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Fibromyalgia:
Fibromyalgia
Defined

*The most important information
you need to improve your health*



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The Everything® Healthy Living Series
Fibromyalgia: Fibromyalgia Defined

*The most important information you need to
improve your health*

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Introduction

For more than 10 years, millions of readers have trusted the bestselling Everything® series for expert advice and important information on health topics ranging from pregnancy and postpartum care to heart health, anxiety, and diabetes. Packed with the most recent, up-to-date data, Everything® health guides help you get the right diagnosis, choose the best doctor, and find the treatment options that work for you.

The Everything® Healthy Living Series books are concise guides, focusing on only the essential information you need. Whether you're looking for an overview of traditional and alternative migraine treatments, advice on starting a heart-healthy lifestyle, or suggestions for finding the right medical team, there's an Everything® Healthy Living book for you.

Fibromyalgia

When it comes to health, knowledge is your greatest ally. Nowhere is that more true than when you're dealing with a chronic condition, especially one as complex as fibromyalgia. That's why this book is so important to people who have this condition.

If you're like most people, finding out you have fibromyalgia is only the first small step on a long journey. The diagnosis gave you a label to apply to your pain and fatigue, and it provided an explanation for why you can't seem to get a good night's rest. It helped to explain why you had no energy for long shopping sprees and why you hurt when someone hugged you too hard. But everyday living with fibromyalgia is another story, one that is often fraught with challenges, despair, and great difficulty.

Like anything, learning to live successfully with fibromyalgia takes time and practice. At first, you may bemoan the loss of your former self. You wish you still had the energy to play tennis. You wish you didn't have

so many medical appointments. You wish you could still persevere in the career that you worked so hard to build. As the reality of your illness sinks in, however, you begin to realize that changes are necessary, and that the things you do can make a major impact on how well you feel. Gradually, you come to realize that taking care of your health now takes precedence over anything else you do in your life.

As of now, no one has all the answers to the mysteries of fibromyalgia. For instance, we still have no idea why anyone gets fibromyalgia. What is the biological mechanism or process that sets off the condition in the first place? And why does one person have a car accident and come out okay, while another one develops fibromyalgia? Those questions are best left to scientists who are working hard to improve their understanding of this perplexing condition.

What we do know now, though, is that the way you live and the choices you make can have a huge impact on how well you cope with fibromyalgia. For instance, we know that the ability to handle daily stress and difficult emotions can make a major difference in the severity of your pain. We also know that making the time and effort to both exercise and rest every day can help improve your functioning. In addition, we know that practicing good sleep hygiene — which includes treating conditions like sleep apnea — can greatly improve your sleep, which in turn will lessen your pain and fatigue.

No, it's not at all easy to live with fibromyalgia and its myriad symptoms and associated conditions. But the good news is that our knowledge of this condition and the treatment options we have is growing every year. In the meantime, people who have it must learn as much as they can about fibromyalgia and then work hard to make sure they are getting the best possible care.

If you'd like to learn more about fibromyalgia, check out *The Everything® Health Guide to Fibromyalgia*, available in print (978-1-

59337-586-7) and eBook (978-1-60550-334-9) formats.

Fibromyalgia Defined

Most of us know the unpleasantness of a sore neck, a stiff back, or an achy muscle. And we know that awful feeling that comes with not getting a good night's rest. Most problems go away after a few days, but if you have fibromyalgia syndrome (FMS), the pain and fatigue don't go away so easily. With fibromyalgia, these symptoms persist, often for years. For some, the pain can be life altering.

What Is Fibromyalgia?

Fibromyalgia is a medical syndrome characterized by widespread pain, sleep disturbance, tender points around the body, and a host of other symptoms that range from irritable bowel syndrome to depression. It is a baffling condition and one that is hard to diagnose, commonly misdiagnosed, and difficult to treat. The cause remains a mystery, a cure elusive.

Symptoms vary widely and can change from day to day for individual patients. Most people are able to live with the disease by treating the symptoms. But in some cases, fibromyalgia can be downright debilitating. Some people have given up jobs, abandoned hobbies, and lost relationships because of fibromyalgia.

For years, people questioned whether fibromyalgia actually existed. Even today, there are skeptics who wonder whether the syndrome is real, despite the fact that millions of people suffer from these symptoms. But modern medical research has demonstrated in recent decades that fibromyalgia is very real and that people who have it have measurable differences of chemicals and substances in their bodies. These substances are associated with a hypersensitivity to pain.

Like headaches, fibromyalgia may be a symptom complex, with a number of possible causes. Just as headaches can be caused by sinus infections, migraines, muscle tension, or tumors, fibromyalgia may be associated with a neck injury, infections, stress, genetics, or compression of the upper spinal cord. Since each cause may require its own unique treatments, what works for one FMS patient may not work for others.

Fact

In the early twentieth century, doctors called fibromyalgia “fibrositis.” The term comes from the Latin roots for muscle (fibro) and inflammation (itis). But over time, doctors came to realize that fibrositis was inaccurate because the condition didn’t involve any inflammation. It wasn’t until the late 1970s that the term “fibromyalgia” was used. The word blends the Latin term for fibrous tissue (fibro) with the Greek terms for muscle (myo) and pain (algia), and is much more accurate.

Confirming you have fibromyalgia is the first part of the struggle. Achieving relief from it is the next big challenge — and an ongoing one. These days, most people manage fibromyalgia with a host of different treatments that may include medications, diet and exercise, physical therapy, and alternative medicine. Efforts to restore sleep and alleviate depression have become routine therapies for fibromyalgia, too. Like the symptoms themselves, the treatment regimen varies, depending on the patient.

The key to living well with fibromyalgia is knowledge. Knowing as much as you can about this condition can help you minimize pain, improve sleep, and develop coping strategies that lessen the toll of fibro on every front. It will also enable you to better manage your fibromyalgia and help you continue to live a rewarding and independent life.

What Fibromyalgia Is Not

Knowing what fibromyalgia is not can be as important to your understanding of the condition as knowing what it is. Because fibromyalgia is still shrouded in mystery and the symptoms are so diverse and complex, it's easy to mistake fibromyalgia for any of several other medical conditions. But research in recent years has established certain truths about FMS that help distinguish it from other illnesses.

For starters, fibromyalgia is not arthritis, which is inflammation of the joints. Although the aches and pain of fibromyalgia may resemble those of arthritis, and the Arthritis Foundation offers information on FMS, fibro is technically not an inflammatory condition. Rheumatologists — doctors who treat arthritis, often also treat fibromyalgia. If fibromyalgia was an arthritic condition, patients could get more relief from simple anti-inflammatory medications, such as aspirin or ibuprofen. Fibromyalgia is also not usually progressive. While an occasional fibromyalgia patient may note a gradual improvement or worsening over time, FMS is not a degenerative illness and typically does not worsen with time. But that doesn't mean stress, bad weather, and too much activity won't make you feel worse on some days than others.

Fact

Too many doctors don't know how to diagnose it. Employers often don't understand it. Even loved ones have difficulties believing that the pain is real. For these reasons, the National Fibromyalgia Association in 2002 designated May 12 as Fibromyalgia Awareness Day. Each year since then, events have been held throughout the country to raise awareness of fibromyalgia.

Fibromyalgia is not psychosomatic. Skeptics have always questioned whether FMS was the product of a stressed-out lifestyle or an inability to cope. But that has slowly changed since 1990, when the American College of Rheumatology established its diagnostic criteria for fibromyalgia, and subsequent studies have proven measurable differences in people with

FMS. While stress may worsen fibromyalgia, it does not appear to be the primary cause.

Fibromyalgia is not a disease. A disease is a medical condition with a specific cause or causes and distinct resulting signs and symptoms. Fibromyalgia is a syndrome, a collection of signs, symptoms, and medical problems that tend to occur together but do not appear to be related to a specific, identifiable cause. Fortunately, fibromyalgia is not life threatening. As painful as it might seem on some days, no one dies from having FMS.

