

Fibromyalgia-Chronic Medical Syndrome

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Fibromyalgia, was first recognized in the 1950s¹ and defined in 1990. The term ‘fibromyalgia’ was derived from Neo-Latin fibro-, meaning "fibrous tissues"², Greek myo-, ‘muscle’³ and Greek algos, ‘pain’⁴. thus, the term literally means “muscle and fibrous connective tissue pain”⁵. A 1987 article in the Journal of the American Medical Association used the term “fibromyalgia syndrome”, while saying it was a “controversial condition”⁶. Fibromyalgia is a long-term adverse health condition⁹. It is characterized by widespread musculoskeletal pain/stiffness accompanied by morning fatigue or an overwhelming feeling of being tired, sleep, memory and mood issues. People with fibromyalgia may be more sensitive to pain than people without fibromyalgia. They can also experience tension headaches, lower abdominal pain or cramps, symptoms of irritable bowel syndrome (IBS), pain in response to tactile pressure (allodynia), hypervigilance, sexual dysfunction, visual symptoms and a general hypersensitivity. Some people with fibromyalgia experience post-exertional malaise, in which symptoms flare up a day or longer after physical exercise. Certain events or changes in your life can trigger a fibromyalgia flare-up. Everyone is different and what triggers symptoms for some people might not for you. In general, anything that increases your stress can trigger a flare-up, including:

Emotional stress caused by your job, financial situation or social life.

1. Changes in your daily routine.
2. Changes in your diet or not getting enough nutrition.
3. Hormone changes.
4. Not getting enough sleep or changing when you sleep.
5. Weather or temperature changes.
6. Getting sick.
7. Starting new medication or treatments, or changing something in your usual fibromyalgia treatment routine⁷.

Some people find mental foggy from fibromyalgia more upsetting than the physical pain.

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Signs of fibro fog include: memory lapses, difficulty concentrating, trouble staying alert. Anyone can get fibromyalgia, but more women get it than men, at least 80 to 90 percent of fibromyalgia cases are diagnosed in women. It can affect people of any age, even children, but it usually starts in middle age and the chance of having it increases as you get older. Around 4 million people or around 2.0%, in the U.S. are living with fibromyalgia⁷. The cause of fibromyalgia is unknown⁸, but is believed to involve a combination of genetic and environmental factors. Environmental factors (nongenetic) may include psychological stress, trauma and certain infections such as rheumatoid arthritis. Since the pain appears to result from processes in the central nervous system, the condition is referred to as a “central sensitization syndrome”. Certain genes we inherit from our biological parents might make us more likely to develop fibromyalgia. Studies have found a link between biological parents who have fibromyalgia and their children- this might mean it’s passed down through families. Experts haven’t found the direct link yet, but they think genetic mutations in the genes responsible for forming the neurotransmitters in our brain that broadcast and receive pain signals to our body might cause fibromyalgia⁷. One theory is that the brain lowers the pain threshold. Sensations that were not painful before become very painful overtime. Another theory is that the brain and nerves may misinterpret or overreact to normal pain signals. They become more sensitive, to the point where they cause unnecessary or exaggerated pain. This may be due to a chemical imbalance in the brain or an abnormality in the dorsal rootganglion, which is a cluster of neurons in the spine. Many researchers believe that repeated nerve stimulation causes the brain and spinal cord of people with fibromyalgia to change. This change involves an abnormal increase in levels of certain chemicals in the brain that signal pain. In addition, the brain’s pain receptors seem to develop a sort of memory of the pain and become sensitized, meaning they can overreact to painful and nonpainful signals. Health care providers

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usually diagnose fibromyalgia using the patient's history, physical examination, X-rays and blood work. In 2016, the provisional criteria of the American College of Rheumatology from 2010 were revised. The new diagnosis required all of the following criteria: "Generalized pain, defined as pain in at least 4 of 5 regions, is present".

1. Symptoms have been present at a similar level for at least 3 months.

2. "Widespread pain index (WPI) ≥ 7 and symptom severity scale (SSS) score ≥ 5 OR WPI of 4-6 and SSS score ≥ 9 ".

3. "A diagnosis of fibromyalgia is valid irrespective of other diagnoses. A diagnosis of fibromyalgia does not exclude the presence of other clinically important illnesses"⁹.

The pain, fatigue and poor sleep quality associated with fibromyalgia can interfere with our ability to function at home or on the job. The frustration of dealing with an often-misunderstood condition also can result in depression and health-related anxiety. If we have been diagnosed with fibromyalgia, try to eat a balanced diet overall. Nutritious foods provide us with a constant energy supply and help to keep our body healthy. They may also help prevent symptoms from getting worse.

1. Some dietary strategies to keep in mind:

2. Eat fruits and vegetables, along with whole grains, low-fat dairy and lean protein.

3. Eat more plants than meat.

4. Drink plenty of water.

5. Reduce the amount of sugar in our diet.

Try to incorporate regular exercise, too and work toward achieving and maintaining a moderate weight. There is no cure for fibromyalgia, but doctors and other health care providers can help manage and treat the symptoms. Treatment typically involves a combination of exercise or other movement therapies, psychological and behavioral therapy and medications⁸. The use of medication in the treatment of fibromyalgia is debated although antidepressants can improve quality of life. Common helpful medications include other serotonin- norepinephrine reuptake inhibitors, nonsteroidal anti-inflammatory drugs and muscle relaxants. Q10 coenzyme and vitamin D supplements may reduce pain and improve quality of life. Although in itself fibromyalgia is neither degenerative nor fatal, the chronic pain of fibromyalgia is pervasive and persistent. Most people with fibromyalgia report that their symptoms do not improve over time. However,

most patients learn to adapt to the symptoms over time. As of 2022, neurologists and pain specialists tended to view fibromyalgia as a real pathology¹⁰. It was mostly seen as due to dysfunction of muscles and connective tissue as well as functional abnormalities in the central nervous system. Rheumatologists defined the syndrome in the context of "central sensitization"-heightened brain response to normal stimuli in the absence of disorders of the muscles, joints, or connective tissues. Because of this symptomatic overlap, some researchers proposed that fibromyalgia and other analogous syndromes be classified together as central sensitivity syndromes^{11,12}.

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