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# Fibromyalgia

## Fast Facts

- Fibromyalgia affects two - four percent of people, women more often than men.
- Fibromyalgia is not an autoimmune or inflammation based illness, but research suggests the nervous system is involved.
- Doctors diagnose fibromyalgia based on all the patient's relevant symptoms (what you feel), no longer just on the number of tender places during an examination.
- There is no test to detect this disease, but you may need lab tests or X-rays to rule out other health problems.
- Though there is no cure, medications can reduce symptoms in some patients.
- Patients also may feel better with proper self-care, such as exercise and getting enough sleep.



Fibromyalgia is a common neurologic health problem that causes widespread pain and tenderness (sensitivity to touch). The pain and tenderness tend to come and go, and move about the body. Most often, people with this chronic (long-term) illness are fatigued (very tired) and have sleep problems. The diagnosis can be made with a careful examination.

Fibromyalgia is most common in women, though it can occur in men. It most often starts in middle adulthood, but can occur in the teen years and in old age. You are at higher risk for fibromyalgia if you have a rheumatic disease (health problem that affects the joints, muscles and bones). These include osteoarthritis, lupus, rheumatoid arthritis, or ankylosing spondylitis.

## ⊕ What is fibromyalgia?

Fibromyalgia is a neurologic chronic health condition that causes pain all over the body and other symptoms. Other symptoms of fibromyalgia that patients most often have are:

- Tenderness to touch or pressure affecting muscles and sometimes joints or even the skin
- Severe fatigue
- Sleep problems (waking up unrefreshed)
- Problems with memory or thinking clearly

Some patients also may have:

- Depression or anxiety
- Migraine or tension headaches
- Digestive problems: irritable bowel syndrome (commonly called IBS) or gastroesophageal reflux disease (often referred to as GERD)
- Irritable or overactive bladder
- Pelvic pain
- Temporomandibular disorder - often called TMJ (a set of symptoms including face or jaw pain, jaw clicking, and ringing in the ears)

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## **+** What causes fibromyalgia?

The causes of fibromyalgia are unclear. They may be different in different people. Current research suggests involvement of the nervous system, particularly the central nervous system (brain and spinal cord).

**Fibromyalgia is not from an autoimmune, inflammation, joint, or muscle disorder.** Fibromyalgia may run in families. There likely are certain genes that can make people more prone to getting fibromyalgia and the other health problems that can occur with it. Genes alone, though, do not cause fibromyalgia.

There is most often some triggering factor that sets off fibromyalgia. It may be spine problems, arthritis, injury, or other type of physical stress. Emotional stress also may trigger this illness. The result is a change in the way the body “talks” with the spinal cord and brain. Levels of brain chemicals and proteins may change. More recently, Fibromyalgia has been described as Central Pain Amplification disorder, meaning the volume of pain sensation in the brain is turned up too high.

Although Fibromyalgia can affect quality of life, it is still considered medically benign. It does not cause any heart attacks, stroke, cancer, physical deformities, or loss of life.

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## **+** How is fibromyalgia diagnosed?

A doctor will suspect fibromyalgia based on your symptoms. Doctors may require that you have tenderness to pressure or tender points at a specific number of certain spots before saying you have fibromyalgia, but they are not required to make the diagnosis (see the Box). A physical exam can be helpful to detect tenderness and to exclude other causes of muscle pain. There are no diagnostic tests (such as X-rays or blood tests) for this problem. Yet, you may need tests to rule out another health problem that can be confused with fibromyalgia.

Because widespread body pain is the main feature of fibromyalgia, health care providers will ask you to describe your pain. This may help tell the difference between fibromyalgia and other diseases with similar

symptoms. Other conditions such as hypothyroidism (underactive thyroid gland) and polymyalgia rheumatica sometimes mimic fibromyalgia. Blood tests can tell if you have either of these problems. Sometimes, fibromyalgia is confused with rheumatoid arthritis or lupus. But, again, there is a difference in the symptoms, physical findings and blood tests that will help your health care provider detect these health problems. Unlike fibromyalgia, these rheumatic diseases cause inflammation in the joints and tissues.

#### Criteria Needed for a Fibromyalgia Diagnosis

1. Pain and symptoms over the past week, based on the total of number of painful areas out of 19 parts of the body plus level of severity of these symptoms:
  - a. Fatigue
  - b. Waking unrefreshed
  - c. Cognitive (memory or thought) problems

Plus number of other general physical symptoms

2. Symptoms lasting at least three months at a similar level

3. No other health problem that would explain the pain and other symptoms

Source: American College of Rheumatology, 2010

## How is fibromyalgia treated?

There is no cure for fibromyalgia. However, symptoms can be treated with both non-drug and medication based treatments. Many times the best outcomes are achieved by using multiple types of treatments.

**Non-Drug Therapies:** People with fibromyalgia should use non-drug treatments as well as any medicines their doctors suggest. Research shows that the most effective treatment for fibromyalgia is physical exercise. Physical exercise should be used in addition to any drug treatment. Patients benefit most from regular aerobic exercises. Other body-based therapies, including Tai Chi and yoga, can ease fibromyalgia symptoms. Although you may be in pain, low impact physical exercise will not be harmful.