What Fibromyalgia Feels Like

Diabetics may talk about blood glucose levels. Heart patients may discuss stress tests. People with osteoporosis speak of bone-density measures. But when people talk about fibromyalgia, it's often a discussion of the symptoms they're experiencing, not what's turning up in their blood work or on an X-ray. That's because medical science has not yet figured out how to measure fibro in your blood or see it on an X-ray. Doctors begin to suspect fibromyalgia when patients start describing their symptoms.

But even the signs and symptoms of fibromyalgia can vary widely from one patient to the next. That's why obtaining a diagnosis is often a struggle. Some people spend as many as five years trying to find out what is wrong. In fact, even if you're reading this book, you may still be uncertain whether what you have is fibromyalgia. Fortunately, as our understanding of the disease has grown, some symptoms have emerged as common ones. Consider the case of Dee, who wasn't properly diagnosed for twenty years:

In her early twenties, Dee was wracked with pain and told she had rheumatoid arthritis. Dee lived in fear that her joints would become deformed one day. She tried numerous RA medications, but none worked. Then, eight years ago, Dee had a car accident and learned that what she

had was actually fibromyalgia. She looks back at the car accident as the event that gave her back her life and restored her hope.

You'll Feel Pain

Deep muscular aches. Sharp, shooting pains. Throbbing sensations. Those are just a few ways that fibromyalgia patients describe the chronic widespread pain that is the most common and persistent feature of fibromyalgia. Virtually all fibro patients experience some type of pain every single day. The severity of the pain can vary, depending on the weather, your stress and activity levels, and how well you've been sleeping.

Essential

For some people with fibromyalgia, everything is irritating. Ordinary lights hurt their eyes. Silk sheets irritate their skin. The hum of a car engine makes them edgy. Chalk it up to more symptoms of fibromyalgia. Some people who have FMS become hypersensitive to the sounds, smells, and sensations around them. This condition is called allodynia, which occurs when normally bearable sensations become painful ones. Interestingly, in FMS, allodynia can affect all five senses.

The pain-sensing part of a fibro patient's nervous system has been made hypersensitive. Doctors measure this by pressing on what are known as "tender points," spots scattered around your body that they use to monitor your pain sensitivity. When another person presses on these tender points — using enough force to whiten the thumbnail — you feel pain. In fibromyalgia, there are eighteen symmetrically positioned tender points that have been identified to help diagnose the disease. If more than eleven of them are tender, you qualify for a diagnosis of fibromyalgia.

You'll Feel Tired

We all have days when our energy levels are low. But in people who have fibromyalgia, the fatigue is extreme and can be physical, mental, or,

most commonly, both. The fatigue in fibro is mind numbing, debilitating, and exhausting. It can make it hard for you to prepare a meal, do simple chores, or perform your job. This overwhelming weariness can make you listless and unable to exercise. In some cases, you may simply feel chronic exhaustion. Approximately 90 percent of people who have fibromyalgia experience fatigue.

You Might Feel Confused

Everyone has momentary lapses in memory, problems concentrating, and difficulties recalling the right word. But in people who have fibromyalgia, these cognitive challenges become more frequent, and you may develop what is commonly called fibro fog.

Fibro fog can result in numerous challenges. You may become absentminded, forgetful, and easily confused. Everyday objects get misplaced and turn up in strange places. Following simple directions becomes a major effort. Concentrating on a task feels like a Herculean effort. In fact, this may be a form of fatigue as well. Just as your muscles run out of energy too quickly in FMS, so can your brain cells. When they run out of energy, they don't work well anymore. It may also be a side effect of some medications used to treat fibro.

You'll Feel Sad, Maybe Anxious

People who have fibromyalgia often report feeling sad, and some may experience clinical depression. Approximately 30 percent of people with fibromyalgia are clinically depressed at any point in time. The constant pain, lack of sleep, and the struggle to pin down a diagnosis or get relief is enough to sadden even the most buoyant spirits. It is often the lack of hope and feelings of helplessness that trigger the descent into depression.

Depression can have serious ramifications, especially for people with chronic conditions that require vigilance and constant self-care. A depressed person is less likely to exercise and take her medications, and

may even begin abusing drugs or alcohol. The lack of self-care can lead to a vicious cycle of despair that ultimately worsens your symptoms.

Other Problems

People who have fibromyalgia often have much more than the symptoms we've described above. Along with the pain and fatigue, you may also experience:

- Abdominal pain, bloating, diarrhea, or constipation, caused by irritable bowel syndrome, a dysfunction of the large intestine
- Painful menstrual periods
- Restless legs syndrome, an irresistible urge to move your legs
- Headaches or migraines
- Temporomandibular joint disorder
- Numbness and tingling in the extremities
- Morning stiffness

You may also experience irritable bladder; dry eyes and mouth; chronic yeast infections; Raynaud's phenomenon, an exaggerated response to the cold in the extremities; and vulvodynia, pain in the external female genitalia.

Question

Why don't people believe fibro exists?

People who have it look healthy. Routine blood tests turn up nothing conclusive. X-rays and MRIs rarely reveal abnormalities in the joints or muscles. But here's the good news: Studies show that the levels of certain important chemicals are abnormal in people with fibromyalgia. In addition, scans that show brain activity levels have demonstrated that the pain centers in FMS patients are strongly hyperactive.

Who Gets It?

Though study results vary widely, the general consensus is that around 4 percent of the U.S. population has FMS. Though about 85 percent of sufferers are women, the condition does not discriminate and also affects men and children of all ages and races. More than 7 percent of women who are sixty to seventy-nine years old have FMS.

No one knows exactly what causes fibromyalgia, but certain factors do appear to increase your odds of developing FMS. Some of these risk factors are unchangeable, such as your gender and age. But you may have some control over lifestyle factors that increase your risk. The risk factors are the following:

- **Gender** — Women are about seven times more likely to get it than men.
- **Age** — Fibromyalgia is most common in women between the ages of 20 and 55.
- **Genetics** — Although scientists have not pinpointed a specific gene, the tendency to develop FMS appears to be inherited.
- **Rheumatic disease** — People who have a rheumatic illness, which involves inflammation or pain in muscles, joints, or fibrous tissue, are at greater risk of developing fibromyalgia. Rheumatic illnesses include rheumatoid arthritis, lupus, and ankylosing spondylitis.
- **Lifestyle** — People enduring major emotional or physical trauma may be at greater risk, especially if the stress is prolonged.
- **Neck injury** — Studies have shown that people who suffer a neck injury in a car accident are about thirteen times more likely to develop fibromyalgia shortly afterward than people who break their leg in one.

Several studies have suggested that being a victim of abuse increased your odds of developing a chronic pain condition, such as fibromyalgia. In 2005, a study published in the *Journal of Clinical Rheumatology* reported

that patients with rheumatic diseases, including fibro, were more likely to have had a history of verbal, physical, and sexual abuse. Among patients with fibromyalgia, more than 70 percent said they had been victims of abuse.

Suspected Causes of Fibromyalgia

As of now, no one knows exactly what sets off the constellation of symptoms we know as fibromyalgia. It's quite possible that there are multiple triggers. It's also possible that the cause is different for different people, just as the symptoms are. But there is certainly no shortage of theories as to what the culprit might be.

Central Nervous System Defect

The pain associated with fibromyalgia is most likely the result of an abnormality in your central nervous system (CNS), which is made up of your brain and spine. The CNS processes and coordinates the nerve signals it receives from the peripheral nervous system, including those that alert you to pain. Pain is a normal reaction to a potentially harmful external stimulus and acts as your body's internal alarm system.

In people who have fibro, there appears to be a defect in the CNS sensory processing that alerts us to pain. For starters, fibro patients tend to have more nerves involved in transmitting pain. In addition, the internal "computers" that process pain are overactive. As a result, pain signals are intensified. The supercharged signals in turn create more nerve connections in your spine that perpetuate the cycle of pain.

Physical Trauma or Injury

Many experts believe that the pain and fatigue of fibromyalgia may result from certain types of physical trauma. Neck injuries, in particular, seem to bring on the symptoms of fibro. So if someone is genetically predisposed to getting fibromyalgia, as experts suspect, an accident or injury could be the environmental trigger that sets off the condition.

