

## Fibromyalgia – Views and Treatment

Fibromyalgia (FM) is a connective tissue syndrome that tends to strike women, especially Caucasian, much more often than men. It was once thought to be a psychiatric disorder among “nervous” women, because when a doctor would take the symptoms seriously and do the workup, he would find that all the tests were “normal.” It wasn’t until a few years ago that physicians finally began to recognize FM as an actual rheumatological disorder. Some physicians still don’t believe it, or, more likely, they become frustrated at the difficult time in treatment and the apparent lack of response to standard therapy.

Therefore, what do I believe FM is? I believe that it is actually a variety of connective tissue disorders that have a common thread (inability to sleep restoratively) and it is not just *one* thing wrong. I believe this because of the following: ask 100 women with FM what their symptoms are and they will basically agree to the following: lack of sleep, painful tender points, and lack of energy. Ask those same women what “works” for them to treat the symptoms and you will get at least 50 different answers. So it isn’t a simple disorder. Some known causes of FM include Lyme disease, which is *endemic* to this region. If you have any of the risk factors for Lyme disease, e.g., camping outdoors at moderate altitudes, then an appropriate workup needs to be done. Don’t misunderstand me, there are more causes for FM than just Lyme but there is a possible *cure* if it is Lyme, so it is worth checking out.

### Current Therapies

What are the current therapies being used in a standard medical practice to-

day? There are many but most fall into the categories of an analgesic (ibuprofen, naprosyn, or Celebrex<sup>®</sup>), a muscle relaxant (Soma<sup>®</sup>, Flexeril<sup>®</sup>, Baclofen<sup>®</sup>, Robaxin<sup>®</sup>, Skelaxin<sup>®</sup> or Zanaflex<sup>®</sup>) and an antidepressant (Effexor XR<sup>®</sup>, Wellbutrin XL<sup>®</sup>, Lexapro<sup>®</sup> or Elavil<sup>®</sup>). These therapies aren’t bad and in fact, I tend to use some of them as the “front line” therapy myself. Some women will respond dramatically, but others will not find any relief whatsoever with that combination.

### My Therapy

As I stated earlier, I do find that those medications can work and I do use them on the women who I make the initial diagnosis of FM. However, many women come here as a chronic pain patient with FM being an already established diagnosis. They have already been through all of the standard therapies with little to no response. Normally, their physicians had given up on them or would refuse to change anything in their standard regimen for the treatment of FM.

So what do I do that is different? I believe, as many physicians do, in the multiple modalities approach to the treatment of FM, if the person is able to do that. There is a multidisciplinary center here in Fresno that is specifically for FM treatment and, if you would like that, I can easily refer you to the center (San Joaquin Valley Rehabilitation Center). If that occurs, the physicians there will assume all care related to your FM, including pain medications. However, if you choose to have me as your concierge physician in the treatment of FM, then we would address the following issues:

1. **Sleep** – FM patients do not sleep very well. Some researchers believe

that this is the core problem and I wholeheartedly agree. Lack of good, restorative sleep does not allow the body to heal itself. Different hormones, especially growth hormone, are not secreted in the manner that it should for your body to heal correctly. So we start with making sure that you sleep. Most FM patients have tried standard sleeping pills in the past (Benadryl<sup>®</sup>, Ambien<sup>®</sup>, Ambien CR<sup>®</sup>, Lunesta<sup>®</sup>, Rozerem<sup>®</sup>, Sonata<sup>®</sup>, and Elavil<sup>®</sup>) with little to no effect. Remember that *restorative* sleep should last at least six hours and eight hours is our goal. The new drug of choice for this is **Xyrem<sup>®</sup>** and it is a very unique drug. It is currently in Phase III clinical trials for the treatment of fibromyalgia. There are no other drugs “in the pipeline” that are being tested directly for fibromyalgia that affect sleep. You must meet certain criteria to get this medication and not all can tolerate it. But if your insurance will cover it, then it is worth a shot to try it out. Contact Dr. Work about getting you Xyrem<sup>®</sup> for a trial.

