

Fibromyalgia australia

What is Fibromyalgia?

Fibromyalgia (FMS) is a primary chronic pain condition. (classified in the WHO International Classification of Diseases: ICD-11 Version: 2019).

It is a complex multisystem physical illness, with chronic widespread pain experienced in the muscles, ligaments and/or tendons, that lasts for at least 3 months. *Widespread Pain* means pain in at least 3 or 4 areas of the body i.e. above and below the waist, and on both sides of the body.

Fibromyalgia also has significant other symptoms, which can include:

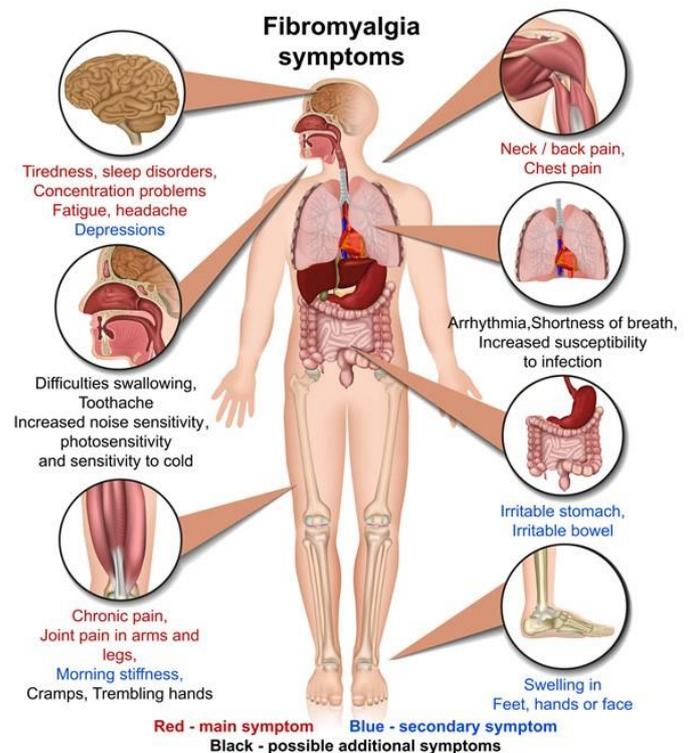
- Sleep disturbance, non-restorative sleep
- Fatigue
- Musculoskeletal stiffness
- Cognitive dysfunction
- Further symptoms (see Patient Leaflet 3 **Fibromyalgia Canadian Multisystem Questionnaire**, based on Canadian symptom criteria)

Fibromyalgia affects people of all age groups, including children. There is a higher prevalence of Fibromyalgia in females, as with many other autoimmune or inflammatory conditions.

Estimates are that as many as 1 million Australians (3-5%) experience this chronic pain condition.

Fibromyalgia is also frequently associated with other conditions, such as Arthritis, Sjogrens, Lupus, Chronic Fatigue Syndrome (ME/CFS), Irritable Bowel Syndrome (IBS) and chronic headaches.

Fibromyalgia is not always an exclusive diagnosis and symptoms may indicate overlapping and co-existing conditions. Your doctor may order tests to exclude other conditions and identify treatable symptoms. Tests for fibromyalgia are emerging at the research level.



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What Causes Fibromyalgia?

Research studies are investigating a wide range of issues including genetic components, brain inflammation, the role of stress hormones (e.g. cortisol) and neuro-chemical imbalances. Other studies are searching for biomarkers and diagnostic tests.

Most of the research findings point to a malfunctioning of the central nervous system (CNS), which includes the brain and spinal cord, with resulting pain amplification. Peripheral systems (soft tissue/muscles and nerves) also demonstrate some abnormalities. Body-wide symptoms may result from a dysfunctional interplay between the CNS and peripheral systems.

Various triggering events may precipitate the onset of Fibromyalgia including infection, trauma (e.g., physical injury, automobile accident, surgery, emotional trauma) or the development of another disorder, such as rheumatoid arthritis. It is now thought that these triggering events awaken rather than cause an existing physiological abnormality.

A greater understanding of the initial triggers and symptom patterns and their variations may lead to clinical grouping and tailored treatments.

Abnormal pain processing has been demonstrated in brain scans.

The body systems involved are complex which may explain the individualised responses to medication and other treatments.

Fibromyalgia Diagnosis

Fibromyalgia is diagnosed with a careful history, a physical examination, as well as a symptom questionnaire based on the diagnostic criteria, and appropriate blood tests to exclude other or diagnose coexisting conditions.

Fibromyalgia Management

Fibromyalgia management is individually tailored. While there is no single effective treatment or miracle cure, FMS can be managed at a general practice level. Medicare care plans help monitor outcomes, referral and provide improved access to multidisciplinary team care. Management is a mixture of medical interventions and lifestyle adjustments (e.g. improving sleep, reducing pain and stress, pacing and modified movement programs).

For further information, see:

Leaflet 2: Understanding Your Condition.

Leaflet 3: Fibromyalgia Canadian Multisystem Questionnaire.

Patient Leaflet 4: Fibromyalgia Understanding the Diagnosis and Assessments

Leaflet 6: Introduction to Fibromyalgia Cycle of Care.

Leaflet 7: Introduction to Fibromyalgia Management and Care Plans.

Reference:

1. Leaflet "Fibromyalgia The Basics", National ME/FM Action Network, Canada, 2014
2. Hauser, W et al, "Management of fibromyalgia: key messages from recent evidence-based guidelines" *Pol Arch Intern Med*; 2017. p. 47-56. 127.