Illness or Infection

In some people, the onset of fibromyalgia is preceded by an illness, raising the prospect that FMS is brought on by infection. Possible culprits include Lyme disease, hepatitis, and the Epstein-Barr virus, which causes mononucleosis. Illness or infection as a cause, however, fails to explain the cases that seem to appear from out of nowhere with no prior illness.

Emotional Stress

Many people with fibromyalgia note that they were going through periods of severe emotional stress around the time their symptoms started. Divorce, the death of a loved one, or professional/financial hardships all can increase the risk of developing fibromyalgia. It is rare, however, for FMS to develop without other factors also being present.

Question

Is there a link between the Gulf War and fibromyalgia?

Scientists aren't sure, but upon returning from the war in 1991, many veterans complained of excessive fatigue and joint pain. More recently, a study by the Department of Veteran Affairs published in 2005 in the *Annals of Internal Medicine* found that Gulf War veterans were 66 percent more likely to have fibro than those who had not been deployed.

Hormonal and Chemical Disturbances

Some experts believe that fibromyalgia is precipitated by hormonal changes and chemical disturbances. Hormones are chemicals in the body that regulate specific activities of different organs. Among the hormones that are altered or affected in people with fibro are those described in the following sections.

Substance P

Substance P is a chemical that increases your nerves' sensitivity to pain. In people with FMS, the amount of substance P found in spinal fluid is three times the normal amount of that in healthy people.

Serotonin

Serotonin is a neurotransmitter involved in regulating pain and mood. It also facilitates sound sleep. In people with fibromyalgia, serotonin levels are commonly lower than normal.

HPA Axis Hormones

The hypothalamic-pituitary-adrenal (HPA) axis is responsible for the release of hormones that help you cope with stress. In people who have fibro, there may be an imbalance of hormones in the HPA axis, which hinders the body's fight-or-flight response and renders it less effective.

Growth Hormones

Growth hormones are secreted during the deepest stages of sleep and play a role in helping the body rebuild itself. People who have FMS generally have lower levels of growth hormones. Some studies have shown that correcting these levels by giving patients growth hormone may significantly reduce FMS symptoms.

Sleep Disturbance

It's hard to say whether sleep difficulties cause fibromyalgia, result from it, or both. But some people believe that sleep difficulties are at the root of this condition. Studies have found that even healthy people who had fragmented stage 4 sleep, the deepest stage of sleep, were susceptible to the aches and pains seen in fibromyalgia. It is during this critical stage of sleep that our bodies restore themselves and secrete important immune-boosting substances and growth hormone.

Conditions Associated with Fibromyalgia

It's common to have fibromyalgia at the same time you have another illness. In fact, certain medical conditions may predispose you to developing FMS. These coexisting conditions can make diagnosis more difficult because the symptoms may overlap. It often takes the efforts of a skilled physician to determine whether you have two or more distinct

medical conditions. The following sections describe some conditions that often occur at the same time you have fibromyalgia.

Chronic Fatigue Immune Deficiency Syndrome (CFIDS)

People who have chronic fatigue immune deficiency syndrome (CFIDS) experience extreme, bone-crushing fatigue that persists for months and does not respond to rest. More specifically, CFIDS is characterized by chronic fatigue that has lasted six months or more. You may also have muscle pain, joint pain, impaired memory, headaches, sore throat, and fever. Usually, blood tests are normal and done to rule out other conditions rather than pin down a diagnosis of CFIDS.

Fact

Back in the mid-1980s, some researchers found that people who had symptoms of CFIDS had more evidence of infection by the Epstein-Barr virus than normal. The Epstein-Barr virus causes mononucleosis, and, in fact, many people suspected of having CFIDS did indeed have mono a few years before. Researchers have since learned that EBV is not proof of CFIDS. Even healthy people can demonstrate high levels of antibodies against EBV, while some people with CFIDS may not.

Some experts believe that CFIDS is the same thing as fibromyalgia. But people who have CFIDS don't usually have tender points, and evidence suggests that CFIDS is usually triggered by a virus. The possibility of a viral link to FMS remains controversial. Still, many people who have fibromyalgia also have CFIDS.

Chronic Myofascial Pain

Chronic myofascial pain (CMP) is a medical term for persistent muscle pain associated with the presence of small spastic knots in the muscles. Pressing on these knots reproduces the pain, which sometimes occurs at quite a distance from the site of the knot itself.

CMP may involve a single muscle or a muscle group. In the aftermath of trauma — be it a car accident, an injury, or another major stressor — chemical changes occur in the nerve endings, making them secrete large amounts of the chemicals that cause muscles to contract. The high local concentration of these chemicals causes a spastic knot that restricts blood flow, causing more spasm, and a vicious cycle that allows the trigger point to persist. In addition, the low blood flow to the area activates pain fibers, resulting in a pain most commonly described as resembling a toothache.

It is very common for people to have both fibromyalgia and CMP. After all, the conditions share a great deal in common. But the two conditions remain separate and distinct. The primary difference is that fibro patients have pain because their nerves are hypersensitive, while myofascial patients have pain because their muscles are in spasm. The key is to determine whether you have one or the other syndrome, or possibly both.

Lupus

Systemic lupus erythematosus (SLE) is an autoimmune disorder that occurs when the body's immune system attacks the chromosomes of its own cells. The result is a chronic inflammatory condition that can cause a red rash, painful joints, a persistent fever, and extreme fatigue. In some cases, SLE can affect vital organs such as the kidneys or brain, and it may even be fatal. Another kind of lupus, discoid lupus, is less severe and confined to the skin.

More than 90 percent of people with SLE experience joint and/or muscle pain at some time during their illness. The main cause of pain in SLE is inflammation of the tissues due to the autoimmune attack. But sometimes the pain may be the result of another condition such as fibromyalgia. Among people who have lupus, approximately 10 to 40 percent will also eventually develop fibromyalgia.

Rheumatoid Arthritis

Like lupus, rheumatoid arthritis is an autoimmune disease. In this case, the body's immune system mistakenly attacks the membrane lining the joints, resulting in a decrease in your range of motion, pain, stiffness, swelling, and a feeling of warmth in the affected area.

It's easy to confuse the symptoms of RA with those of fibromyalgia. Both cause morning stiffness, pain, and achiness. But RA causes inflammation in the joints, while fibromyalgia does not. Like lupus, approximately 10 to 40 percent of people who have RA will develop fibromyalgia, too.

Lyme Disease

Lyme disease is caused by the *Borrelia burgdorferi* bacterium, which is transmitted by deer ticks. When an infected tick bites a human or animal, it can pass along the bacterium, which then travels into the bloodstream and causes a number of symptoms, some of which can be quite severe.

Alert

To prevent Lyme disease, steer clear of tick-infested areas, especially during the spring and summer. When outside, wear long sleeves and pants and tuck pants into socks or boot tops. Use insect repellent that contains DEET or permethrin, a chemical that kills ticks on contact. Check frequently for deer ticks, and, if you find one, call your doctor for instructions on how to remove it.

Usually, Lyme disease begins with a circular rash that resembles a bull's eye around the site of the bite and evolves into a flu-like illness. Caught early, the disease can be treated with a regimen of antibiotics. In later stages, it can cause neurological problems, arthritis, and numbness. In some people, having Lyme disease triggers the onset of fibromyalgia. It has been found that not even prompt treatment with antibiotics helps alleviate the symptoms of FMS.

Other Concurrent Illnesses

Knowing you have fibromyalgia may not bring about the relief you want from bothersome symptoms. That's why it's important to determine whether you have other medical conditions, too. Those cited in preceding sections are the main ones that often coexist with FMS, but they are by no means the only conditions. Other diseases that may occur at the same time as fibromyalgia include these:

- Osteoarthritis
- Hypothyroidism
- Clinical depression
- Irritable bowel syndrome
- Multiple sclerosis
- Post-traumatic stress syndrome
- Temporomandibular joint disorder
- Chronic yeast infections
- Vulvodynia

If you suspect you have any of these other conditions, talk to your doctor. Treating these conditions can sometimes help alleviate symptoms associated with fibromyalgia.