2. Pain – FM patients suffer from pain “all over” or in specific tender points along the spine or the joints. Treatment for the pain is not necessarily that simple (which is why you are here). The improvement in sleep will aid with your pain. The use of anti-depressants, e.g., Effexor XR<sup>®</sup>, will also relieve your pain to a greater or lesser extent. Lyrica<sup>®</sup> has just been approved for fibromyalgia and the reduction of pain associated with it. However, none are truly the only answer to your pain. Your condition is complex, so there is never a “simple” answer, i.e., one pill, to take care of all of your problems.

In addition to these therapies for pain, a standard muscle relaxant

(Soma<sup>®</sup> or Flexeril<sup>®</sup>) is given along with an analgesic. The analgesic will vary in strength depending on what you have used in the past and what has worked for you. Medications used here for the treatment of pain with FM range from ibuprofen all the way to oxycodone, oxymorphone, or morphine. Whatever it takes to help you.

3. Exercise/Stress Reduction – You *must* exercise. Low-impact exercises for those of you who are couch potatoes and aerobics with resistance training for those who can handle it. Will the pain get worse at first? Yes, it will. However, that can be “worked through.” Tai Chi is another form of exercise that should definitely be included for every FM patient, regardless of age or physical ability.

In addition, you must learn how to reduce your stress levels. Stress will cause your FM to “flare” and that means increased pain. Tai Chi, again, is an excellent way to reduce stress. Biofeedback therapy has been shown to work quite well with stress reduction and the one that I find the easiest and most effective deals with heart rate variability and can be purchased at [www.stress-rx.com](http://www.stress-rx.com).

Getting more involved in the spiritual life of your church, synagogue or temple can also help. Please note that I stated spiritual life and not physical activities, e.g., bake sales, fundraisers, choir practice, etc. Caring for your inner development will benefit you in many ways. Speak to your clergy about how to become more spiritually involved in your faith.

4. Physical activity – Do something! You must begin to occupy your life with things to do that provide fulfillment. Sometimes all that means is working eight hours a day. Depending upon your financial situation, which

may also mean volunteer work. Many good organizations need volunteers, e.g., hospices and senior centers. Do you see a pattern here? By taking your mind off of your problems and putting it to work for the good of others, i.e., your family, your friends, the aged and the dying, your FM will become less of a focus in your life. It does NOT mean that the pain was all in your head and you are now cured. But if you lie around your home and dwell on your pain (no matter the diagnosis), your pain and physical condition will get worse.

5. EnJuvenate™ – If you can afford it, EnJuvenate™ can help you with an improvement of your FM symptoms and an improvement in your sleep. It is an all-natural product that is mixed with water and taken at bedtime three nights a week. You should start to notice an improvement in your FM symptoms within 3 months. Please stay on it for continued relief. Please see either Dr. Work or the front desk to order it at \$85.00 per month to be delivered to your home. It is not covered under your regular insurance but is reimbursable under Flexible Spending Account or Healthcare Savings Account.
6. Bio-identical HRT – If you are a woman who has gone through menopause, then you should be on bio-identical hormone replacement therapy if you want the biggest bang for

your FM treatment. See the brochure on BHRT for more information. If you are a man, then you are low on testosterone and need replacement for testosterone.

The bottom line is that if you are willing to participate in the treatment of your FM, I can help you to lessen how much the disease impacts your life. Please understand one thing: you can never be cured of FM. It is a lifelong disorder (though it does tend to lessen with age). What we will try to do is lessen the number of “bad days” that you have and give you more “good days.” Keep in mind, however, that if you become ill, get into a fight with your spouse or significant other, get under a lot of stress, etc., the FM will “flare” and your pain may go back to levels that you may have had before you came to see me. That is to be expected. Just remember that the flare will subside and you will go back to the “good days” if you keep doing what you have been taught to do.

If this sounds like a good idea to you, speak to me about your FM. If you have a friend or family member who suffers with FM, give them this brochure and have them come in to see me for concierge attention for their FM.

© 2007 Ultimate Living Medical Clinic, Prof. Corp.