

Facts and myths pertaining to Fibromyalgia

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Abstract:

Fibromyalgia (FM) was recognized as a true syndrome with the publication of the American College of Rheumatology (ACR) classification criteria in 1990, which were updated in 2016. With the pivot symptom of pain, the syndrome of FM includes fatigue, non-restorative sleep, cognitive dysfunction, mood disorder, as well as variable somatic symptoms. Fibromyalgia (FM) is characterized by chronic widespread pain, un-refreshing sleep, physical exhaustion, and cognitive difficulties. It occurs in all populations throughout the world, with prevalence between 2% and 4% in general populations. While there is currently no cure for FM, ideal management will address pain as well as the composite of symptoms that comprise this syndrome. Treatment must incorporate non-pharmacologic strategies and may also include drug therapy, in a patient-tailored approach.

Methodology: Literature review using electronic data bases including Cinal and Cochrane from 1994 to 2019.

Results: Fibromyalgia is a pain disorder, caricaturized by wide spectrum of heterogeneous symptoms and behaviors, that includes but not limited to, chronic wide spread pain, fatigue and cognitive deficits, it can be diagnosed by primary care physicians using the American college of Rheumatology updated diagnostic criteria 2016, tender points examination is no longer a valid diagnostic objective finding, female and male ratio is almost equal, fibromyalgia is not a women disorder, the label of fibromyalgia is not harmful, patients' needs to understand their diagnosis, there is no clear etiology or pathophysiology for fibromyalgia, there is no lab tests or objective measures to confirm it, management should concentrate in cognitive behavioral therapy, therapeutic exercises and limited medication.

Conclusion

The advancement in the field of FM includes:

1-A bio-psycho-social model of FM that highlights the neurological underpinnings of this condition and attributes importance to psychosocial factors in the predisposition, triggering, and chronification of FM symptoms.

2-Interdisciplinary evidence-based guidelines that recommend screening for psychological distress and referral to a mental health care specialist in case of comorbid mental disorder

3- Interdisciplinary evidence-based guidelines that promote non-

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pharmacological therapies (aerobic exercise, cognitive behavioral therapies) and emphasize the need to reduce the “[over-medicalization of misery.

Limitations

In the absence of clear etiology and pathophysiology for fibromyalgia, patient education, establishing treatment plan and predicting prognosis is fugue, further research is needed

to explore the common trends in fibromyalgia population

Biography

Certified Mulligan Practice, trained on Cyriax approach of modern Orthopaedic medicine also trained on Mackenzie mechanical and therapy treatment, and McConnell concept for management of shoulder problem, I have a great experience using Dry needling, I’m interested in the management of chronic pain.