Signs and Symptoms

Sure, you've hurt before. You've been tired and had trouble sleeping before, too. But now it feels as if the pain has intensified tenfold, and your fatigue has become unbearable. You can no longer blame your symptoms on advancing age or a hectic lifestyle. You're starting to suspect — or even know — that you have fibromyalgia.

Pain: The Most Common Symptom

Everyone who has fibromyalgia suffers pain of some sort. Although widespread pain is hardly exclusive to fibromyalgia, it is the cornerstone for diagnosing people with FMS. Some people might feel it in their hips. Others might experience it in their shoulders. Still others might simply hurt all over. The type of pain varies, too. It might be deep muscular aches or knife-like stabs of sharp pain. It could be a dull, throbbing sensation or a burning feeling. In any case, the pain of fibromyalgia is chronic, which means that while it may improve or even go away completely, it always comes back.

Often, the pain is worse when you first wake up. You may also feel stiff after prolonged periods of sitting. From one day to the next, the pain may travel from one part of your body to another. Stress, weather, and anxiety can make the aches worse on some days than others. Before you can be diagnosed with fibromyalgia, the pain must have been present for at least three months.

Fact

More than half of all Americans suffer from chronic and recurrent pain, according to a 2005 poll of 1,204 adults by ABC News, *USA Today*, and the Stanford University Medical Center. Nineteen percent said their pain was

chronic, and 34 percent said it was recurrent. The most painful site? Twenty-five percent of the respondents reported having back pain.

Where It Hurts

Any part of your body is susceptible to pain when you have fibromyalgia. Pain is considered widespread if it occurs in all four quadrants of the body, meaning you hurt on both the left and right sides of your body and that the aches are both above and below the waist.

Often the pain shifts. It might be in your shoulders one day, the hips the next. On the third day, you might have a pounding headache. Some people say fibro pain resembles the aches you commonly experience with the flu.

The Tender Points

The way doctors diagnose fibromyalgia is by checking for tenderness at eighteen specific sites on your body. A doctor looking for tender points will do palpations, a technique that involves pressing down on a suspected site until his nail whitens. Before you can be diagnosed with FMS, at least eleven of these spots must be painful.

Sleep Disturbances

Like diet and exercise, a good night's rest is essential to our health. It restores, rejuvenates, and recharges our bodies so that we can function safely and effectively. But in people who have FMS, sound sleep is rare. It's unclear whether poor sleep is a cause of fibromyalgia or a result of it. In any case, estimates show that 60 to 90 percent of people who have fibromyalgia do not sleep well. Sleep can be difficult for several reasons.

Alpha-EEG Anomaly

To get restful sleep, a person must get enough of each of the five stages of sleep every night. The five stages are stage one (dozing), stage two (moderate), stage three (deep), stage four (very deep), and REM (dream) sleep stages. It is during stages three and four (known as the delta

stages) that the muscles are best able to repair the wear and tear that occurs during the day. It is also then that we release the greatest amount of growth hormone, a substance vital to metabolism, restorative sleep, and muscle repair and growth.

In people who have fibromyalgia, sleep during the deeper delta stages is disrupted by alpha brain waves, which normally occur when you're awake but relaxed, causing a condition known as alpha-EEG anomaly, or alpha-delta intrusion. The intrusion of alpha brain waves jolts you back to a shallower level of sleep and cheats you of the restorative sleep your body needs. The next day, you awaken feeling tired and unrefreshed, even if you've slept through the night.

Stimulation

Trying to sleep with pain is like trying to sleep during a rock concert. Both are stimulating the brain. The only difference is that during a rock concert, the stimulation is coming from your ears, while with pain the stimulation is coming from your body. A stimulated brain has trouble relaxing and slipping into the deep sleep stages. As a result, sleep quality becomes poor, and you awaken wondering if you actually slept at all.

Insomnia

Almost everyone has the occasional night when she can't fall asleep or awakens in the wee hours of dawn. Both of these situations are forms of insomnia. According to a poll by the National Sleep Foundation, 58 percent of all U.S. adults experience insomnia a few nights a week or more.

Insomnia can present itself in different ways. If you have trouble falling asleep, you have sleep onset insomnia. If you constantly awaken in the middle of the night, you are said to have maintenance insomnia. Those who wake up too early in the morning and can't get back to sleep have early A.M. insomnia.

Restless Legs Syndrome (RLS)

Approximately 20 to 40 percent of people with FMS suffer from a neurological condition called restless legs syndrome (RLS). The condition is quite common, and experts estimate that 8 percent of all adults in the U.S. experience RLS.

The condition typically occurs at night and makes your legs feel twitchy, uneasy, and tingly, which causes an overwhelming urge to move the legs. The only way to get relief from these uncomfortable sensations is to get up and move.

Periodic Leg Movements During Sleep (PLMS)

About 80 percent of people with RLS also have periodic leg movements during sleep. PLMS is characterized by purposeless maneuvers of the legs and feet. The involuntary motion is sometimes strong enough to hurt someone sleeping beside you. The movements, which may occur as often as every half a second, can be small and imperceptible or wild and flailing. Rarely, the movement may involve the arms. In any case, the involuntary nighttime motions inhibit sound sleep and leave its sufferers (and their partners!) exhausted.

Sleep Apnea

People who have sleep apnea actually stop breathing for ten to thirty seconds at a time while they are asleep. These brief spells can occur as many as 400 times a night. The breathing disruptions may awaken you and prevent you from getting a good night's rest. For some people, sleep apnea can be fatal.

Most people with sleep apnea have obstructive apnea, which means something is blocking the windpipe, or trachea, that brings air into the body. Efforts to breathe are blocked by the tongue, tonsils, or uvula, the little piece of flesh that hangs in the back of your throat. Excess fatty tissue in the throat or even relaxed throat muscles can cause obstructive sleep

apnea, too. Sleep apnea is more common in men with fibromyalgia than women.

Alert

If you snore on a regular basis or suffer from excessive sleepiness during the day, you may have sleep apnea. Other symptoms include morning headaches, poor memory and concentration, and waking up gasping or choking for air. Men may experience impotence. If you suspect you have it, ask your doctor for a sleep study.

Fatigue

In many FMS patients, fatigue is as big a life-destroyer as pain. There are many possible causes of fatigue. Some people feel it's due to abnormal nervous system responses. Others blame low levels of growth hormone. Still others think it's caused by inhibition of the chemical reactions that burn sugar to create energy. Whatever the cause, fatigue can be debilitating. Among fibro patients who go on disability, most cite fatigue as the primary reason.

One treatable factor that worsens fatigue is poor sleep. Even the healthiest people will experience fatigue without a good night's rest. But it can also be brought on by stress, anxiety, and a busy schedule. In people with FMS, the situation is made worse by unrelenting pain and the stress of having a chronic condition. Many patients find, however, that if their sleep is improved with medications, fatigue is reduced.

Muscular fatigue is also a major problem in FMS sufferers. Many people with fibro note that they are physically incapable of activities that used to be commonplace for them, such as walking through a grocery store, picking up their child, or doing routine job activities like typing. It's easy to imagine how devastating this could be for someone living alone, or how many problems it could cause for a FMS patient's family. In some people, muscular fatigue may get so bad that they are confined to a wheelchair.

Fibro Fog and Your Brain

People who have fibromyalgia may experience difficulties in their ability to think, analyze, and remember things. These problems are commonly referred to as fibro fog. For some people, these cognitive challenges are the most frustrating symptoms of all. With fibro fog, you have difficulty remembering familiar names, you misplace everyday objects, and you struggle to focus and concentrate. You may become easily confused and disoriented. Doing your job, performing daily tasks, and following simple directions can become monumental challenges in the grip of fibro fog.

Poor sleep contributes to fibro fog. Experts suspect that people with fibromyalgia may have low brain metabolism, possibly as a result of getting less oxygen into their brains. Other possible causes include depression, a malfunction in the central nervous system, and certain medications, including some used to treat fibromyalgia.

Depression

Like any chronic illness, fibromyalgia can take a toll on your mood. The unrelenting pain, lack of sleep, and persistent fatigue can dampen even the most lighthearted spirits. As a result, you may start to feel hopeless and sad, which can spiral into a case of full-blown depression.

