schedule your exercise during that time. Exercise should be avoided near bedtime.

I have done everything that my doctor and therapist asked me to do, why am I still in pain?

Although research studies have demonstrated the effectiveness of medication, exercise and life style modification for controlling FM symptoms, none of the present treatments offer a cure. It is not unusual that people with FM experience some chronic discomfort even if they adhere to doctors' recommendations. Some people do eventually become symptom free after treatment; however, this may take weeks, months or even years to achieve.