CONDITION

Fibromyalgia

Fibromyalgia is a long-term condition that causes widespread pain, fatigue, sleep problems, and increased sensitivity.

WHAT IT IS
Long-term pain-processing condition causing widespread pain and sensitivity

BODY SYSTEM
Nervous system and whole body

MAIN SYMPTOMS
Widespread pain, fatigue, unrefreshing sleep, thinking difficulties

WHAT CAUSES IT
Unknown; altered pain processing with genetic and environmental influences

HOW IT IS DIAGNOSED
Symptom criteria and examination; tests exclude other causes

MAIN TREATMENT
Education, gradual activity, psychological therapies, and symptom-relieving medicines

CAN IT BE CURED?
No - but symptoms can improve

IS IT AN EMERGENCY?
No - new severe symptoms may have another cause

LONG-TERM OUTLOOK
Often persistent, with flares and periods of improvement

Overview

Fibromyalgia is a long-term condition that changes how the nervous system processes pain and other sensations. It can cause pain throughout the body, fatigue, poor-quality sleep, and problems with memory or concentration.

The pain is real, even though blood tests and scans usually do not show a clear injury. Fibromyalgia is sometimes described as a nociplastic pain condition , meaning pain-processing pathways have become unusually sensitive rather than pain coming only from damaged or inflamed tissue.

Fibromyalgia does not usually damage joints, muscles, nerves, or internal organs. It is not inflammatory arthritis, an autoimmune disease, or normal muscle soreness after activity. However, it can occur alongside conditions such as rheumatoid arthritis, osteoarthritis,

migraine, or irritable bowel syndrome.

Symptoms can affect work, exercise, relationships, sleep, and everyday tasks. Management focuses on improving function, sleep, and quality of life while reducing symptoms where possible.

Symptoms

Symptoms differ between people and may change from day to day. Temporary periods of more intense symptoms are often called flares .

Common symptoms include:

"Fibro fog" is an informal term for concentration and memory problems. It may worsen during a flare, after poor sleep, or when fatigue is severe.

Pain may occur on both sides of the body and above and below the waist. It can move between areas or be stronger in the neck, shoulders, back, hips, arms, or legs.

Symptoms may worsen after much more activity than usual or after prolonged inactivity. Reported triggers include stress, poor sleep, illness, weather changes, and hormonal changes. A flare does not usually mean the body is being damaged.

- Widespread aching, burning, throbbing, or tenderness
- Fatigue that does not fully improve with rest
- Light or unrefreshing sleep
- Difficulty concentrating, remembering words, or thinking clearly
- Increased sensitivity to touch, temperature, sound, light, or smells
- Headaches, including migraine
- Muscle stiffness, especially after rest
- Bloating, constipation, or diarrhoea
- Low mood, anxiety, or frustration related to ongoing symptoms

Causes and risk factors

The exact cause is unknown. Research suggests that the brain, spinal cord, and nerves become more responsive to pain signals, while systems that normally reduce or filter pain may work differently.

There is no single fibromyalgia gene, but the condition can occur in families, suggesting inherited traits affect susceptibility. Genes alone do not determine who develops it.

Symptoms sometimes begin after an infection, injury, operation, severe stress, or another painful condition. These are possible triggers, but some people cannot identify a starting event.

Fibromyalgia is diagnosed more often in women, although anyone can have it. It is associated with other long-term pain conditions, sleep problems, migraine, irritable bowel syndrome, anxiety, and depression. These may overlap without being the sole cause.

Fibromyalgia is not caused by laziness, lack of fitness, or imagining pain. Reduced activity may develop because movement hurts or causes fatigue, but it is not the original cause.

Diagnosis

There is no blood test, scan, or biopsy that confirms fibromyalgia. Diagnosis is based on the location, severity, pattern, and duration of symptoms, together with a physical examination.

A clinician may ask where you have felt pain during the past week and about fatigue, sleep, and thinking problems. Current criteria consider widespread symptoms lasting at least three months. Older examinations used specific "tender points," but a tender-point count is no longer required.

Tests may be used to look for other causes, such as anaemia, thyroid problems, or inflammation. Normal results do not mean the symptoms are not real.

Fibromyalgia can exist alongside arthritis, lupus, nerve damage, or another pain disorder. However, new symptoms should not automatically be attributed to fibromyalgia.

Diagnosis can take time because symptoms overlap with many conditions. A focused assessment is usually more useful than repeating the same tests without a new clinical reason.

Treatment and management

There is no cure that reliably removes fibromyalgia. Treatment aims to improve function and sleep, reduce symptoms, and help you manage changes. Combining approaches usually works better than relying on one treatment.

Understanding that pain does not necessarily mean tissue damage may make gradual movement feel safer. Practical goals might include walking farther, returning to an activity, or developing a regular sleep pattern.

Physical activity is one of the best-supported treatments. Options include walking, cycling, swimming, water exercise, or gentle strengthening. Start below your current limit and increase slowly to reduce the chance of a major flare. Improvement may take weeks or months.