We all have days when we're feeling down, but depression is much more than that. People who have depression feel a persistent sadness or emptiness, and they often feel hopeless and pessimistic about life. They may also experience feelings of guilt, worthlessness, or helplessness. Hobbies and activities that they once pursued with zeal are suddenly no longer enjoyable.

In people who have fibromyalgia, depression can be hazardous. Being depressed can make it harder for you to take care of yourself, to eat well and exercise, and to follow your doctor's instructions. It can make you negligent about your health. If severe enough, it may result in suicidal

thoughts or actions. Depression should never be taken lightly and should be brought to the attention of a health-care professional.

Fact

According to the National Institutes of Mental Health, suicide is the eleventh leading cause of death in the United States. Signs of suicidal thoughts include discussions of suicide, statements of hopelessness, and a preoccupation with death. Once someone decides to commit suicide, the person may seem happier or calmer for no apparent reason. Seek professional help if you or someone you love displays these behaviors.

Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (IBS) is a chronic gastrointestinal condition characterized by cramps, abdominal pain, bloating, constipation, and diarrhea. No one knows exactly what causes IBS, but we do know it involves a malfunction of the large intestine. Nerves and muscles in the large intestine may contract too much or be overly sensitive to certain stimuli such as foods or stress. As a result, stool may pass too quickly or slowly through the intestines, resulting in diarrhea or constipation.

For sufferers, IBS can be extremely disruptive. The unpredictability and discomfort of the symptoms can make it hard for you to travel, do your job, or socialize with friends. But as annoying as it is, the condition does not cause permanent damage to the intestines and does not lead to serious diseases such as cancer.

As many as 20 percent of all adults in the United States suffer from IBS, and most of them are women. The condition afflicts approximately 70 percent of people with fibromyalgia. If you have these symptoms, however, don't just assume you have IBS. These can also be symptoms of other intestinal diseases. Be sure to get checked out by an intestinal specialist, known as a gastroenterologist.

Essential

Younger people who suffer from persistent diarrhea should be checked for inflammatory bowel disease, also known as Crohn's disease. Crohn's is a chronic autoimmune condition, in which the body attacks its gastrointestinal tract. Symptoms typically come and go, and the disease is treated with a combination of medications and dietary modifications.

Other Abdominal Issues

Aside from irritable bowel syndrome, fibro sufferers often present other disorders that affect the lower abdominal and pelvic areas.

Interstitial Cystitis

People who have fibromyalgia are more likely to have interstitial cystitis, a chronic hyperactivity of the bladder that can cause discomfort and pain in the bladder and surrounding pelvic region. If you have interstitial cystitis, you may experience an increased need to urinate, and it may feel urgent. In severe cases, some people urinate as many as sixty times a day. Interstitial cystitis can also cause pain in the pelvic region, especially during sexual intercourse and/or menstruation.

Vulvodynia

Vulvodynia is chronic pain or discomfort of the vulva, or external female genitalia. Women may experience burning, stinging, irritation, or rawness, but there is no infection or skin disease. The pain may be constant or intermittent.

Vulvodynia can make it hard for women to engage in sexual activity. It can also interfere with their daily functioning and may cause depression. Again, myofascial trigger points that are a part of chronic myofascial pain are often associated with vulvodynia.

Painful Periods and PMS

It's not unusual for healthy women to battle monthly cramps and pain during their periods. And in the days leading up to their periods, they may suffer from premenstrual syndrome, a constellation of symptoms that

includes moodiness, bloating, and water retention. In women with fibromyalgia, your monthly period may become even more painful. You may experience more cramps, irregular blood flow, blood clots, or larger than normal blood flow. In addition, your PMS symptoms may become intensified.

Chronic Headaches

According to the American Council on Headache Education, 90 percent of men and 95 percent of women experienced a headache in the past year.

People who have fibromyalgia may be more vulnerable to headaches than the average person. Approximately 50 percent of people with fibromyalgia suffer from recurrent migraine or tension headaches. Chronic headaches of any kind can be disruptive and interfere with daily activities.

Migraine Headaches

Nearly 30 million people in the United States suffer from migraine headaches, the vast majority of them women. Migraine headaches are a specific type of headache, characterized by intense pain that often occurs on one side of the head and that gets worse with ordinary activities. In the early and later phases of a migraine attack, you may experience muscle tenderness, fatigue, and mood changes. You may also feel nauseous and even vomit. The severity of a migraine and what triggers it varies a great deal. Migraines can last four to seventy-two hours or more.

Some migraine attacks may be accompanied by what experts call an aura, which is an abnormal sensory experience. During an aura, you may see zigzag lines, shimmering lights, or bright flashes of lights. An aura may also be accompanied by numbness and tingling in the arm, and you may need to lie down in a dark place until it passes.

Thirteen million U.S. women suffer from menstrual migraines, which can last longer and recur more often than regular migraine headaches. Some women have pure menstrual migraines that occur during their

period. Others suffer from menstrual-related migraines, which can occur any time of the month. No one knows what causes menstrual migraines, but experts suspect that the drop in estrogen levels during menstruation may be the cause. Birth control pills are also associated with menstrual migraines because they cause changes in estrogen levels.

Tension Headaches

Tension headaches, which are more common than migraines, afflict approximately 78 percent of all adults. They are generally the result of tight muscles in the neck or shoulders and are commonly associated with myofascial trigger points.

In the throes of a tension headache, you might feel as if you have a band tightening around your neck or head. You may feel a pressing sensation on both sides of the head, and it may involve the temples, the back of the head, and/or the neck. Routine activities don't worsen the pain, and you are not sensitive to light or noise.

Numerous factors can trigger a headache. Certain foods, odors, your period, and the weather can all set off the pain. Stress, depression, anxiety, disappointment, and frustration also can cause headaches. Too much time in front of a computer, sleeping in an awkward position, and overuse of caffeine can all trigger a headache. To pinpoint the cause of your pain, keep a headache diary and record the circumstances that surrounded the pain, including foods you ate, your mood, how well you slept the night before, and even the weather. After a while, you should see a pattern.

Alert

It's tempting to reach for an over-the-counter pain reliever when your head is pounding. But overusing these remedies can cause a rebound effect that only triggers more headaches. The rebound effect is most common in people who are susceptible to headaches and who take pain relievers more than two days a week for weeks at a time. So try to minimize your use of these analgesics if at all possible.

Temporomandibular Joint Disorder (TMJ)

Every time you talk, chew, yawn, or laugh, you exercise your temporomandibular joint. This critical joint connects the upper jaw to the lower jaw. People who have temporomandibular joint disorder (TMJ) may experience stiffness, headaches, ear pain, or grinding and clicking noises in their jaw. In some cases, the jaws may even lock. About half of TMJ cases are caused by irritation of the joint itself. The other half is due to myofascial pain in the surrounding muscles.

TMJ affects more than 10 million people in the United States, most of them women in their childbearing years. Research suggests that hormones may be the culprit. A study done in 1997 by researchers at the University of Washington in Seattle found that women on hormone replacement were more than 70 percent more likely to seek treatment for TMJ than those not on hormone therapy. Similarly, women who take oral contraceptives were 20 percent more likely to have TMJ than those who did not.

TMJ typically occurs when you grind and clench your teeth at night, a condition called bruxism. The grinding and clenching is believed to be the result of daytime stress.

Raynaud's Phenomenon

Blood vessels are supposed to constrict when they're exposed to cold temperatures; that's the body's way of preserving heat. But in people who have Raynaud's, the blood vessels undergo vasospasms that reduce circulation to the extremities, causing fingers, toes, and even the tips of your nose or ears to turn white. When they recover, the extremities turn red and tingle.

Being outdoors in frigid weather, however, isn't the only thing that can set off an attack. Stress, cigarette smoking, and even a stroll through the freezer section of a supermarket can trigger an attack. Raynaud's may be a primary condition that exists on its own, or it can be a secondary condition in people who have fibromyalgia, lupus, or scleroderma.

If you do experience Raynaud's, try to warm up the affected body parts quickly. Persistent severe Raynaud's can cause a reduction in blood flow severe enough to injure or kill the involved tissues.