Cognitive behavioral therapy is a type of therapy focused on understanding how thoughts and behaviors affect pain and other symptoms. CBT and related treatments, such as mindfulness, can help patients learn symptom reduction skills that lessen pain. Mindfulness is a non-spiritual meditation practice that cultivates present moment awareness. Mindfulness based stress reduction has been shown to significantly improve symptoms of fibromyalgia.

Other complementary and alternative therapies (sometimes called CAM or integrative medicine), such as acupuncture, chiropractic and massage therapy, can be useful to manage fibromyalgia symptoms. Many of these treatments, though, have not been well tested in patients with fibromyalgia.

It is important to address risk factors and triggers for fibromyalgia including sleep disorders, such as sleep apnea, and mood problems such as stress, anxiety, panic disorder, and depression. This may require involvement of other specialists such as a Sleep Medicine doctor, Psychiatrist, and therapist.

**Medications:** The U.S. Food and Drug Administration has approved three drugs for the treatment of fibromyalgia. They include two drugs that change some of the brain chemicals (serotonin and norepinephrine) that help control pain levels: duloxetine (Cymbalta) and milnacipran (Savella). Older drugs that affect these same brain chemicals also may be used to treat fibromyalgia. These include amitriptyline (Elavil) and cyclobenzaprine (Flexeril). Other antidepressant drugs can be helpful in some patients. Side effects vary by the drug. Ask your doctor about the risks and benefits of your medicine.

The other drug approved for fibromyalgia is pregabalin (Lyrica). Pregabalin and another drug, gabapentin (Neurontin), work by blocking the over activity of nerve cells involved in pain transmission. These medicines may cause dizziness, sleepiness, swelling and weight gain.

It is strongly recommended to avoid opioid narcotic medications for treating fibromyalgia. The reason for this is that research evidence shows these drugs are not helpful to most people with fibromyalgia, and will cause greater pain sensitivity or make pain persist. Tramadol (Ultram) may be used to treat fibromyalgia pain if short-term use of an opioid narcotic is needed. Over-the-counter medicines such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (commonly called NSAIDs) like ibuprofen (Advil, Motrin) or naproxen (Aleve, Anaprox) are not effective for fibromyalgia pain. Yet, these drugs may be useful to treat the pain triggers of fibromyalgia. Thus, they are most useful in people who have other causes for pain such as arthritis in addition to fibromyalgia.

For sleep problems, some of the medicines that treat pain also improve sleep. These include cyclobenzaprine (Flexeril), amitriptyline (Elavil), gabapentin (Neurontin) or pregabalin (Lyrica). It is not recommended that patients with fibromyalgia take sleeping medicines like zolpidem (Ambien) or benzodiazepine medications.

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## Living with fibromyalgia

Even with the many treatment options, patient self-care is vital to improving symptoms and daily function. In concert with medical treatment, healthy lifestyle behaviors can reduce pain, increase sleep quality, lessen fatigue and help you cope better with fibromyalgia. With proper treatment and self-care, you can get better and live a more normal life. Here are some self-care tips for living with fibromyalgia:

- Make time to relax each day. Deep-breathing exercises and meditation will help reduce the stress that can bring on symptoms.
- Set a regular sleep pattern. Go to bed and wake up at the same time each day. Getting enough sleep lets your body repair itself, physically and mentally. Also, avoid daytime napping and limit caffeine intake, which can disrupt sleep. Nicotine is a stimulant, so those fibromyalgia patients with sleep problems should stop smoking.
- Exercise often. This is a very important part of fibromyalgia treatment. While difficult at first, regular exercise

often reduces pain symptoms and fatigue. Patients should follow the saying, “Start low, go slow.” Slowly add daily fitness into your routine. For instance, take the stairs instead of the elevator, or park further away from the store. As your symptoms decrease with drug treatments, start increasing your activity. Add in some walking, swimming, water aerobics and/or stretching exercises, and begin to do things that you stopped doing because of your pain and other symptoms. It takes time to create a comfortable routine. Just get moving, stay active and don't give up!

- Educate yourself. Nationally recognized organizations like the Arthritis Foundation and the National Fibromyalgia Association are great resources for information. Share this information with family, friends and co-workers.
- Look forward, not backward. Focus on what you need to do to get better, not what caused your illness.

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## **+** The role of the rheumatologist

Fibromyalgia is not a form of arthritis (joint disease). It does not cause inflammation or damage to joints, muscles or other tissues. However, because fibromyalgia can cause chronic pain and fatigue similar to arthritis, some people may advise you to see a rheumatologist. As a result, often a rheumatologist detects this disease (and rules out rheumatic diseases). For long term care, you do not need to follow with a rheumatologist. Your primary care physician can provide all the other care and treatment of fibromyalgia that you need.

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## **+** Additional Information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these websites and is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

- National Institute of Arthritis and Musculoskeletal and Skin Diseases
- National Fibromyalgia Association
- National Fibromyalgia and Chronic Pain Association
- National Fibromyalgia Partnership, Inc.
- The American Fibromyalgia Syndrome Association, Inc.

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*Updated March 2019 by Isabelle Amigues, M.D., M.S., RhMSUS, and reviewed by the American College of Rheumatology Committee on Communications and Marketing.*

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