

Article Index

[What is Fibromyalgia?](#)

[Who gets FM?](#)

[Diagnosing FM](#)

[Treating FM](#)

[Find out more](#)

What is Fibromyalgia (FM)?

Fibromyalgia means “soft tissue and muscle pain.” The soft tissues are the tendons or ligaments. FM is a chronic pain syndrome often associated with CFS/CFIDS/ME, and sometimes confused with it. The pain can be severe enough to interfere with routine daily activities. It migrates, can be achy, burning, throbbing, shooting, or stabbing, and is worse in areas used most, such as the neck or back. FM is associated with “tender points” which are painful when pressure is applied to them. Individuals often say they awaken feeling as if they hadn’t slept. A sudden onset of profound fatigue can occur during or following exertion. Many other symptoms are common to fibromyalgia, including stiffness on waking, memory and concentration problems, excessive sensitivity of the senses, headaches, Temporomandibular Joint Syndrome (TMJ), irritable bowel, and bladder and muscle spasm. Fibrositis, an older name, is still used interchangeably with fibromyalgia.

[Back to top](#)

Who gets FM?

Medical research indicates that over 6 million people in the US have FM, and that 80-90% of them are women. On the other hand, there is an estimate that about 1 million people in the U.S. suffer from CFS/CFIDS/ME. However, about 80% of those with CFS/CFIDS/ME also suffer from FM—or about 800,000. Thus most people with CFS/CFIDS/ME also have FM, but most people with FM don’t have CFS/CFIDS/ME.

[Back to top](#)

How is FM diagnosed?

The 1990 American College of Rheumatologists diagnostic criteria are:

- 1) Widespread pain for at least 3 months.

- 2) Pain in all four quadrants of the body: right side, left side, above and below the waist.

- 3) Pain in at least 11 of 18 specified tender points when they are pressed. These 18 sites cluster around the neck, shoulder, chest, hip, knee, and elbow regions.

No exclusions are made for the presence of concomitant radiographic or laboratory abnormalities.

Please note: In May 2010, the American College of Rheumatology (ACR) released new criteria for the clinical diagnosis of Fibromyalgia (FM). The proposed criteria are provisional and will still need to be intermittently updated.

[Read a summary](#)

Are FM and CFS/CFIDS/ME the same illness?

Research authorities vary in viewpoint as to the relation of FM and CFS/CFIDS/ME, but the best research to date indicates that the two illnesses, while often associated, are different and separable—both in nature of causation and in their pathophysiologies (effects on processes in the body.)

Medically, FM is classified as a rheumatological illness, and FM is most commonly diagnosed and treated by rheumatologists. CFS/CFIDS/ME historically comes more under the rubric of internal medicine or infectious disease. This difference occurs because CFS/CFIDS/ME very often presents with viral-like or infectious symptoms, which do not occur as often in FM. The primary symptom complexes in FM are 1) pain; 2) sleep disturbance; 3) fatigue and exhaustion. Viral and other infectious-type symptoms are much less frequent.

However, because of the similarities of many of the CFS/CFIDS/ME and FM symptoms, including the fact that many patients can have both, differential diagnosis can be a problem. It is very important that the two illnesses be diagnosed correctly because treatments for each are

somewhat different. A person with CFS/CFIDS/ME who is diagnosed with FM and treated accordingly may run into severe problems; and a person with FM who is incorrectly diagnosed with CFS/CFIDS/ME may also be treated improperly and lose the benefits of helpful treatments.

The fact that the two illnesses are the province of separate specialties can also lead to diagnostic problems. As a rheumatologist is trained in rheumatological illnesses, there are occurrences of CFS/CFIDS/ME being diagnosed as FM when the physician is not well-versed in CFS/CFIDS/ME diagnosis. And an infectious disease specialist may be prone to misdiagnosing FM as CFS/CFIDS/ME. Therefore, when there is doubt about which illness a patient has, she or he should become familiar with the differences between the two illnesses and seek a physician who knows how to diagnose both illnesses.

[Back to top](#)

Who treats FM?

Medically, FM is classified as a rheumatological illness, and FM is most commonly diagnosed and treated by rheumatologists.

How is FM treated?

There is presently no cure for FM. Treatment is aimed at reducing pain and improving sleep. Most often prescribed medications include anti-inflammatories, tricyclics, and pain medications. Lifestyle measures to lessen stress, balance exercise and rest, and the avoidance of factors that aggravate symptoms are helpful. Many individuals have also benefited from incorporating nutritional approaches, physical or occupational therapy, counseling, and peer support groups as part of their treatment. Recently the medication Cymbalta has been approved for use in the treatment of FM pain.

For more information about the treatment of FM, see our [Treatment/Conventional Medicine](#) and [Treatment/Supplements](#) sections.

[Back to top](#)

Where can I find out more about FM?

There is a great deal of excellent research and clinical information about fibromyalgia. Please refer to the Research and other sections of this website. Fibromyalgia, like CFS/CFIDS/ME, continues to remain a somewhat controversial illness, and a number of doctors continue to believe that it causally is linked with psychiatric illness. However, like CFS/CFIDS/ME, extensive research has been done that demonstrates clear physiological dysregulation and abnormalities in FM patients. Obviously, as with any other chronic illness, a person with FM can develop secondary depression or anxiety.

More Resources

[Clinical Guides to Diagnosis and Treatment](#)

[Tender Points Might No Longer Be Used for Diagnosis of Fibromyalgia](#)

[Chronic Pain Control](#)

[Comprehensive Treatment of Fibromyalgia](#)

[New Study Finds That Pain Levels in Patients With Fibromyalgia Are Linked to Resting Brain Connectivity](#)

[Complementary & Mainstream Treatment Approaches](#)

[Review of Nutritional Supplements Used for CFIDS/FM](#)

[Links to other sites about Fibromyalgia](#)

[Back to top](#)