Other Symptoms

People who have fibromyalgia are vulnerable to a host of medical conditions. We've described some of the more common, but they are by no means the only ones. In addition, you may experience some other symptoms:

- Dry eyes and mouth
- Numbness or tingling
- Chronic yeast infections
- Sensitive skin and rashes
- Anxiety

Not everyone will experience all these symptoms. Some people may experience only the pain and fatigue, while others may be hit with several at once. Other people may not have these symptoms now but may develop them years later.

No matter what the signs or symptoms, you should always discuss them with your doctor. It's important to rule out other, possibly serious conditions that could cause these symptoms. Fibromyalgia patients get sick just as other people do who don't have FMS. And many other illnesses can cause symptoms that overlap with FMS. Any time you develop a new condition or symptom, resist the temptation to just write it off as fibro. See your doctor and get checked out.

Fibro Imitators

Sometimes, knowing what something isn't can be as important as knowing what it is. That's true with fibromyalgia. The symptoms of FMS overlap with so many other maladies that you could be misdiagnosed several times before learning you have fibromyalgia. Getting a better understanding of these other conditions can help you figure out whether you actually have fibromyalgia or something else.

Chronic Fatigue Immune Deficiency Syndrome (CFIDS)

Fatigue has become a part of the human condition. But chronic fatigue and immune deficiency syndrome (CFIDS), also called chronic fatigue syndrome (CFS), is more insidious than normal tiredness. With CFIDS, the fatigue is strong, persistent, and debilitating, typically making you too weak to perform everyday tasks. Often, you're tired even when you have little to do or after a good night's rest. Many people say that the fatigue of CFIDS is similar to the fatigue of the flu.

According to estimates by the U.S. Centers for Disease Control and Prevention, approximately 500,000 Americans suffer from CFIDS. Most people with CFIDS are women. In the 1980s, CFIDS was called the "yuppie flu" because most sufferers were well-educated, middle-to-upper-class women in their thirties and forties. But now we know that CFIDS can afflict anyone of any age, and that people of any race or socioeconomic level can be affected.

Today, the cause of CFIDS remains a mystery, though research suggests that a chronic, low-grade viral infection may be present. Usually, a diagnosis is made only after other medical conditions are ruled out. But

like fibromyalgia, CFIDS can coexist with other disorders such as depression. It can also resemble other illnesses, such as hypothyroidism.

Fact

A study done in England and published in the *British Medical Journal* found that a lack of exercise in childhood may be linked to a greater risk for developing CFIDS in adulthood. The study looked at 16,567 babies born in April of 1970 and followed them until they were thirty years old.

Symptoms and Diagnosis

Getting a diagnosis of CFIDS can be difficult. There are no laboratory tests or clinical signs that characterize the condition, so doctors must rely on patient reports of specific symptoms. To make matters more challenging, some people are still skeptical that the condition even exists.

But a scientific panel of experts did come up with a set of criteria for CFIDS, which was first published in the *Annals of Internal Medicine* in March 1988 and revised in the same journal in December 1994. According to those criteria, you may be diagnosed with CFIDS if you have severe chronic fatigue that has lasted longer than six months without the presence of any other medical conditions. At the same time, you must have at least four or more of the following symptoms:

- Substantial impairment in short-term memory or concentration
- Sore throat
- Tender lymph nodes
- Muscle pain
- Joint pain in several joints without swelling or redness
- Headaches that seem different in severity, type, and pattern than those you've experienced in the past
- Unrefreshing sleep
- A feeling of malaise after exertion, lasting more than twenty-four hours

Other symptoms of CFIDS include fever, abdominal cramps, allergies, weight loss, rapid pulse, chest pain, night sweats, rash, and chest pain.

But your doctor won't diagnose you with CFIDS if you have another documented illness that can cause chronic fatigue, such as cancer or hepatitis. Interestingly, fibromyalgia was specifically excluded from this rule, so it is possible to have both CFIDS and FMS.

Treating CFIDS

Unfortunately, there is no treatment for CFIDS at the current time. But certain lifestyle strategies can lessen the symptoms. Eating a balanced diet, getting enough sleep, and exercising regularly can all help. Studies show that even moderate amounts of exercise can reduce the symptoms in 75 percent of people with CFIDS. Strategies to minimize stress can help, too. Avoid doing too much, and practice strategies for managing stress, such as meditation or tai chi.

Some people find relief from CFIDS by taking antidepressants. Low-dose tricyclic antidepressants such as Elavil or selective serotonin reuptake inhibitors (SSRIs) such as Prozac have been shown to provide relief by improving the quality of sleep and decreasing the fatigue, not necessarily by relieving depression.

How CFIDS Differs from FMS

Even doctors can't always separate CFIDS from FMS. Patients with CFIDS often experience some pain, while those with FMS are frequently fatigued. As a result, a person diagnosed with fibromyalgia by one doctor may be told he has CFIDS by another, which can be very confusing.

But subtle differences do exist. Fibromyalgia is often linked to an injury or trauma. CFIDS typically starts off like flu. People who have CFIDS typically don't have tender points. And in research, CFIDS sufferers are less likely to have abnormal levels of substance P or serotonin the way fibro sufferers do.

Chronic Myofascial Pain (CMP)

People who have fibromyalgia often have symptoms of chronic myofascial pain (CMP) too. But CMP, like CFIDS, is a syndrome unto itself. Experts believe that CMP originates with a muscle lesion or strain on a particular muscle, ligament, or tendon, which in turn creates a small spastic knot called a trigger point. Trigger points cause local pain and often send pain to other parts of the body — called referred pain — sometimes quite a ways from the location of the trigger point. CMP may also come on as a result of fatigue, repetitive motion, a medical condition, or lack of activity.

To better understand CMP, consider the word myofascial. “Myo” means muscle and “fascia” means connective tissue. So myofascial pain stems from problems in muscles and connective tissue. This makes it different from FMS, which is the result of oversensitivity in the parts of your nervous system responsible for sensing and processing pain.

It appears that irritation or damage to muscles can, in some cases, cause a change in the nerves responsible for telling the muscle to contract. As a result, instead of just telling the muscle to work when you want it to, the nerve starts constantly releasing chemicals that activate the muscle. This causes that local area of muscle to go into a tight, spastic knot that actually reduces blood flow. As a result of the decrease in blood flow, the area doesn't get the oxygen it needs, and lactic acid (among other things) starts to build up. This activates nerves in the area, causing pain.

The trigger point causes pain when you try to move, and you lose range of motion. As you become increasingly resistant to moving, other muscles are summoned to compensate for the weakness. Once these other muscles are overworked, they too become vulnerable to the development of trigger points. The resulting pain is typically steady, dull, deep, and can be anything from mild to excruciating.

Alert

Holding a muscle in an awkward position can lead to the development of a trigger point. Sitting in a chair with poor back support, using your shoulder to hold a phone to your ear, and prolonged bending over a desk can all create trigger points. Other perpetuating factors include emotional stress, sports injuries, and poor posture.

Symptoms and Diagnosis

People who have CMP complain about regional pain that is persistent and restricts motion. Often, the neck, shoulder, low back, and pelvic muscles are affected. You may experience tension headaches, tinnitus (a ringing of the ears), temporomandibular joint disorder, joint pain, vision problems, and torticollis (wry neck). CMP does not cause systemic problems such as joint swelling.

The key to diagnosing CMP is identifying trigger points in muscles that reproduce pain when pressed. There are actually four different kinds of trigger points, which can all be felt by palpation. Palpation is the application of pressure — usually by the diagnosing physician — on a suspected trigger point, which causes tremendous pain.

Active Trigger Points

Active trigger points spontaneously hurt, are extremely sensitive to touch, and can cause both local and referred pain. When pressed, active trigger points can sometimes produce severe pain.

Latent Trigger Points

Latent trigger points don't hurt unless someone is pressing on them. But they still cause muscle tension, restrict movement, and weaken the muscle. They can become active due to lack of exercise, injury, infection, or stress.

Secondary Trigger Points

When a muscle gets overused as the result of a trigger point elsewhere, a secondary trigger point can develop. Secondary trigger points result from muscle compensation and become highly irritable.

