Management of Fibromyalgia Associated Pain

NEWS

Pain Management

Fibromyalgia is a multidimensional pain syndrome with diverse symptoms including widespread pain, tenderness, fatigue, non-refreshing sleep, musculoskeletal stiffness, cognitive dysfunction, environmental sensitivity, mood disorders, poor balance, muscle weakness, functional impairments and disability. The majority of fibromyalgia patients have one or more comorbidities unrelated to fibromyalgia such as osteoarthritis, rheumatoid arthritis, obesity, low back pain, systemic lupus erythematosus, traumatic injuries and psychological traumas such as post-traumatic stress disorder. Many fibromyalgia patients state that fatigue is their major problem.

Many special reports have been also made by doctors which describes the various problems or dysfunctions related to fibromyalgia. Dr. Choy's Special Report had provided an overview of sleep dysfunction in fibromyalgia patients. While in mid 1970s, Dr. Moldofsky and Smythe had also provided a polysomnographic evidence of disordered non-rapid eye movement sleep in fibromyalgia and also produced a transient fibromyalgia like syndrome in healthy volunteers by disrupting their non-rapid eye movement sleep. Through epidemiological and experimental studies, Dr Chov indicated that sleep dysfunction may lead to the development of fibromyalgia while among currently available pharmacological treatments, he stated that amitriptyline and pregabalin improved the sleep quality. Dr. Okifuji believed that psychological and behavioral therapies in the management of fibromyalgia and stress can help the patient to be active.

As per Dr. Ablin, according to the available evidence, pregabalin, duloxetine and milnacipran should be prescribed for treating fibromyalgia followed by amitriptyline and cyclobenzaprine. However, other drugs like, moclobemide, pirlindole, gabapentin, tramadol, tropisetron, sodium oxybate and nabilone can also be used. Combination therapy is also an option that is needed to be more thoroughly investigated in clinical trials.

Dr. Little John's review stated that there is no evidence that pure opioids such as morphine or oxycodone had benefits in fibromyalgia as use of opioids is currently a hot potato. Tramadol has moderate evidence for efficacy while low dose naltrexone targets the activated glial cells. Dr. Little John has founded that buprenorphine, a partial μ-opioid agonist action, with κ- and δ-opioid receptor antagonist actions has proven to be useful in fibromyalgia patients, particularly where there was a comorbid painful osteoarthritis of the hip, knee and back.

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