



Fibromyalgia: What is it?

In the course of treating both migraine & depression, my patient population of fibromyalgia has grown. Fibromyalgia often co-exists with migraine and depression. If an individual has migraine headaches, that person is more likely to also have fibromyalgia than the general population. The same is true for depression. This newsletter is devoted to this disabling condition.

Fibromyalgia is a common and very disabling condition that affects 5% of women and 1.6% of men in the general population. It is considered an idiopathic disorder of chronic generalized musculoskeletal pain. The pain is in all 4 body quadrants (i.e. the whole body) as well as in specific soft-tissue tender points often called “trigger points”. A patient with fibromyalgia will be very sensitive when light pressure is applied to these trigger points, often located in the neck and upper back. Other symptoms may include fatigue, sleep disturbance, stiffness, and decreased concentration. I have also been told by some of my patients that they feel “flu like” symptoms, tingling or burning sensations or at times, achy all over.

What causes fibromyalgia? The exact cause is unknown but it appears to be from altered pain processing, creating an increased sensitivity to light touch that normally should not be painful. Similarly, migraine patients have an increased sensitivity to their environment, e.g. to changes in barometric pressure or the drop in estrogen with menses. There are striking similarities between migraine & fibromyalgia.

Treatment includes both pharmacologic and non-pharmacologic options. There are 3 FDA-approved medications for fibromyalgia. They are:

1. Lyrica (pregabalin)
2. Cymbalta
3. Savella

Other medications commonly used for fibromyalgia but not FDA-approved include the following:

1. **Tricyclic Antidepressants** such as Elavil and Pamelor. This class of medication has been found helpful in fibromyalgia but side-effects include sedation, dry mouth, constipation and weight gain.
2. **Selective Serotonin Reuptake Inhibitors (SSRIs)** such as Prozac, Zoloft & Lexapro. This class of medication has shown mixed results in helping fibromyalgia and would not be considered first-line therapy.

3. **Selective Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)** such as Effexor and Pristiq. This class of medication has shown greater effectiveness than SSRIs and includes 2 of the FDA approved drugs for fibromyalgia: Cymbalta & Savella.
4. **Anti-epileptic Drugs (AEDs)** such as Neurontin (gabapentin), Lamictal (lamotrigine), Topamax (topiramate), Tegretol (carbamaxepine), and Depakote (valproate). Lyrica, the first FDA-approved medication for fibromyalgia, is in this class. This class of medication shows good benefit in reducing the pain of fibromyalgia and has established itself as potentially the most effective class of medication for migraine prevention. Two of the medications in this class, Topamax and Depakote, are FDA-approved for migraine prevention. Non-pharmacologic treatment includes cognitive behavioral therapy, biofeedback, acupuncture, physical therapy, chiropractic care, and structured exercise programs. Many fibromyalgia patients claim they are “too tired” to exercise. One study showed benefit in exercising for just 10 minutes several times a day. I encourage all my patients to exercise as much as they are able to. Vitamin, herbal and nutritional supplementation may help. The B vitamins are known to be important in stressful conditions and can increase energy. I offer both B-complex & B-12 injections in my office which can potentially boost energy and help lessen the fatigue associated with fibromyalgia. In some cases I recommend a full vitamin & mineral blood panel called SpectraCell which can identify nutritional deficiencies that can be contributing to fatigue and pain. Once the deficiencies are identified, the patient can be instructed on which supplements are needed. I am presently consulting with a local chiropractor, Dr. Di Siena, who offers an integrative program known as First Line Therapy to help patients optimize their well-being from chronic conditions like fibromyalgia. Promising new treatment includes transcranial magnetic stimulation (TMS). This is done in an out-patient setting, is safe & non-painful, is done in a series of treatments, and has been found to be helpful in treatment resistant depression, anxiety and fibromyalgia. Another new treatment is low dose naltrexone. Naltrexone is a medication that has been used clinically for >30 years to treat opioid addiction. More recently, it has been tested in several clinical trials for fibromyalgia and showed a 30% improvement in symptoms compared to placebo. In addition, it was very well tolerated in these studies and is relatively inexpensive.

In summary, fibromyalgia can be a very disabling and frustrating medical condition. However, a good integrative approach that combines traditional pharmacological treatment and non-pharmacologic treatment can be very beneficial even for the most difficult-to-treat patient. I believe that the best treatment for a patient is the one that gives them the greatest relief. I encourage you to set up an appointment to develop a treatment plan that can help you live the quality of life you deserve.

Sincerely,

Susan Hutchinson, MD Director-Orange County Migraine & Headache Center