Oral communications

CO72-001-e

Fibromyalgia: A matter of muscle or of brain?

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Keywords: Fibromyalgia; Chronic pain; Central sensitization; Muscle

Fibromyalgia is “a painful musculoskeletal disorder characterized by widespread chronic pain as a core clinical feature associated with fatigue, non-refreshed sleep, and morning stiffness in more than 75% of cases, paraesthesia, irritable bowel syndrome, functional disability in 25% of cases”. This definition poses a clinical misunderstanding and a pathophysiologic challenge as in “fibromyalgia”, the emphasis is focused on the muscle and on pain. This may lead many doctors to consider the muscle as a treatment target. On the other side, its pathophysiology is still a challenge even if several lines of research using both invasive and non-invasive methodology assess a substantial integrity of the fibromyalgic muscle. Moreover, several data confirm the presence of a central sensitization posing fibromyalgia within the so-called central sensitization syndromes (CSS). CSS are mediated by the central nervous system. Fibromyalgia and CCS are clinically and physiologically characterized by: hyperalgesia (excessive sensitivity to a normally painful stimulus), allodynia (painful sensation to a normally non-painful stimulus), expansion of the receptive field (pain beyond the area of peripheral nerve supply), prolonged electrophysiological discharge, and an after-stimulus unpleasant quality of pain (e.g., burning, throbbing, tingling or numbness). As to say in fibromyalgia: more brain than muscle.

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Pharmacological treatment of fibromyalgia

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Keywords: Fibromyalgia syndrome; Pain; Pharmacological treatment

Pharmacological treatment in the fibromyalgia syndrome (FMS) is part of the multimodal approach needed in this condition, but there is no evidence that patients experience harm if they do not receive drugs. All drugs that have been proven effective in randomized controlled clinical trials have, on average, low effect sizes, which means that the gain in pain reduction, improvement of sleep, depression or other fibromyalgia symptoms is mild to moderate compared to a placebo treatment [1]. Nevertheless, drug treatment should not be withheld from patients and should be administered using a shared-decision strategy. Treatment should be adapted to an individual patient’s symptoms taking into account co-morbidities and potential side effects. A drug should only be continued in responders. At present, pregabalin, duloxetine, milnacipran and amitriptyline are the current first-line agents. Recent data showing nociceptor pathology in FMS patients [2] may explain the overlap of drugs used in FMS with those used against neuropathic pain.

References


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Fibromyalgia in 2014: Rehabilitation for the muscle or for the brain? When and how?

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Keywords: Fibromyalgia; Muscle; Brain; Physical activity

During the past decades, the approach to treat patients with fibromyalgia was sustained by osteoarticular theories; the Physical Rehabilitation and Medicine (PRM) physician tried to support their patients using physical therapy according attention to the tendons, the joints and/or the muscle.

Then, we considered the aerobic conditions of patients with fibromyalgia and created programs with land- or water-based aerobic physical activity. At this stage, the PRM physician was considered like a cardiologist, a physiologist or a personal trainer.

Within the last 3 years, many studies confirmed our impression that the leading cause for fibromyalgia was probably located in the brain and involved many processes, like immunologic-modulation, pain-modulation, cardiorespiratory dysfunction.

In consequence, the PRM physician tends to become a new super doctor with superpowers, treating the muscle, the heart, the lungs and also – what a supreme consecration – the whole brain with his so complex mechanisms.

A new era is opened for the physical medicine and rehabilitation with an evolution from the muscle to the brain, using aerobic exercise, Tai Chi, Nordic walking, Spa therapy or acupuncture. The condition for success is to treat and follow our patient for a long time and within an individually customized program.

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Why fibromyalgia patients are disabled?

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Keywords: Fibromyalgia; Chronic pain; Central sensitization; Muscle

Fibromyalgia is “a painful musculoskeletal disorder characterized by widespread chronic pain as a core clinical feature associated with fatigue, non-refreshed sleep, and morning stiffness in more than 75% of cases, paraesthesia, irritable bowel syndrome, functional disability in 25% of cases”. This definition poses a clinical misunderstanding and a pathophysiologic challenge as in “fibromyalgia”, the emphasis is focused on the muscle and on pain. This may lead many doctors to consider the muscle as a treatment target. On the other side, its pathophysiology is still a challenge even if several lines of research using both invasive and non-invasive methodology assess a substantial integrity of the fibromyalgic muscle. Moreover, several data confirm the presence of a central sensitization posing fibromyalgia within the so-called central sensitization syndromes (CSS). CSS are mediated by the central nervous system. Fibromyalgia and CCS are clinically and physiologically characterized by: hyperalgesia (excessive sensitivity to a normally painful stimulus), allodynia (painful sensation to a normally non-painful stimulus), expansion of the receptive field (pain beyond the area of peripheral nerve supply), prolonged electrophysiological discharge, and an after-stimulus unpleasant quality of pain (e.g., burning, throbbing, tingling or numbness). As to say in fibromyalgia: more brain than muscle.

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