

# Fibromyalgia syndrome

Fibromyalgia syndrome (FMS) has become a focus of interest in many areas of research and healing, since its aetiology seems to include aspects of neuro-endocrine imbalance, musculoskeletal modifications, psychosocial overtones (are these causal or a result of the condition?) and a variety of additional possible involvements such as irritable bowel, fatigue and sleep disturbance. Just like its close relative chronic fatigue syndrome (CFS), FMS has led to major patient dissatisfaction in many instances, since the condition is so poorly understood by health care professionals of all schools. There are, therefore, powerful and articulate patient support groups and networks that have helped to focus attention on this most distressing and persistent condition. One such organization, The Fibromyalgia Network (USA), offers useful information compiled from the 6240 responses they received to a survey questionnaire (Fibromyalgia Network Newsletter 1997):

- 97% had a diagnosis of FMS and 28% had a diagnosis of CFS (with an overlap of a double diagnosis in fully a quarter of the respondents)
- Average age was 52.6
- 95% female.
- Duration of illness average was 12.2 years
- 7.2 years on average being taken before a diagnosis was offered.

Those patients with an FMS diagnosis reported the following percentage of additional diagnoses:

- IBS or irritable bladder – 64%
- Headaches – 59%
- Chemical sensitivities – 26%
- Osteoarthritis – 20%
- Thyroid disease – 19%

When asked for known triggering events, 59% indicated they could identify the trigger:

- Physical trauma – 39% (of the 59%)
- Major emotional trauma such as bereavement – 27%
- Infection – 15%
- Surgery – 9%
- Exposure to chemical agent or drug – 5%

Asked about improvement, or lack of it, since their diagnosis, those with FMS offered these responses:

- 0.2% had fully recovered
- 31% had improved
- 20% were unchanged
- 40% were worse
- 9% had become disabled

The associated symptoms reported by the FMS responders (97% of the survey) were:

- Memory and concentration difficulties – 86%
- Major discomfort following exertion – 89%
- Waking tired in the morning 89%
- Unable to work because of FMS 40%
- Percentage of time spend in pain 76%
- Percentage of body in pain 71%

When asked what was the most helpful on a scale of 1–10 (with 10 being the most helpful) the responses were that:

- Drug and non-drug therapies rated 4.8
- Educational material rated 7.4

As with many chronic pain conditions, helping the patient to understand what is going on seems to offer a major step forward in their handling of their condition. In order to be able to offer anything like a meaningful degree of understanding it is necessary for health care professionals to understand the condition themselves, and it seems that not all do. Regular readers of *JBMT* will recall that, in the previous issue (Vol.2(3) July 1998), there was discussion (editorial) of the influence on FMS development of whiplash injuries in particular, and of current research

into the involvement in this and other pain conditions of the sub-occipital triangle (Buskilia et al 1997, Hallgreen et al 1993)

A review of the research into this area is being prepared for a future issue of *JBMT*. In this issue of *JBMT* we have used the regular Clinical Perspectives section to present three viewpoints on the care of patients with FMS – a practitioner of Traditional Chinese Medicine (from Dublin), a British psychologist who uses cognitive behaviour modification approaches (which has a good track record in research studies) and a British osteopathic/naturopathic perspective. Alongside these we are presenting a paper by leading American chiropractic researchers into fibromyalgia, Drs John Lowe and Gina Honeyman-Lowe. They outline their research into the link between FMS and thyroid dysfunction and the role of bodywork in encouraging resolution of the problem.

These varying thoughts effectively incorporate almost as wide a spectrum as it would be possible to imagine – ranging from TCM (acupuncture, nutrition as well as bodywork), to the mind, as well as biochemical and biomechanical aspects. Hopefully what emerges is an overview of a very complex condition, with multiple symptoms and a variety of possible causative or maintaining features.

Readers are invited to write to the editor regarding their own experience with FMS (and CFS) so that the debate can continue and information can be shared.

## REFERENCES

- Buskilia D, Neumann L et al 1997 Increased rates of fibromyalgia following cervical spine injury. *Arthritis & Rheumatism* 40(3): 446–452
- Fibromyalgia Network Newsletter 1997: 11–13 (PO Box 31750, Tuscon, AZ 85761–175, USA)
- Hallgren R, Greenman P, Rechten J 1993 MRI if normal and atrophic muscles of the upper cervical spine. *Clinical Engineering* 18(5): 433–439