Dawn A. Marcus
Atul Deodhar

Fibromyalgia

A Practical Clinical Guide

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Dawn A. Marcus
Department of Anesthesiology
University of Pittsburgh
3550 Terrace St.
A-1305 Scaife Hall
Pittsburgh, PA 15261, USA
dawnpainmd@yahoo.com

Atul Deodhar, MD
Division of Arthritis & Rheumatic Diseases (OP09)
Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239, USA
deodhara@ohsu.edu

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Preface

Fibromyalgia affects about 2–3% of adults worldwide, with women affected three to six times as often as men. While fibromyalgia is a chronic pain disorder, patients with fibromyalgia typically present with a complicated constellation of painful and non-painful complaints, including disabling fatigue, sleep disturbance, and neuropsychological symptoms. Anxiety, mental distress, and cognitive dysfunction are reported by nearly two in every three fibromyalgia patients. One in three fibromyalgia sufferers reports current depression, with a history of depression in over half. Headaches are also common. Evaluating fibromyalgia patients requires an understanding of the complex nature of this condition and the myriad of likely fibromyalgia-related complaints.

Fibromyalgia is often poorly understood and unrecognized. Failure to identify and treat fibromyalgia patients effectively can lead patients to feel misunderstood, confused, and frustrated that their symptoms are not believed by their healthcare providers, and discouraged about leading a full and rewarding life. Fibromyalgia typically affects adults during what should be fulfilling and productive years, when they are caring for families, developing careers, and making a strong impact on their communities. The good news for our patients is that fibromyalgia is straightforward to diagnose, with symptoms effectively reduced using a wide range of proven medication, non-medication, and non-traditional treatments.

> When I told a friend who is also a fibromyalgia patient about this new book, she responded, *When I was diagnosed with fibromyalgia almost 10 years ago, there wasn't as much information as there has been in the last few years. I'm glad to see that the medical community is finally recognizing this condition and treating fibromyalgia more seriously and with more compassion.*

Fibromyalgia: A Practical Clinical Guide consolidates years of experience in identifying and treating fibromyalgia from pain management and rheumatology perspectives. The authors' wealth of clinical practice and research has been combined to provide easy-to-understand and practical tips for clinicians caring for

fibromyalgia patients. Case presentations and quotations from active fibromyalgia patients help highlight complaints and concerns commonly experienced by fibromyalgia sufferers. Dr. Dawn A. Marcus is a neurologist, pain management specialist, and professor at the University of Pittsburgh, with expertise treating and researching fibromyalgia. She is an active writer and lecturer on topics related to chronic pain and fibromyalgia and has authored several practical books for both healthcare providers and lay audiences. Dr. Atul Deodhar is a rheumatologist, associate professor of medicine at the Oregon Health and Science University, and director of Rheumatology Clinics at Oregon Health and Science University. Drs. Marcus and Deodhar previously collaborated to produce *Chronic Pain: An Atlas of Investigation and Management*.

Fibromyalgia: A Practical Clinical Guide is designed to cut through the hype about fibromyalgia and provide clinicians with up-to-date information about fibromyalgia pathogenesis and clinical evaluation, as well as evidence-based guidelines for effective treatment. This book includes fully referenced, cutting-edge information on this fast-growing field and provides practical pointers for effectively managing fibromyalgia patients. Treatment recommendations focus on targeting symptoms most likely to respond to therapy and prescribing medication, non-medication, and alternative/complementary treatments that have been proven to reduce fibromyalgia symptoms. Boxes, tables, and figures are used widely throughout the text to provide quick reference for the busy clinician seeking information. Clinically proven tools to help evaluate and treat fibromyalgia patients include handouts for recording and monitoring fibromyalgia symptoms and severity, exercise instructions, and self-help guides for psychological pain management techniques. Additional materials may be accessed through Dr. Marcus' Web site www.dawnmarcusmd.com. Both authors are eager to receive comments and suggestions for additions and improvements to the book through a link available at this Web site.

