Fibromyalgia: Pearls and Pitfalls

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Disclosure

• Nothing to disclose.

Objectives

• Identify challenges of diagnosing fibromyalgia
• Discuss practical approaches to the work up
• Outline a strategy for managing fibromyalgia
Diagnosing Fibromyalgia

The Work Up

- Must take a detailed history: This takes anywhere from 30-45 minutes!
  No short cuts!
- Physical exam – examine joints, test for tender points
- Selective labs – don’t need to routinely run rheumatologic testing (ANA, RF) unless other findings suggest an underlying rheumatologic disorder
  - TSH
  - CMP/aldolase
  - ESR
  - Vitamin D
- Consider more extended work up for small fiber neuropathy if indicated
“Do you have a disorder that would otherwise explain the pain?”

- Chronic fatigue syndrome
- Chronic widespread musculoskeletal pain – spine disease arthritis/hypermobility
- Hypothyroidism
- Depression
- Somatization Disorder
- Polymyalgia rheumatica
- Small fiber neuropathy
- Sjogren's induced myopathy
- Vitamin D deficiency
- Metabolic myopathy
- Chemical sensitivity syndrome

20-50% of fibromyalgia cases have comorbidities, including:

- Chronic fatigue syndrome/systemic exertion intolerance syndrome (SEID)
- IBS
- Migraine/chronic headaches
- TMJ/TMD (temporomandibular disorder)
- Chronic bladder/pelvic pain syndromes – IC, vulvodynia


Co-existing Disorders

- 25% have major depression
- 50% have lifetime history of depression
- Sleep disorders: insomnia, RLS, periodic limb movement disorders, sleep apnea

Diagnostic Pearls

• Keep an open mind – you don’t have to diagnose the patient on the first 1 or 2 visits
• Better to identify and treat specific sources of pain and fatigue before labeling everything as fibromyalgia
• A diagnosis is helpful only when it helps guide management

Management of Fibromyalgia

• Foundation of care is Self Care and Patient Education!
  – This should be a primarily patient managed, not doctor managed condition
  – Our role is more of an educator/motivator/coach
  – This is also time consuming, but sets the foundation of moving forward with more successful management and improved outcome

Patient Education/Coaching

• Before discussing any medications, focus on the patient’s:
  – Current activity level and exercise regimen
  – Activity pacing is key! - "you can’t live your life going 100 mph, but you also don’t want to stay in “park” lying in bed. Try to structure your life to live going 50 mph"
  – Consistent low impact aerobic exercise is a must - coaching, nagging, coaching!
What impact does patient education have on outcomes?

2004 review: fibromyalgia patients receiving education had significantly more improvement in symptoms, improved quality of life, and increased activity tolerance.


Five Key Pain Coping Skills

• Understanding
• Accepting – ACT, acceptance and commitment therapy, reduced catastrophizing
• Calming – stress reduction, MBSR, biofeedback, breathing
• Balancing – activity pacing
• Coping – “What kind of pain am I having, and what can I do to relieve it?”

2013 study in Pain and Therapy, Ted W. Jones, PhD, Behavioral Medicine Institute at Pain Consultants of East Tennessee in Knoxville – measured outcomes of a single 2-hour group session using the Fear Catastrophizing Scale.

Nutrition

Less evidence behind nutritional aspects impacting fibromyalgia, but seems intuitively important to address:

– Some reports of patients improving on a gluten free diet

– High Omega-3 diet

– Vitamin B1 50-100 mg, vitamin B6 50-100 mg, folic acid , 5 mg, and vitamin B12, Vitamin D 800-1,000 units/day

– Magnesium glycinate 100-200 mg twice a day

– Carnitine 2000 mg/day

Nutrition (cont.)

- D-ribose 5 grams twice daily
- Rhodeola 200 mg daily
- Coenzyme Q10 - 100-300 mg/day
- SAMe 800 mg/day
- Must do an 8-12 week trial of any supplement to determine its effect

Mind Body Practices

- Mindfulness Based Stress Reduction
- Tai Chi
- Yoga
- CBT
- Acupuncture
- Guided imagery
- Virtual Reality therapy (?) – future possibility

Self-help Resources Online

- Tai Chi: https://www.youtube.com/watch?v=1xOOG9th134
- Tai Chi sitting: https://www.youtube.com/watch?v=S4U6o4k6hKk
- Gentle chair yoga: https://www.youtube.com/watch?v=1xOOG9th134
- Guided meditation for pain relief: https://www.youtube.com/watch?v=kWzkd5pHRz4
- Mindfulness for pain relief: https://www.youtube.com/watch?v=YzTMa1jP6j0
Medication Regimen

- Medications should be discussed last!
  - “If you are not practicing good self care, I can throw all the pills at you I want, and you will not feel better”
- Options: pregabalin, duloxetine, milnacipran, gabapentin, venlafaxine, TCA’s, cyclobenzaprine, tramadol
- Review a list on these I know there are a few out there is from PPM and others
- Off label: compounded low dose oral naltrexone 4.5 mg qhs there will likely be questions on this

Strategies to Monitor Response to Therapy

- Track Patient Self-report Survey for the Assessment of Fibromyalgia Score
- Track Fibromyalgia Impact Questionnaire

Fibromyalgia is a Chronic Incurable Condition

- Needs ongoing follow up!
- Review how patient is doing with lifestyle/self care
- Adjust medication regimen
- Ongoing coaching and education
The Invisible Disease

"Look sick..."
My flesh hides my illness.
My clothing hides my skin.
My smile hides my pain.