Satellite Trigger Points

Satellite trigger points are located inside an inactive muscle that is located in the referred pain area of an active trigger point. These trigger points are also quite irritable.

At this time, there are no lab tests or imaging studies that can diagnose CMP. Diagnosis is based on patient's self-reported pain and the ability to reproduce that pain by pressing on trigger points.

Essential

The Alexander Technique is a method that reeducates your body's movements. The method helps you ditch old habits of moving that cause discomfort and pain and helps you adopt new ways to move that are more fluid and effortless. Devotees say it can help avoid repetitive stress injuries, cure a stiff neck, and even enhance your voice.

Treating CMP

Eliminating the pain of CMP usually requires a combination of passive and active forms of physical therapy. The most common treatment is to press on the trigger point while the muscle is being stretched. This pressure should be right between "good" hurt and "bad" hurt. Some patients are given the stretch-and-spray treatment, which involves spraying the affected muscle with a coolant, then slowly stretching it. Others may undergo complementary therapies, such as massage, acupuncture, and the application of heat and cold.

In some cases, patients are given trigger-point injections of different substances including an anesthesia such as lidocaine or botulinum toxin A. Sometimes a corticosteroid is added to the treatment. But corticosteroids add little benefit and significantly increase the risk of side effects. Treatment may also involve medications for pain and sleep and/or muscle relaxants.

How CMP Differs from FMS

If you're unfortunate enough to have both conditions you may not be able to distinguish one from the other. Both conditions cause sleep disturbances and depression. And although you can have CMP and FMS at the same time, the two conditions are actually quite different.

For instance, CMP is the result of trigger points, which may occur anywhere on the body, alone or in multiple locations. Trigger points also cause referred pain, so that a trigger point on the upper back may cause pain to resonate into the lower arm.

Alert

People who have just FMS can manage some slow and gentle stretches, but if you suspect you have CMP, beware of physical therapy. Done incorrectly, it can worsen your pain. So look for a certified myofascial therapist with the skill it takes to do physical therapy on myofascial pain. Keep in mind that a myofascial therapist doesn't have to be a physical therapist to be good.

People with FMS but not CMP do not suffer from restricted motion and will not feel the hard lumps or tight, ropy bands that are characteristic of trigger points in CMP. In addition, FMS does not cause referred pain. The pain of pure FMS tends to move around without obvious reasons, and it is not reproduced by pressure on a specific site. But FMS can make you extra sensitive to any kind of pain and make ordinary sensations painful.

Lupus

Almost anyone who has lupus experiences achy joints, a low-grade fever, and extreme fatigue — all symptoms you see in fibromyalgia. But lupus is an autoimmune disorder that occurs when the body's immune system attacks its own cells and tissues. For reasons that no one knows, the body cannot tell the difference between foreign substances and its own healthy cells and tissues.

Experts estimate there are 500,000 to 1.5 million Americans who have been diagnosed with lupus. No one knows what causes the immune system to go awry. Only about 10 percent of people who have lupus have a parent or sibling with the illness, and only about 5 percent of children born to parents with lupus eventually develop it. That's why the environment is believed to play a role in the onset of lupus. Possible environmental triggers include infections, stress, antibiotics, ultraviolet light, and hormones.

Lupus can strike at any age, and occurs in both men and women, though women are ten to fifteen times more likely to get it.

Types of Lupus

Lupus is difficult to diagnose. To make matters even more complicated, there are actually three kinds of lupus:

Systemic Lupus Erythematosus (SLE)

Systemic lupus erythematosus (SLE) can affect almost any organ or system in the body. This chronic inflammatory condition alternates between flares and periods of remission. SLE is by far the most common form of lupus. It is also the most serious form, and in extreme cases it can be fatal.

Discoid Lupus

Discoid lupus is a less serious form of lupus that is limited to the skin and causes a rash on the face, neck, and scalp. About 10 percent of cases will become systemic lupus.

Drug-Induced Lupus

People who take certain medications may wind up with drug-induced lupus. Drugs that can provoke a bout of lupus include hydralazine, which is used for hypertension, and procainamide, which is used to treat irregular heart rhythms. This condition occurs only in about 4 percent of people who take these drugs and goes away when the drug is discontinued.

Symptoms and Diagnosis

More than 90 percent of people with SLE experience joint and/or muscle pain, brought on by inflammation or arthritis. Many also suffer fatigue, rashes, anemia, and sensitivity to light. Some develop a butterfly-shaped rash across the cheeks and nose. In addition, symptoms may include Raynaud's phenomenon, hair loss, and involvement of the kidneys.

Diagnosing lupus involves the presence of four of the following eleven symptoms:

- Rash over the cheeks
- Red raised patches on the skin
- Sensitivity to sunlight, resulting in rash or increase in rash
- Ulcers in the mouth or nose
- Arthritis pain in two or more joints
- Inflammation of the lining of the heart or lungs
- Excess protein or other abnormalities in the urine
- Seizures or psychosis
- Low red or white blood cell count
- Positive antinuclear antibodies (ANA) in the blood
- Positive auto-antibody tests

Many of these symptoms may not occur at the same time. Some may come and go or simply change. As a result, getting a diagnosis of lupus can sometimes take months, even years.

Fact

Women who have endometriosis are at greater risk for autoimmune disorders, such as lupus and rheumatoid arthritis, as well as chronic fatigue and immune deficiency syndrome and fibromyalgia. Endometriosis is a condition characterized by the overgrowth of tissue in the abdominal cavity. It affects approximately 8 to 10 percent of women in their childbearing years.

Treating Lupus

The goal of treatment is to prevent flares, treat them appropriately when they occur, and minimize damage to body organs. Treatment often involves a cocktail of medications that may include nonsteroidal anti-inflammatory drugs, antimalarials, corticosteroids, and immune suppressants. Just as the disease will change over time, so too will the treatments.

How Lupus Differs from FMS

Although lupus and fibromyalgia are two distinct illnesses, it's not unusual for people to have both conditions. Among people who have lupus, approximately 10 to 40 percent also eventually develop fibromyalgia.

At times, it may be difficult to distinguish lupus from fibromyalgia, especially if you have FMS and are only suffering from pain and fatigue. But while lupus and FMS have those symptoms in common, there are definite differences between the two conditions, most notably in the blood and urine.

Lyme Disease

In the mid 1970s, a cluster of children in Lyme, Connecticut, experienced what they thought was an outbreak of juvenile arthritis. But the cause was eventually traced to a bacterium called *Borrelia burgdorferi*.

Lyme disease is transmitted by deer ticks that become infected by feeding on small rodents. When an infected tick bites a human or animal, it can pass along the bacterium, which then travels into the bloodstream and causes a number of symptoms, some of which can be quite severe. Within days or weeks, the infected person may develop a bull's eye rash around the site of the bite and a flu-like illness.

Anyone who lives, works, or spends time outdoors in areas where deer live is at risk for Lyme disease. Your best way to prevent Lyme is to avoid these areas such as overgrown fields or dense woods. Deer ticks

generally lurk in places within three feet off the ground, including leaves, plant stems, and grass, but they can also be found in well-kept lawns and gardens.

Symptoms and Diagnosis

It may be days or weeks before the first symptoms of Lyme infection emerge. In about 80 to 90 percent of cases, you will see an expanding rash that usually radiates from the bite. On some people, the rash may resemble a bull's eye. In dark-skinned people, the rash may look more like a bruise. About the same time, you may experience flu-like symptoms, such as joint pain, fever, chills, and fatigue. Although bothersome, these symptoms may not be severe. They may even disappear, only to recur later.

As the disease progresses, the symptoms may become more severe. You may experience a stiff neck, facial paralysis, severe fatigue, numbness, and tingling. Weeks or months later, you may develop severe headaches, painful arthritis, swelling of the joints, cardiac abnormalities, and neurological problems characterized by memory loss, disorientation, and confusion.

Determining whether you have Lyme disease is usually a two-step process. Many patients are first given an enzyme-linked immunoassay (ELISA) test first. The ELISA can detect elevated blood levels of antibodies produced in response to the *Borrelia burgdorferi* bacterium. The ELISA is most effective if it's done at least four weeks after a tick bite.

