

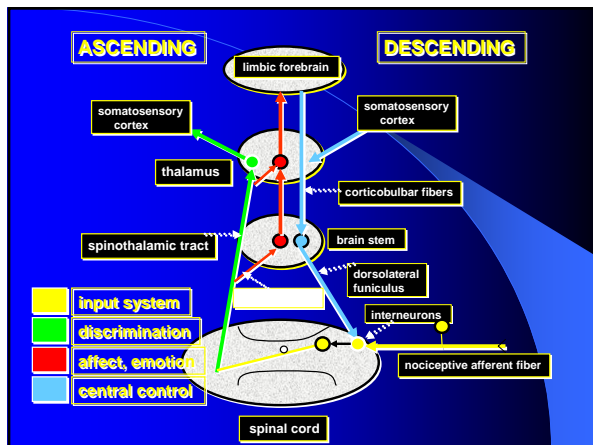
## FIBROMYALGIA

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- A chronic musculoskeletal pain amplification syndrome
- Fatigue
- Wide spread muscular aching
- Sleep disturbance
- Temperature intolerance

## Demographics

- Female > Male (5:1)
- Age Onset: 9 – 60
- Most commonly between 40 and 60
- All Races
- Between 3 – 7% of the U.S. population is affected
- Inciting events:  
Trauma, Infection, MVA with whiplash, Head or Neck Injury



## Mechanisms of Neuropathic Pain

- Spontaneous discharges either peripherally or centrally
- Localized demyelination, DRG abnormalities or aberrant Sodium or Calcium channels may contribute
- Aberrant expression of neurotransmitters in periphery or centrally leads to “Sensitization”
- Results in more ectopic firing

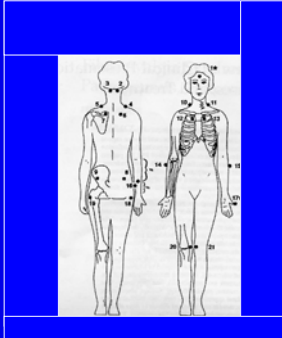
- **ALLODYNIA**  
A NON-NOXIOUS STIMULUS ELICITS PAIN

- **HYPERALGESIA**  
AN EXAGGERATED RESPONSE TO A PAINFUL STIMULUS

## Non-rheumatic symptoms

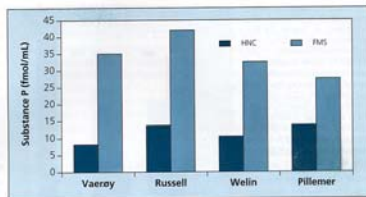
- Anxiety
- Sleep disturbances
- Headaches
- Irritable bowel syndrome
- PMS
- Numbness
- Palpitations
- Mottled skin appearance
- Temperature instability

## FIBROMYALGIA TENDER POINTS

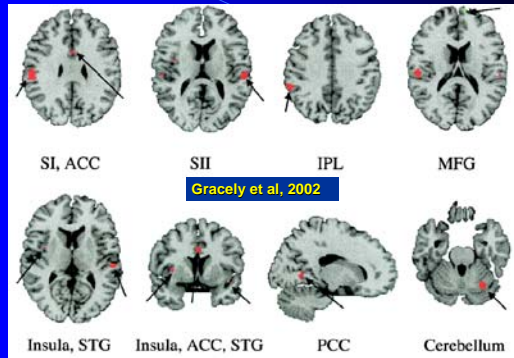


## Diagnostic Criteria

- \* Widespread subjective aching for more than 3 months
- \* Pain in >11 of 18 tender points
- Subjective stiffness of more than 3 months
- Pain in all 4 quadrants of body
- "Normal Labs" to include ESR, CPK, TSH, SI Joint Films, ANA, Vitamin D Level, etc.
- Concurrent chronic fatigue, emotional distress, poor sleep, morning stiffness
- \*specific diagnostic criteria



## NORMALLY PAINLESS PRESSURES ACTIVATE FM BRAINS UNIQUELY



## Management of Fibromyalgia (FM)

### Nonpharmacologic

- Aerobic exercise
- Cognitive behavioral therapy
- Patient education
- Strength training
- Acupuncture
- Biofeedback
- Balneotherapy
- Hypnotherapy

### Pharmacologic

- Antidepressants
- Analgesics
- Anticonvulsants