

Fibromyalgia & chronic headache

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Fibromyalgia is common chronic pain syndrome, affecting 3 to 6 million adults in the United States. Fibromyalgia is not a specific disease. The term, *fibromyalgia*, describes a pattern of symptoms that cluster together, including widespread body pain and sensitivity to pressure on specific spots on the body, called tenderpoints. Tenderpoints are shown in the Figure. Curiously, these particular tenderpoint spots are uniquely sensitive to pressure in patients with fibromyalgia, while similar spots in other parts of their bodies are not. In addition, patients with other types of chronic pain, such as low back pain, arthritis, etc., do not find that pressing these spots is painful for them.

Until 1990, fibromyalgia was used to describe a variety of unrelated chronically painful conditions. In 1990, the American College of Rheumatology established specific diagnostic criteria, allowing proper identification of those patients with fibromyalgia. Patients with fibromyalgia must have pain on both sides of the body, as well as areas of the body both above and below the waist. In addition, fibromyalgia patients perceive firm pressure over the tenderpoints to be painful, rather than feeling like pressure. Patients with fibromyalgia also complain of a variety of other symptoms in addition to body pain, as shown in Table 1. As you can see, the majority of fibromyalgia patients also report fatigue, morning stiffness, sleep disturbance, and abnormal body sensations or tingling. Over half report some headache.

Patients with fibromyalgia share many features with chronic headache patients. Similar to migraine, fibromyalgia occurs most commonly in women of childbearing age, with women affected 7 times more often than men. Fibromyalgia and chronic headache commonly occur together. A study of about 100 patients with transformed migraine showed fibromyalgia in 36% of migraineurs. Those patients with both fibromyalgia and headaches experienced both greater pain severity, and more depression. Another study compared about 70 patients with fibromyalgia to those with chronic headache. About 35% of the fibromyalgia patients reported migraine or tension-type headache, while 42% of the headache patients had painful fibromyalgia tenderpoints throughout their bodies. Similar to the other study, patients with both fibromyalgia and headache reported more pain, disability, and depression than patients with headache alone. This general sensitivity to touch over the tenderpoints, noted in about 40% of chronic headache sufferers, suggested the presence of nervous system activation or sensitization. In other words, 40% of chronic headache patients report hypersensitivity over the body (in addition to the head), similar to fibromyalgia patients.

These studies suggest that both fibromyalgia, as well as some types of chronic headache, may be associated with increased excitation within the nervous system. (See earlier issue article about central sensitization). Serotonin is also being studied as an important neurochemical marker for fibromyalgia; however, consistent data have not been identified. The exact cause of both the syndrome of fibromyalgia, as well as the clustering of symptoms, remains unknown. The cause or causes of fibromyalgia is still

unknown. Some patients develop fibromyalgia symptoms after trauma or illness, while others develop fibromyalgia without any identified triggering event. Fortunately, fibromyalgia is not a degenerative or progressive disorder that would develop into paralysis, memory loss, etc. In addition, several treatments, including antidepressants, muscle relaxants, relaxation therapy, and exercise, can greatly reduce the symptoms of fibromyalgia.

Interestingly, a number of headache therapies are also effective in reducing symptoms of fibromyalgia:

- Education about fibromyalgia and pain management
- Antidepressants
- Tizanidine
- Psychological pain management skills (e.g., stress management, coping skills, relaxation)
- Aerobic exercise

Patients with both fibromyalgia and chronic headache should initially try those treatments that may effectively treat both conditions. Standard headache acute care and preventive therapies should be used when headache persists after completing fibromyalgia treatment, or if headache becomes the main pain complaint. In addition, a variety of Internet sites offer useful educational materials for patients with fibromyalgia. (See Table 2.)

If you are experiencing widespread body pain, it is important to discuss this with your doctors. Fibromyalgia patients are at increased risk for depression and anxiety, and report more interference and disability from their pain than patients with headache without body pain. Failure to recognize and treat co-existing fibromyalgia may result in increased pain, disability, depression, and anxiety. In addition, effective therapies are available for fibromyalgia that can significantly improve headache in addition to generalized body pain.

Table 1. Percentage of patients experiencing additional complaints with fibromyalgia

Fatigue – 81%	Headache – 53%	Irritable bowel – 30%
Morning stiffness – 77%	Anxiety – 48%	Urinary urgency – 26%
Sleep disturbance – 75%	Depression – 32%	Dysmenorrhea – 26%
Tingling – 63%	Dry eyes & mouth – 36%	Raynaud’s – 17%

Table 2. Fibromyalgia educational resources

- National Fibromyalgia Association web page
 - fmaware.org
 - Fibromyalgia Aware* magazine
- Arthritis Foundation
 - arthritis.org
 - Excellent patient education on site & suggestions for other educational materials
- National Fibromyalgia Partnership, Inc.
 - fmpartnership.org

Figure. Dots represent fibromyalgia tenderpoints