But people who do not have Lyme disease still sometimes test positive, which is why all positive ELISA results are confirmed by the Western blot test. The second test looks for more specific Lyme antibodies in the blood. The combination of the ELISA and Western blot is currently considered the best diagnostic tool for detecting Lyme disease.

Alert

Not all ticks are infected with Lyme disease. And most ticks don't start transmitting the disease until an average of thirty-six to forty-eight hours after they've attached themselves. Your best bet is to find ticks before they can infect you. Scan your body after an outing in tick-infested areas. If you do see a tick, remove it by its head with tweezers, firmly and steadily without twisting.

Treatment

Caught early, the disease can be almost always effectively treated with antibiotics, which may be given for as long as four weeks. In cases that involve arthritis, a second course may be prescribed. Antibiotics may be given orally or by injection.

How Lyme Differs from FMS

There's no doubt that Lyme disease can resemble fibromyalgia. Both conditions cause muscle aches, numbness, and fatigue, and both can resemble arthritis. In the later stages, Lyme can cause the cognitive problems that resemble fibro fog.

A diagnosis of Lyme, however, does not necessarily rule out the possibility of fibromyalgia. In some people, having Lyme disease can be the traumatic event that triggers the onset of fibromyalgia. But getting an accurate diagnosis is important. Long-term treatment with antibiotics for people who have fibromyalgia and not Lyme disease will not relieve FMS. In fact, such treatment can cause troubling gastrointestinal side effects and make you resistant to subsequent antibiotics.

Hypothyroidism

The butterfly-shaped thyroid gland is located just below your Adam's apple, at the front of your neck. This vital gland is part of the endocrine system and churns out hormones that dictate how your body uses energy — which is your metabolism — namely thyroxine (T4) and triiodothyronine (T3).

People whose bodies produce inadequate amounts of thyroid hormone develop hypothyroidism. Women are more prone to hypothyroidism than men, especially after the age of forty. Experts estimate that 20 million people in the United States have hypothyroidism.

The most common cause of hypothyroidism is an autoimmune condition called Hashimoto's thyroiditis, in which antibodies attack the thyroid and damage it, reducing its ability to produce hormones. Other causes include radiation treatments, medications, and thyroid surgery. Hypothyroidism may also be caused by a malfunction of the pituitary gland, which releases a hormone called thyroid-stimulating hormone (TSH). TSH regulates the production of thyroid hormones.

Symptoms and Diagnosis

Hypothyroidism typically causes fatigue, weakness, and joint or muscle pain, especially in the shoulders and hips. Women who have it are susceptible to depression and sensitive to the cold. They may also develop puffiness in the skin. Other symptoms include dry skin, brittle nails, hair loss, constipation, and irregular menstrual periods. Some women experience an increase in their cholesterol levels and gain weight.

Diagnosing hypothyroidism is based on a doctor's thorough examination as well as blood tests that measure levels of T4 and serum TSH in the blood. If your thyroid isn't making enough hormones, your pituitary will release more TSH in order to compensate for the shortfall.

Treatment

The goal in treating hypothyroidism is to restore the deficient hormone to its normal levels. To do that, patients are generally given additional thyroid hormone. You will receive treatment the rest of your life, but it's important to monitor your hormone levels. The dosage of your medications can vary, depending on changes in your hormones.



Alert

Women who have a hypothyroid have another reason to quit smoking. Studies show that women who smoke had higher levels of LDL, the bad cholesterol, as well as higher total cholesterol levels, both risks for heart disease. The smokers also had more muscle problems. Cigarette smoking apparently impairs the secretion and action of thyroid hormone.

How Hypothyroidism Differs from FMS

It's easy to see why hypothyroidism is sometimes confused with FMS. The widespread aches and fatigue are symptoms of both conditions. But simple blood tests that measure hormone levels can determine whether an underactive thyroid is the culprit. Interestingly, many people who thought they had fibromyalgia have seen their symptoms completely disappear when they were later diagnosed with and treated for hypothyroidism.

Rheumatoid Arthritis (RA)

Waking up to stiff and achy joints is the bane of all arthritis sufferers. But for about 2.1 million people in the United States, the pain is the result of rheumatoid arthritis (RA), an autoimmune disease in which the immune system mistakenly attacks the healthy lining of the joints.

Fact

Rheumatoid arthritis has afflicted some of history's most successful people, including the French impressionist painter August Renoir, who tied a paintbrush to his arthritic hand in order to continue painting. Other famous folks with RA include Christiaan Barnard, the first surgeon to perform a heart transplant, and actresses Lucille Ball and Kathleen Turner.

No one knows what causes the immune system to attack the joints. Although scientists have confirmed that RA is linked to a cluster of genes, not everyone who carries these genes will get the condition. At the same time, not everyone who gets RA carries these genes. That's why experts

believe that it's probably a combination of genetic susceptibility and environmental triggers that causes RA. Possible triggers may include infections, stress, cigarette smoking, and occupational hazards. And since 70 percent of all people with RA are women, experts suspect hormones may play a role.

Rheumatoid arthritis can be extremely painful, and in severe cases, it can be disabling and life altering. The condition is chronic, but the pain can ebb and flow, depending on life circumstances, medications, and stress. It can also go into remission.

Symptoms and Diagnosis

People who have RA typically have morning stiffness in and around the joints. They may experience arthritis in three or more joint areas, and the arthritis may afflict the hands. In addition, the arthritis may occur symmetrically, meaning that if a joint on the right side hurts, the same joint on the left side will hurt, too. Some people will also feel lumps under their skin, called rheumatoid nodules.

Diagnosing RA is based on a doctor's examination, blood tests, and imaging studies. Blood tests may show the presence of certain substances in the blood, including rheumatoid factor, anti-cyclic citrulline-containing peptides (CCP) antibodies, and antinuclear antibodies (ANA). X-rays, CAT scans, and MRIs may reveal erosions or decalcifications in or around the affected joints. Usually, it's a combination of these measures and the patient's own self-reported symptoms that lead to a diagnosis of RA.

Treatment

Treating RA is an imprecise science that may require experimentation. Patients often wind up taking several drugs, including nonsteroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs, and biologic response modifiers. Some of the medications are very powerful and can have profound effects on your immune system.

How RA Differs from FMS

RA and fibromyalgia might feel similar, and the symptoms may be described in the same way. But the two conditions are really rather different. RA is primarily a disease of the joints, while FMS pain can occur anywhere. RA actually causes damage to the body, while FMS does not physically injure you. Blood tests and imaging scans can help pinpoint whether you are suffering from RA.

Other Conditions

Many other conditions can also mimic fibromyalgia. In fact, any condition characterized by pain and fatigue could potentially be mistaken for fibromyalgia or vice versa. Among them are those described in the following sections.

Osteoarthritis

More than 20 million people in the United States have this degenerative condition, making it the most common cause of physical disability. In osteoarthritis, the cartilage that cushions bone gets eroded, leaving bone to rub against bone. The resulting pain can restrict movement and also cause fatigue, swelling, and stiffness.

Multiple Sclerosis (MS)

Multiple sclerosis (MS) is thought to be an autoimmune disorder in which the body attacks its own nervous system. This causes widely varying, inexplicable neurological problems that can come and go without apparent cause. Symptoms vary and can change from time to time, but may include fatigue, weakness, tremors, loss of balance, bladder and bowel problems, and depression.

Polymyalgia Rheumatica (PMR)

Polymyalgia rheumatica (PMR) is an arthritic condition that causes your muscles to feel achy and stiff. The discomfort is brought on by inflammation triggered by an autoimmune response. The inflammation

usually occurs in the hips and shoulders, but it can be elsewhere, too. The condition is most common in adults over age seventy, especially women.

Mononucleosis

Mono, or the kissing disease, as it's commonly called, is an infection caused primarily by the Epstein-Barr virus. It typically produces flu-like symptoms such as fatigue, fever, body aches, and sore throat. The symptoms usually last about four weeks and go away on their own, but in some cases the virus remains in your body for life.

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