Pacing means balancing activity and rest instead of doing everything on a better day and then needing several days to recover. It does not mean avoiding movement. A physiotherapist can help if pain, fear of movement, or another condition makes activity difficult.

Psychological therapies do not imply that pain is imaginary. Cognitive behavioural therapy can improve coping and support sleep or activity goals. Acceptance and commitment therapy and mindfulness-based approaches may also help.

Medicines may be used for particular symptoms. Options include certain antidepressants like sertraline or fluoxetine that affect pain pathways, such as duloxetine, milnacipran, or low-dose amitriptyline, and medicines such as pregabalin. Availability and approved uses vary by country. Benefits are often partial, and side effects may limit treatment, so medicines should be reviewed regularly.

Common painkillers may have limited effect. Anti-inflammatory medicines can help a separate inflammatory or injury-related problem but not fibromyalgia itself. Long-term opioids like oxycodone or morphine are generally avoided because lasting benefit is uncertain and risks can be significant. Steroids like prednisone or hydrocortisone are not a routine treatment.

Regular sleep habits, treatment of separate sleep disorders, and support for depression or anxiety may improve overall symptoms. Acupuncture, massage, tai chi, or yoga help some people, although evidence varies. Check that supplements will not interact with your medicines.

Complications

Fibromyalgia does not normally cause joint destruction, paralysis, or organ failure. Its complications mainly arise from persistent symptoms and their effect on daily life.

Pain, poor sleep, and fatigue can reinforce one another. Reduced activity may lower fitness, while concentration problems and unpredictable flares may affect work, study, plans, and relationships.

Depression and anxiety are more common in people with persistent pain. They are treatable and do not prove that fibromyalgia is psychological. Medicines may also cause sleepiness, dizziness, nausea, or weight changes.

A further risk is attributing every new symptom to fibromyalgia. A new swollen joint, persistent fever, true muscle weakness, unexplained weight loss, or major change in pain may have

another cause and should be assessed.

Prevention

There is no known way to prevent fibromyalgia. Its causes are not fully understood, and it does not result from a single behaviour or avoidable exposure.

If you have fibromyalgia, regular sleep routines, gradual activity, pacing, and early flare management may reduce its impact. These measures do not guarantee that flares will stop.

Living with it and what to expect

Fibromyalgia is usually long term. Symptoms may remain stable, improve, or become more disruptive. Many people have better periods mixed with flares rather than a steady decline.

The condition is not usually progressive like a joint- or nerve-damaging illness. More pain does not necessarily mean more physical damage, although symptoms can still be disabling.

Improvement is often gradual. Useful goals include greater stamina, better sleep, fewer severe flares, or more confidence managing symptoms rather than complete pain relief.

Work or study adjustments may include flexible scheduling, planned breaks, changes to demanding tasks, or a quieter place to concentrate. The amount of support needed varies.

A written plan can help identify flare triggers and temporary adjustments. During a flare, reduce activity if needed without stopping completely, maintain a regular sleep schedule, and return gradually to your usual routine.

Routine follow-up can review progress, medicine side effects, sleep, mood, and symptom changes. New problems still need assessment rather than being automatically labelled as fibromyalgia.

When to get medical help

Arrange a routine appointment if widespread pain, fatigue, or unrefreshing sleep has lasted several weeks or affects daily life. Seek assessment if previously stable symptoms become harder to manage.

Seek prompt medical advice for:

Fibromyalgia itself is not normally an emergency, but emergency symptoms should not be assumed to be a flare.

Call emergency services for severe breathing difficulty, new chest pressure, signs of a stroke, sudden loss of bladder or bowel control with leg weakness, or thoughts of suicide with an immediate risk of harm.

- A new swollen, hot, or red joint
- Persistent fever, night sweats, or unexplained weight loss
- New numbness, true muscle weakness, or balance problems
- Pain clearly different from your usual pattern
- Medicine side effects or worsening depression or anxiety

Common questions

Is fibromyalgia an autoimmune or inflammatory condition?

No. Fibromyalgia is not classified as an autoimmune or inflammatory disease. It can occur alongside inflammatory conditions such as rheumatoid arthritis or lupus.

Does fibromyalgia show up on a blood test or scan?

No single test confirms it. Tests may look for other explanations, but normal results are common. Diagnosis comes from the overall pattern of symptoms and examination.

Can I exercise if exercise makes my pain worse?

Usually, yes, but start at a manageable level. Doing too much too quickly may trigger a flare. Repeat a tolerable amount regularly and increase slowly. A physiotherapist can help adapt activity.

Can fibromyalgia go away?

There is no established cure. Some people have long periods of milder symptoms or major improvement, while others need ongoing support.

Does fibromyalgia get worse with age?

It is not inevitably progressive. Symptoms can change with sleep, activity, stress, menopause, other illnesses, and general health. New or worsening symptoms should be assessed.

How long does a fibromyalgia flare last?

There is no fixed length. A flare may last hours, days, or longer, influenced by sleep, illness, stress, activity changes, or another cause.

Sources

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