

a word from your doctor....

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Fibromyalgia

This is a difficult topic to cover in 2 pages. It is not well understood by anyone and not accepted as distinct condition by most of the medical profession. The cause is often unknown but there are associations of it with other conditions.

Fibromyalgia syndrome (FMS) is a painful disorder of the nervous system in which the nerves are overly sensitive to pain and there is muscle spasm. The muscle itself is normal. There is usually associated sleep problems and mild to severe depression. For the doctor to make this diagnosis requires 3 months of widespread pain and the presence of 12 or more out of 18 trigger points. The exam must be specific. There is associated excessive muscle tension in most patients. There is no blood test or x-ray study that indentifies the FMS patient. This is a clinical diagnosis. Most studies, such as MRI or CT scan will be normal, yet other disorders can exist and have their symptoms magnified by FMS.

FMS is much more common in women than men (85-90% are female) and it is often seen to arise in diabetic or pre-diabetic individuals in middle years (typically 30-60 years of age). Many suffers of FMS have bipolar depression or panic disorder or attention deficient disorder, both of which are mood disorders. Thyroid disease can trigger FMS as well as rheumatoid arthritis and other inflammatory arthritis conditions such as systemic lupus.

Mitral valve prolapse, bipolar depression, irritable bowel syndrome and carpal tunnel syndrome and other tendonitis are frequently found in patients who have FMS. Sleep and panic disorders are commonly found. Many have a history of post traumatic stress disorder, chronic fatigue or childhood sexual abuse.

While no one knows why FMS develops, there are treatments of proven but limited effectiveness. There are no cures but most patients can be helped by a combination of the following.

- Sleep medications such as ambien
- Tricyclic anti-depressants such as elavil
- Muscle relaxers such as flexeril
- Mild pain medications such as ultram or mobic
- Trigger point injection
- Anti-seizure medications such as lyrica, gabapentin, and lamectyl

- Anti-depressant medications that enhance both serotonin and norepinephrine effects such as cymbalta, sevelle and effexor. Oddly the selective serotonin drugs such as celexa help depression but not pain.

In many cases FMS intensifies the pain of other common musculoskeletal conditions such as fractures or arthritis. Many people with FMS have been disappointed with surgery for musculoskeletal pain. I find that, for example, FMS patients do well with carpal tunnel release, but recover very slowly from shoulder surgery. Total joint replacement can be effective for advanced arthritis, but it fails in those with mild arthritis and expectations for full pain relief are not met. It is important for the patient who has FMS and is having surgery for a painful condition to understand that surgery does not help the FMS condition itself and that the above medications and physical therapy after surgery is usually required for a successful outcome. Recovery will be slow and post operative pain worse than in the average patient. Patience is required. Often trigger point injection as well as the above medications are necessary for weeks after surgery.

It is not uncommon for the FMS patient to doctor shop. Because the pain exceeds anyone's expectations, the patient is often seen as a drug seeker. In many cases the patient may become addicted to narcotics. The doctor becomes uncomfortable prescribing and at the same time the narcotic pain medications fail to work very well. Furthermore, in some cases narcotics make the mood symptoms worse as the narcotic drugs alter mood and deplete the 'feel good' nerve transmitter serotonin.

Successful treatment for FMS is very difficult, particularly once the patient becomes addicted to narcotics and anti-anxiety drugs. While Lyrica, cymbalta and sevelle have FDA indications for effectiveness, many insurers limit the use of these medications because of cost. The insurance companies and the government find the medical costs of covering a FMS patient to be prohibitive and they will do what they can to get people with this diagnosis off their insurance rolls. Most doctors don't want to hear the word, much less see the patient suffering FMS.

It is important for the FMS patient to develop realistic expectations. No medical treatment will relieve all the symptoms and the road to drug addiction is paved with good intentions. Face your demons. Bipolar depression is very common and the stigma of mental health issues cause people to plea for another explanation of their pain. If you have a mental health caregiver, be sure to tell them about your pain as well as your depression.

I have a great deal of experience in treatment for FMS, and yet I'm not always comfortable with the choices. Treatment must be individualized and addiction avoided if possible. Remember that a healthy lifestyle is worth more than all the medications available.

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