



The Carousel Network

**Chronic Neuroimmune Disease
Information and Support for Sonoma County**
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Santa Rosa, CA 95409
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Fibromyalgia Q&A

Answers to commonly asked questions about fibromyalgia...

The Carousel Network (TCN) offers information on the various diseases and disorders associated with chronic neuroimmune diseases, such as chronic fatigue syndrome, fibromyalgia, multiple chemical sensitivity, autoimmune thyroid disease, etc. The information is intended to help patients and caregivers make informed decisions about the patient's health, diagnostic testing, and treatment in conjunction with their health care practitioners. TCN does not diagnose patients nor recommend specific medical or palliative treatments.

**The Carousel Network is a 501(c)3 nonprofit supported by memberships and donations.
Membership is \$20/year; make checks payable to The Carousel Network, POB 366, Fulton CA 95439-0366.**

What Is Fibromyalgia?

Fibromyalgia is a chronic disorder characterized by widespread musculoskeletal pain, fatigue, and multiple tender points. "Tender points" refers to tenderness that occurs in precise, localized areas, particularly in the neck, spine, shoulders, and hips. People with this syndrome may also experience sleep disturbances, morning stiffness, irritable bowel syndrome, anxiety, and other symptoms.

How Many People Have Fibromyalgia?

According to the American College of Rheumatology, fibromyalgia affects 3 to 6 million Americans. It primarily occurs in women of childbearing age, but children, the elderly, and men can also be affected.

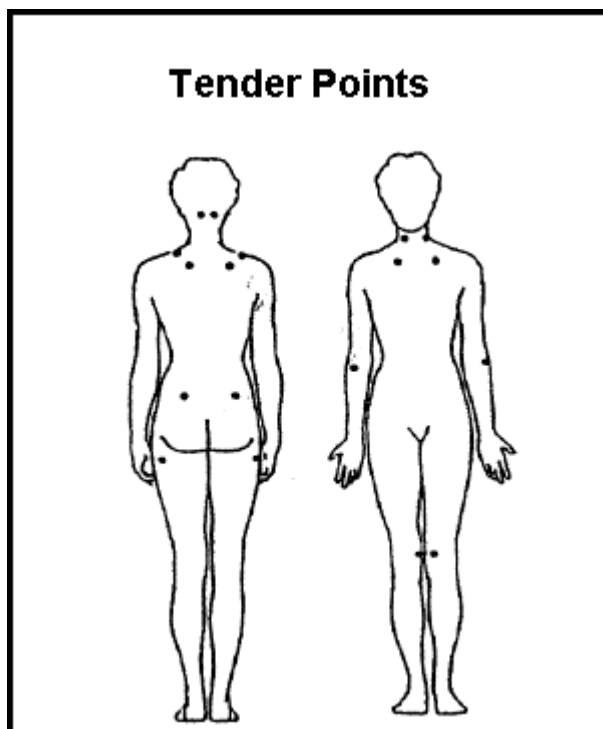
What Causes Fibromyalgia?

Although the cause of fibromyalgia is unknown, researchers have several theories about causes or triggers of the disorder. Some scientists believe that the syndrome may be caused by an injury or trauma. This injury may affect the central nervous system. Fibromyalgia may be associated with changes in muscle metabolism, such as decreased blood flow, causing fatigue and decreased strength. Others believe the syndrome may be triggered by an infectious agent such as a virus in susceptible people, but no such agent has been identified.

How Is Fibromyalgia Diagnosed?

Fibromyalgia is difficult to diagnose because many of the symptoms mimic those of other disorders. The physician reviews the patient's medical history and makes a diagnosis of fibromyalgia based on a history of chronic widespread pain that persists for more than 3 months. The American College of Rheumatology (ACR) has developed the following criteria for fibromyalgia that physicians can use in diagnosing the disorder.

1. History of widespread pain. **Pain is considered widespread when all of the following are present: pain in the left side of the body, pain in the right side of the body, pain above the waist, and pain below the waist.**
2. Pain, on digital palpation, in at least 11 of the following 18 sites:



*Graphic from the now defunct
Fibromyalgia Alliance of America*

- Occiput: Bilateral, at the suboccipital muscle insertions.
- Low cervical: bilateral, at the anterior aspects of the intertransverse spaces at C5-C7.
- Trapezius: bilateral, at the midpoint of the upper border.
- Supraspinatus: bilateral, at origins, above the scapula spine near the medial border.
- Second rib: bilateral, at the second costochondral junctions, just lateral to the junctions on upper surfaces.
- Lateral epicondyle: bilateral, 2 cm distal to the epicondyles.
- Gluteal: bilateral, in upper outer quadrants of buttocks in anterior fold of muscle.
- Greater trochanter: bilateral, posterior to the trochanteric prominence.
- Knee: bilateral, at the medial fat pad proximal to the joint line.

Patients who satisfy both criteria can be diagnosed with fibromyalgia. Widespread pain must have been present for at least 3 months. The presence of a second clinical disorder does not exclude the diagnosis of fibromyalgia.

How Is Fibromyalgia Treated?

Treatment of fibromyalgia requires a comprehensive approach. The physician, physical therapist, and patient may all play an active role in the management of fibromyalgia. Studies have shown that aerobic exercise, such as swimming and walking, improves muscle fitness and reduces muscle pain and tenderness. Heat and massage may also give short-term relief. Antidepressant medications may help elevate mood, improve quality of sleep, and relax muscles. Patients with fibromyalgia may benefit from a combination of exercise, medication, physical therapy, and relaxation.

Source: *National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health*

Classification of Fibromyalgia
American College of Rheumatology
1990

1. History of widespread pain.

Definition. Pain is considered widespread when all of the following are present: pain in the left side of the body, pain in the right side of the body, pain above the waist, and pain below the waist. In addition, axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present. In this definition, shoulder and buttock pain is considered as pain for each involved side. "Low back" pain is considered lower segment pain.

2. Pain in 11 of 18 tender point sites on digital palpation.

Definition. Pain, on digital palpation, must be present in at least 11 of the following 18 sites:

Occiput: Bilateral, at the suboccipital muscle insertions.

Low cervical: bilateral, at the anterior aspects of the intertransverse spaces at C5-C7.

Trapezius: bilateral, at the midpoint of the upper border.

Supraspinatus: bilateral, at origins, above the scapula spine near the medial border.

Second rib: bilateral, at the second costochondral junctions, just lateral to the junctions on upper surfaces.

Lateral epicondyle: bilateral, 2 cm distal to the epicondyles.

Gluteal: bilateral, in upper outer quadrants of buttocks in anterior fold of muscle.

Greater trochanter: bilateral, posterior to the trochanteric prominence.

Knee: bilateral, at the medial fat pad proximal to the joint line.

- Digital palpation should be performed with an approximate force of 4 kg.
- For a tender point to be considered "positive" the subject must state that the palpation was painful. "Tender is not to be considered "painful."

For classification purposes, patients will be said to have fibromyalgia if both criteria are satisfied. Widespread pain must have been present for at least 3 months. The presence of a second clinical disorder does not exclude the diagnosis of fibromyalgia.

Wolfe F, Smythe HA, Yunus MB, Bennett RM, Bombardier C, Goldenberg DL, et al. The American College of Rheumatology 1990 criteria for the classification of fibromyalgia: report of the multicenter criteria committee. Arthritis Rheum 1990;33:160--72.