

Fibromyalgia, Tender Points and Subjective Symptoms

Afrim Gashi¹, Arsim Kurti², Jehona Ismaili¹

Clinic for Internal Diseases, Rheumatology Ward, University Clinical center, Prishtina, Kosovo¹

Medical faculty, University of Prishtina, Prishtina, Kosovo²

PROFESSIONAL PAPER

SUMMARY

Fibromyalgia is a condition of chronic pain of muscle fibrous tissue, which is characterized by subjective complains as sleepless, sleep, disorders, morning fatigue and pain of the body in characteristic areas when we make pressure, these areas are know as tender points and other subjective complains. The aim of our study was thought quantification of these elements of the fibromyalgia to formulate characteristic criteria and by using them is easily to diagnose patients with such disorders because the key problem is yet the absence of objective criteria for this disorder. During the patient examination which is based in above-mentioned criteria, only in last 10 years of post war period, we have diagnosed with efficiency a large number of patients with characteristic subjective symptoms of fibromyalgia. Therefore, 56 patients have been hospitalized form such a disorder. Statistical data of these patients shows us that, 44 of total patients with fibromyalgia had safe fibromyalgia or (78.6%), with reliable fibromyalgia have been 10 patients or (17.8%) and with doubtful fibromyalgia the other 2 patients or (3.6%). From this total number of patients, 40 patients were females between 20 and 50 years old and the other 16 of them were male between ages of 22 to 55. By completing the characteristic criteria which are very sensitive and very valuable, most of patients (around 80%) had pain in the upper posterior of the body.

Key words: fibromyalgia, tender points.

1. INTRODUCTION

Fibromyalgia is present state of muscle fibroses tissue pain. This name comes from the Latin word “fibro” (fibrous tissues) “my” (muscle tissue) “al” (pain) “gia” (certain state) (1,2,3,4).

Clinically this rheumatic syndrome is characterized by that chronic pain, insomnia, lassitude, extra-articular morning fatigue, sensitivity to the soft tissues of the typical places known as ‘points of pain’ (5,6,7,8,9). The most common complaint is that pain hurts “whole body” all the time. The quality of this constant pain described as burning “pain” as if would be injured. You can feel as if the whole body has been beat it (objectively, there is no signs of injuries). Pain is constant, migrates in different locations and intensively changes. Around 65% has to do with unpleasant mornings Around 80% is morning fatigues, patients are even more tired during their mornings wake ups then they go to bed in the evening (5,6).

Most of patients very often are waked up during the night sleep; some of them have difficulties to fall in sleep. In general, they can sleep in the first hours of morning as they describe the best sleep. Most of patients have complains for their morning numbness as sloth, fatigue that passes around 11 AM (7,8,9).

Around 50% of patients complain for tumescence, numbness and slaughter of above extremities and rarely in bottom of them, but objectively there are no changes. Around 40% of patients with fibromyalgia complain for constipation that

timely is replaced with diarrhea, abdominal inflation, stiff and fake feeling of defecation (urgent), similar to symptoms of heart failure disease.

2. METHOD

Viewed from this aspect then, we need to divide the credibility on existence of fibromyalgia with its symptoms in three groups: a) safe fibromyalgiab) reliable fibromyalgiac) doubtful fibromyalgiain order to give following points:to insomnia we have given six points;morning stiff, 6 points;presence of pain on the left and the right of the body, 2 points;presence of pain above and below the ridge, two points;and based on the reaction of these patients to drugs as listed below in columns 4 and 5.

Based on abovementioned groups, fibromyalgia is safe when:

- First group has 12 points (6 points for insomnia and 6 points for morning fatigue)
- Second group has 4 points (2 points for pain “under and above navel” and 2 points for pain “on the left and the right of the body”)
- The third group has 9 to 18 points of pain
- In the fourth group is the good reaction to tricycle antidepressants and into AIJS
- I fifth group is the good reaction of anesthetics and corticosteroids to point of pains.

Fibromyalgia is reliable when:

- The first group has 6 points (when is present the in-

somnia or morning fatigue but not both in the same time)

- Second group has 2 points (when is present pain “under and above ridge” or pain “on the left and the right of the body”)
- Third group has 4 to 8 points of the pain
- Fourth group is the slow reaction to tricycle antidepressants and antirheumatic no steroids but they react indeed.
- The fifth group is slow reaction of anesthetic and corticosteroids to point of pain but they react indeed.

Doubtful fibromyalgia is when:

- First group has zero points
- Second has zero points
- Third group has 2 to 3 points of pain
- Fourth group is the slow reaction to tricycle antidepressants and antirheumatic steroids but they react indeed.
- The fifth group is slow reaction of anesthetic and corticosteroids to local infiltration but they react indeed.

The often symptoms that characterize the fibromyalgia are:

- Insomnia and morning fatigue
- The presence of pain below and above ridge and pain in left and the right of the body

The characteristic points of pain from 9 to 18 are:

- at the suboccipital muscle insertions (cranium base);
- at the midpoint of the upper border of trapezes muscle;
- at origins, above the scapula spine near the medial border;
- at the anterior aspects of the intertransversal spaces at C5-C7 (frontal sides of inter transversals spaces C5-C7);
- rib (2)–upper lateral to the second costochondral junction.
- epicondyle around 2 cm under distal to the epicondyles

In upper outer quadrants of buttocks in anterior fold of muscle.

- trochanter posterior to the trochanteric prominence.
- at the medial fat pad proximal to the joint line.

3. TREATMENT

Consists on: Medicament therapy, Physical therapy, Adequate diet

3.1. PHYSICAL THERAPY;

It is valuable to reduce pain and spasm.

