

## Treatment of Fibromyalgia

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Much has been written about the treatment of fibromyalgia, a syndrome of chronic, widespread muscle pain that affects mostly women in mid-life to the upper age range, but also affects younger women. We have discussed diagnosis and misdiagnosis of fibromyalgia in this column before, and have emphasized the need to carefully evaluate the individual for conditions that can cause widespread, chronic muscle pain before making a diagnosis of fibromyalgia. After all is said and done, there are persons who do have diffuse muscle pain with diffuse muscle tenderness without an abundance of trigger points that are appropriately diagnosed as having fibromyalgia. It is this for this group of individuals that a treatment program must be selected by the physician. Many treatment regimens are available, but not many have been found to be effective by current medical standards of evidence. The persistence of pain in persons with fibromyalgia has led patients to embrace promising, but unproven, therapies. In this article, those treatments that have been proven to be effective will be described.

Antidepressants, especially amitriptyline, have been used in the treatment of fibromyalgia more than any other type of medication. They potentiate pain relief activity of opiate medications and increase the blood levels of serotonin and norepinephrine, reducing pain- Amitriptyline has been shown to be effective in the short term (months), but not over an extended period of time (years), Antidepressants as a group have been shown to be better than placebo in reducing the symptoms of fatigue, sleep, pain and in improving a sense of well being. However, the tender point count did not lessen. Cyclobenzaprine, a muscle relaxant that is structurally similar to amitriptyline, has been

shown in one study to effective in the treatment of fibromyalgia, but in other studies was ineffective.

Anticonvulsants have been used to treat a variety of pains, but especially pain associated with impaired nerve function. Most of them have not been studied in fibromyalgia. Pregabalin, a precursor of gabapentin, has been shown in one study of over 500 patients to be effective in relieving pain and in decreasing other symptoms of fibromyalgia. This drug may come on the market within the next year. Gabapentin, already available, has reduced allodynia, or the painful response to normally nonpainful stimulation, and therefore is worth trying in fibromyalgia.

Growth hormone has been shown to be effective when there is a deficiency, but the effect lasts only as long as treatment is continued. Treatment is prohibitively expensive for many people. Thyroid hormone deficiency also produces muscle tenderness. If found to be low, replacement can improve the pain and tenderness of fibromyalgia. There is no evidence to support the use of DHEAS. SAM-e has been reported in some studies to be useful, but not in other studies. Despite the commonplace usage of magnesium supplements, there is little definite data to support its use. Gualfenisin is another favorite drug that has not been shown to be beneficial.

Exercise has been the one treatment consistently effective when given as graded, slowly progressive aerobic exercise. Benefit has been shown to effective for the short term and for as long as four years, Acupuncture has been shown to be effective reducing pain and the need for pain medicine. Trigger point injections are effective in persons with fibromyalgia who also have myofascial trigger point. They are not effective in treatment

of tender points. Cognitive behavioral therapy, especially when combined with exercise, has been found to be effective in treating FMS.

In summary, some antidepressants have been effective in treatment. Graded progressive exercise has been the most effective long term treatment. Acupuncture may help with pain relief. Cognitive behavioral therapy provided by a psychologist or social worker is also useful, especially when combined with exercise. A doctor familiar with the treatment of fibromyalgia can be a valuable guide.