

Treating the Pain

In general, fibromyalgia syndrome patients have increased side effects from drugs and thus should be given low doses. Also, clinicians are seeing increased effectiveness in addressing the pain through a combination of multiple drugs, lifestyle changes and alternative therapies.

The Food and Drug Administration has approved two drugs that decrease pain signals by increasing serotonin and norepinephrine. Recommended starting dose of duloxetine is 60 mg a day. Recommended starting dose of milnaciprine is 50 mg twice a day.

For fibromyalgia, the FDA has also approved pregabalin, an anti-seizure medication thought to reduce overactive nerve signals. The suggested starting dose is 150 mg.

Drugs given off-label for fibromyalgia pain include other antidepressants, tizanidine, tramadol and opioids.

Research shows low-dose naltrexone, compounded to a 1.5-4.5 mg daily dose, reduces fibromyalgia pain. It blocks opioid receptors for a few hours, resulting in an increase of opioid receptors and chemicals afterward. LDN tends to cause fewer side effects than many of the other pain medications.

Magnesium is often recommended because of its role in decreasing pain signals. Reducing all stress and nervous system stimuli, adding acupuncture, massages, and mild exercise have all contributed to improving outcomes.

Other Symptoms

Many of the other symptoms can be attributed to autonomic nervous system dysfunctions, including a tilt toward too much sympathetic mode, not enough parasympathetic mode, and orthostatic hypotension. Brain inflammation and higher systemic cytokines are seen in fibromyalgia patients. Research also shows alpha waves interrupting and reducing the amount of stage 3 sleep.

Low doses of traditional drug therapies for these other symptoms can be used in fibromyalgia syndrome patients. Also, some of the pain drugs to the left may have a positive or negative effect on these other symptoms. Good sleep hygiene and drugs that increase time in stage 3, such as trazadone and sodium oxybate, can be used to decrease sleep disturbances.

Not all will see positive effects with these therapies, and side effects must be considered and monitored.

Surgery

Giving opioid in the incision area 90 minutes before surgery reduces the central sensitization pain and a post-operative increase of other fibromyalgia symptoms.

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Clinical Care Strategies for Fibromyalgia Syndrome



A physician's guide to fibromyalgia. Includes research-based treatment and therapy recommendations for optimum outcomes.

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Reviewed and approved by Dr. Andreas Kogelnik, MD, president of Open Medicine Institute and clinician and researcher of neuro-endocrine-immune diseases.

How to Diagnose

Most commonly used criteria:

A diagnostic criteria designed for research has become commonly used for clinical diagnosis. It requires at least 11 out of 18 body spots be tender to the touch for at least three months. The tenderness feels like there is a contusion where the muscle connects to the joints, and it must be in all four body quadrants. There can be no other explanation for the pain.

However, this criteria does not take into account other fibromyalgia symptoms or that the number of "tender points" can vary from day to day.

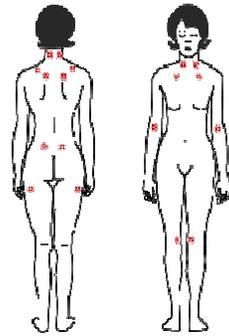
Proposed new criteria:

In 2010, a new clinical diagnostic criteria was proposed that also requires widespread pain in the previous three months. Using this criteria, a widespread pain index (WPI) is figured by the patient giving one point for each of the 19 areas of the body where he or she has experienced pain in the previous week:

Left hip (buttock, trochanter)	Left side of jaw	Left lower arm	Left lower leg	Neck Chest Abdomen
Right hip (buttock, trochanter)	Right side of jaw	Right lower arm	Right lower leg	
Left shoulder girdle	Left upper arm	Left upper leg	Upper back	
Right shoulder girdle	Right upper arm	Right upper leg	Lower back	

The patient also ranks the severity of the following four symptom groups on a scale of 0-3 as experienced within the previous week:

- Fatigue
- Waking unrefreshed
- Cognitive symptoms
- Any other somatic (physical) symptom, such as headaches, weakness, dizziness, nausea, bowel problems, numbness/tingling, hair loss, insomnia, depression, or others.



Prevalence

In 2012, the National Arthritis Data Workgroup estimated the U.S. fibromyalgia prevalence to be 5 million (1,600 per 100,000). Although men, women, and children can develop the syndrome, it is more common in women with onset in their mid-30s.

Triggers

Fibromyalgia often develops after a physical trauma, such as an accident or surgery. Additional triggers include other illnesses, infections, and situational stress. Genetic susceptibility appears to also play a role.

The numbers assigned to each of the four symptom groups on the left are added up for a total of 0-12. This is the severity scale (SS).

For a fibromyalgia diagnosis, the patient must have either a WPI score of at least 7 and SS score of at least 5 or have a WPI score of 3-6 and SS score of at least 9.

Additionally, there cannot be another explanation for the symptoms.

Pain Biology

Recent research shows a difference in cellular activity between acute pain and chronic pain. However, one severe pain insult or multiple acute pain insults, or other stressors, can lead to chronic pain that is not associated with tissue damage. As a result, acute pain is now treated more aggressively to hopefully prevent fibromyalgia from developing.

Some chronic pain is the result of a nervous system overreaction, a "wind up" effect, which would explain the allodynia and hyperalgesia these patients experience. This is hyperexcitability or central sensitization of the neuropathic pain signal process.

Research suggests the chronic pain in fibromyalgia results from an increase in substance P and its receptors, glutamate, N-methyl-D-aspartate (NMDA) receptors, and certain gene expressions.

Conversely, the chemicals and receptors that inhibit the chronic pain signals are gamma-aminobutyric acid (GABA), 5-hydroxytryptamine (5-HT, a.k.a. serotonin), magnesium, and endorphins (endogenous opioids). Studies show most of these are low in fibromyalgia patients. They also have a lower amount of and/or binding dysfunction in opioid receptors.

Recently, research has also revealed a small fiber peripheral neuropathy in fibromyalgia patients. It is thought to be damage from the immune system.