Physical therapy consists on:

- Electrotherapy
- Cryotherapy
- Thermotherapy
- Patient’s education:

Consists on:

Drug Category	Action	Drug’s Name
Antidepressants	The scope of use is not just for treatment of depression but also to improve sleeping and reduce the pain	TRAZADONE (Desyrel)
		SETALINE (Zoloft)
		FLUOXETINE (Prozac)
		PAROXETINE (Paxil)
		AMITRIPTYLINE (Amyzol)
Anticonvulsants	For anxiety and sleep improve use	CLONAZEPAM (Klonopin)
Hypnotics nonbenzodiazepam	Can be used for treatment of insomnia and undisturbed sleep	ZOLPIDEM (Ambien)
Myorelaxant	For treatment of muscle spasms	CIKLOBENZAPRINE (Flexeril)
Narcotic analgesic	Effective use during first days of pain	HYDROCODONE
Anti-inflammatory nonsteroids	It can be used for treatment of pain into patients with fibromyalgia.	IBUPROFEN
		FLUBIPROFEN
		KETOPROFEN
		NAPROXEN

Table 1. Medicament therapy of the patients with fibromyalgia

Disease	Number	Percentage	Sex	Percentage
Safe fibromyalgia	44	78.60%	F: 36	81.82%
			M: 8	18.18%
Reliable fibromyalgia	10	17.80%	F: 8	80%
			M: 2	20%
Doubtful fibromyalgia	2	3.60%	F: 2	100%
			M: 0	0%

Table 2. The frequency of fibromyalgia in our sample and results of the treatment

- Explanation of disease nature;
- Advices on how to eliminate the factors that impacts in strengthening of symptoms;
- Insure the patient psychological support by explaining them that, disease doesn’t threat their life, that doesn’t cause deformations as the other rheumatic diseases and that, disease doesn’t have progressive nature.

Although, we should inform patients on skipping the emotional and physical stresses. Therefore, to have a regular sleeping schedule, patient should be advised to have enough sleep and to eliminate negative elements that interrupts the sleep e.g. noise, piled bad, limelight that prevents from sleeping) etc.

3.2. DIET

Mainly it consists on elimination of caffeine, alcohol, and smoking from diet. Caffeine it should be removed slowly because the immediate elimination it causes the increase of fatigue, sloth, headache, anxiety, sleeping disorders etc. Some of authors suggest eliminating alcohol at least for six months. Also, some authors mentioned that, these patients should use more vegetarian food in manner to regulate easily their body weight and metabolism too.

4. DISCUSSION AND RESULTS

During the post-war period in Kosova, at Rheumatology Clinic of University Hospital we had 56 hospitalized patients with fibromyalgia where 44 of them are diagnosed with safe fibromyalgia based on criteria e quantification of fibromyalgia elements (around 78%)

10 other patients are diagnosed with reliable fibromyalgia (around 17.8%) and the other 2 diagnosed with doubtful fibromyalgia (around 3.6%). From total number of the abovementioned patients, 40 of them have been females (71.4%) between 20 to 50 years old and the other 16 patients;

they have been males (around 28.6%) between ages 25 to 55.

Hence, to make these criteria as valid they don't comprehend some other important complaints that helping to diagnose this disorder e.g. funding of normal value level from laboratory analyses, chronic headache, sometimes it is diagnosed into these patients that, anxiety, stress and rarely depression.

Many patients with fibromyalgia claim that, they have articular and upper extremities swelling, but in physical examination there are signs. Therefore, different mental and physic factors changes the intensity of these symptoms as e.g. weather changes, sleep quality, physical activity, anxiety and stress (1,3,9,10,11).

5. CONCLUSION

During the last three years, the number of patients with fibromyalgia in our country has been increased due to the stress, anxiety, pure life conditions and war consequences and based in their anamnesis data, the disorder is linked to the stressing period of war when they had pure

life and climatic conditions in general.

Therefore, it should be noted that, stress and anxiety can be main factors for showing up of fibromyalgia or to change the pain intensity.

REFERENCES

1. Goldenberg DL. et al. Arthritis Rheum, 1986; 29:1371-77.
2. Bennett RM. et al. Arthritis Rheum, 1988; 31:1535-42.
3. Biasi G. et al. Int J Clin Pharmacol Res, 1998; 18(1):13-19.
4. Russel IJ. et al. J Rheumatol, 1992; 19:104-9.
5. Murray M. Am J Natural Med, 1997:14-19.
6. Russell IJ. et al. J Rheumatol, 1995; 22:953-58.
7. Teitelbaum J, Bird B. J Musculoskel Pain, 1995; 3:91-110.
8. Reid S. et al. Brit Med J, 2000; 320:292-6.
9. Russel IJ. et al. Arthritis Rheum, 1993; 36(9, suppl):S223.
10. Bou-Holaigah I. et al. JAMA, 1995; 274(12):961-67.
11. Bennet RM. et al. Am J Med, 1998; 104(3):227-31.

Corresponding author: Afrim Gashi, MD. Clinic for Internal Diseases. University clinical center Prishtina, Kosovo.



The image shows a banner for the EFMI Special Topic Conference STC 2011. The banner features a green and yellow color scheme with a logo on the left. The text on the banner reads: "EFMI Special Topic Conference STC 2011", "E-salus trans confinia sine finibus", "14 - 15 April 2011", and "e-Health Across Borders Without Boundaries Zreče, Slovenia". Below the banner is a screenshot of the conference website. The website has a green header with the text "STC2011" and a navigation menu on the left. The main content area includes a "Welcome" message, a list of links (Call for papers, Important dates, Conference program, Conference registration, Contacts, committees, Conference Venue, Travel and accommodation, Sightseeing in Slovenia, General information), and a map of the Zreče area. At the bottom of the website screenshot is the logo for SDMI (Slovenska društvo za medicinsko informatiko).