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# Fibromyalgia

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Dr Alastair Bint shares tips gained working as a GP with an interest in musculo-skeletal medicine

## **1 Think of it as a 'fibromyalgic syndrome'**

Most patients suffer a variety of associated symptoms in addition to the muscle pains.

## **2 The muscle pains of fibromyalgia never affect the joints**

If they do then the diagnosis should be revised.

## **3 Look for the main symptoms**

These are muscle pain, most commonly neck and back, with demonstrable muscle tender areas ('trigger points') and tiredness.

There is also an association with headache, dysmenorrhoea, irritable bladder and bowel, and depression.

## **4 Use online tool to check tender points**

There are said to be up-to 18 specific points of muscular tenderness around the body. A good resource for reference is [www.fibromyalgia-symptoms.org](http://www.fibromyalgia-symptoms.org)

## **5 Use serum blood tests to exclude other underlying causes**

There is no specific diagnostic test for fibromyalgia and the actual cause is unknown. Indeed there are some who doubt its actual existence.

I suggest checking thyroid function, serum calcium, urea and electrolytes, creatinine kinase, full blood count and ESR.

There is an increasing suggestion but no convincing evidence that some trace mineral deficiencies are implicated in this syndrome.

## **6 Treatments should aim to reduce symptoms and develop coping strategies**

There is no convincing single therapy but cognitive behaviour therapy and counselling has had some success.

## **7 Analgesics will not alter the course of the syndrome**

These are often prescribed and may ease the pain. The potential addiction to codeine analgesics should not be overlooked.

## **8 Recommend an aerobic exercise programme**

This gradually builds in rigor. Getting going is hard given patients' fatigue and lethargy, but those who persevere have the best outcomes.

## **9 Beware the crossover with mental illness**

The boundaries between fibromyalgia and depression are often blurred but depression itself may be the overriding or underlying problem. These patients often do best with counselling and/or antidepressants.

## **10 Encourage alternative therapies**

Patients can do well with them and if a patient is keen this should be encouraged.

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