

A Brief Overview about Fibromyalgia

Description

Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues. Researchers believe that fibromyalgia amplifies painful sensations by affecting the way your brain and spinal cord process painful and nonpainful signals.

Symptoms often begin after an event, such as physical trauma, surgery, infection or significant psychological stress. In other cases, symptoms gradually accumulate over time with no single triggering event [1].

Women are more likely to develop fibromyalgia than are men. Many people who have fibromyalgia also have tension headaches, temporomandibular joint (TMJ) disorders, irritable bowel syndrome, anxiety and depression. While there is no cure for fibromyalgia, a variety of medications can help control symptoms. Exercise, relaxation and stress-reduction measures also may help [2].

The primary symptoms of fibromyalgia include:

- Widespread pain. The pain associated with fibromyalgia often is described as a constant dull ache that has lasted for at least three months. To be considered widespread, the pain must occur on both sides of your body and above and below your waist.
- Fatigue. People with fibromyalgia often awaken tired, even though they report sleeping for long periods of time. Sleep is often disrupted by pain, and many patients with fibromyalgia have other sleep disorders, such as restless legs syndrome and sleep apnea.
- Cognitive difficulties. A symptom commonly referred to as “fibro fog” impairs the ability to focus, pay attention and concentrate on mental tasks [3].

Medical experts don't know why some people develop fibromyalgia. It sometimes runs in families. Certain conditions or events may bring on symptoms, such as:

- Stressors such as: being born premature, traumatic life events such as abuse, accidents.
- Medical conditions such as viral infections or other illnesses.
- Anxiety, depression, other mood disorders, PTSD.
- Poor sleep.
- Lack of exercise.

There isn't a test that definitively diagnoses fibromyalgia. The diagnosis of fibromyalgia is clinical based on your symptoms and physical exam. Basic blood tests are recommended to exclude other causes of fatigue such as anemia or thyroid disease. The diagnosis relies on your family and medical history combined with your symptoms. Most people who have fibromyalgia can ease symptoms with medications and lifestyle changes. Sometimes

Ian Martins*

Department of Psychiatry and Neurogenetics, Senior Researcher, University of Western Australia, Australia

*Author for correspondence:
ian.martins@gmail.com

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symptoms go away after you take steps to reduce stress. Symptoms may return during stressful times. A small number of people experience pain or fatigue so severe that they're unable to work [4].

People with fibromyalgia tend to be deeply sensitive to pain that wouldn't bother most people. Your provider may assess the number of tender points, or areas, on your body that are highly sensitive to touch. For a diagnosis, widespread pain should be present for three months along with fatigue and other symptoms such as memory and concentration difficulties, poor sleep, symptoms of depression and irritability syndrome [5].

Fibromyalgia symptoms - chronic fatigue and all-over body pain - can take a toll on your mental and physical well-being. Self-care, such as exercise, a healthy diet, improved sleep and stress relief, can help you enjoy a better quality of life. Talk to your healthcare provider about the best ways to make these changes. Your provider can also recommend medications to manage symptoms [6].

We don't currently know the exact reason why people get fibromyalgia. But there does seem to be a common link with things such as arthritis, a traumatic event, and mental health and well-being.

Fibromyalgia isn't caused by damage or an injury to the body. But it does increase the sensitivity of your nerve endings, which means you could feel pain from a small amount of pressure or minor knocks. One theory is that the condition is caused by problems with a person's central nervous system – which controls all the sensations and movements the body makes. Studies have shown that parts of the brain that register pain react differently if you have fibromyalgia. This means you feel pain when

other people just feel uncomfortable or stiff. People with fibromyalgia often don't get enough deep sleep. Research shows that lack of good quality sleep can make pain worse, and maybe even cause pain.

Pain, unhappiness, depression and stress can all make you sleep badly. Symptoms often start after an illness, accident, or a time of emotional stress and anxiety. When you're low or depressed, your pain can also feel worse. At the same time, your pain can make you feel more stressed. Unlike conditions, such as arthritis, the pain you feel with fibromyalgia isn't caused by visible inflammation or damage to your body. This doesn't mean the symptoms of fibromyalgia are unreal or 'all in your mind'. However, anxiety, physical or mental trauma, and sleep disturbance are all thought to play a part in the condition.

Acknowledgement

None

Conflict of Interest

There is no Conflict of Interest.

References

1. Ngian GS, Guymer EK, Littlejohn GO *et al.* The use of opioids in fibromyalgia. *Int J Rheum Dis.* 14, 6-11 (2011).
2. Clauw DJ. Fibromyalgia: a clinical review. *JAMA.* 311, 1547-1555 (2014).
3. Wolfe F, Clauw DJ, Fitzcharles MA *et al.* Revisions to the 2010/2011 fibromyalgia diagnostic criteria. *Semin Arthritis Rheum.* 46, 319-329 (2016).
4. Wu YL, Chang LY, Lee HC *et al.* Sleep disturbances in fibromyalgia: A meta-analysis of case-control studies. *J Psychosom Res.* 96, 89-97 (2017).
5. Mezhev V, Guymer E, Littlejohn G *et al.* Central sensitivity and fibromyalgia. *Intern Med J.* 51, 1990-1998 (2021).
6. Häuser W, Fitzcharles MA. Facts and myths pertaining to fibromyalgia. *Dialogues Clin Neurosci.* 20, 53-62 (2018).