Pittsburgh, Pennsylvania — Dawn A. Marcus
Portland, Oregon — Atul Deodhar

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Part I
Background

Introduction

Key Chapter Points

- Fibromyalgia-like symptoms were first discussed in the 1800s.
- The American College of Rheumatology published classification criteria for a unique and specific syndrome of fibromyalgia in 1990.
- Today's fibromyalgia should not be confused with previously identified vague and non-specific syndrome diagnoses, like muscular rheumatism and fibrositis.
- Fibromyalgia sufferers are very interested in having healthcare providers who take their complaints seriously and treat them as credible patients.
- Fibromyalgia patients need to receive a diagnosis from their doctors that does not imply their symptoms are entirely explained by stress or psychological distress.

Keywords Classification · Credibility · Diagnosis · Fibrositis · Muscular rheumatism

Fibromyalgia patients endorse a plethora of physical and psychological symptoms that they generally attribute to their diagnosis of fibromyalgia (Table 1) [1]. The wide range of seemingly unrelated symptoms has led many healthcare providers to view fibromyalgia complaints with skepticism. Healthcare providers may wonder if patients can truly experience such a wide mixture of symptoms or if these reports are embellished or exaggerated when they contrast with the seemingly unremarkable general physical examination that characteristically accompanies the diagnosis of fibromyalgia.

Fibromyalgia is a relatively new diagnosis that continues to be shrouded in controversy, skepticism, and misperceptions within the healthcare community [2]. Today's diagnosis of fibromyalgia has been described by various terms throughout history (Box 1) [3]. A consolation of symptoms including aches, pain, stiffness, sleep disturbance, and fatigue had long been termed *muscular rheumatism* to differentiate symptoms from those caused by joint disease. As doctors evaluated patients with muscular rheumatism, they began to describe tender points and nodules, generally attributing these to an inflammatory disorder and muscle pathology. In 1904, Sir William Gowers introduced the term *fibrositis* to describe what he believed were

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Table 1 Symptoms endorsed by fibromyalgia patients (based on van Ittersum [1])

Symptom category	Patients experiencing symptom (%)	Patients attributing symptom to fibromyalgia[a] (%)
Constitutional		
Fatigue	94	95
Weight loss	15	12
Sleep difficulties	68	62
Neurological		
Pain	92	90
Headaches	54	32
Dizziness	44	29
Musculoskeletal		
Stiff joints	87	85
Weakness	78	82
Gastrointestinal		
Stomach upset	63	46
Nausea	25	12
Respiratory		
Breathlessness	31	11
Wheezing	21	16
Other		
Sore eyes	52	25
Sore throat	21	6

[a]Most participants only answered the question about symptom attribution to fibromyalgia if they experienced the symptom in question; in some cases, however, fibromyalgia participants not experiencing a symptom reported that they believed that symptom would be attributed to fibromyalgia if it occurred. For this reason, more people attributed fatigue and weakness to fibromyalgia than actually were experiencing those symptoms.

Box 1 History of Fibromyalgia (Based on Inanici [3])

- *Muscular rheumatism* used to describe non-joint-related generalized pain and constitutional symptoms in the 1800s.
- Neurologist Beard introduced the term *neurasthenia* to describe generalized pain and constitutional symptoms as the result of physiological impact from psychological stress in 1880.
- Gowers coined the phrase *fibrositis* to denote inflammatory nature of rheumatism in 1904.
- Terms *myofascitis, myofibrositis, and neurofibrositis* suggested by Albee in 1927, Murray in 1929, and Clayton in 1930, respectively.
- *Interstitial myofibrositis* suggested by Awad in 1973.
- *Fibromyalgia* coined in 1976 by Hench.
- Fibromyalgia confirmed as a unique symptom constellation in a controlled study by Yunus and colleagues in 1981.
- American College of Rheumatology established classification criteria for fibromyalgia.