

Fibromyalgia - Fact or Fiction

Donald J Schroeder*

Orthopaedic Surgeon in Eugene, Oregon, USA

***Corresponding Author:** Donald J Schroeder, Orthopaedic Surgeon in Eugene, Oregon, USA.

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Few topics in medicine generated as much controversy as the diagnosis of fibromyalgia/myofascial pain or as it was originally called "fibrocystitis". The latter name was coined by Sir. William Gowers in 1904 when he published an article in the *British Medical Journal*. The diagnosis, however, was scarcely used for decades and even then only by a small cadre of physicians to explain musculoskeletal disorders.

Dr. Janet Travell in a 1942 publication described a condition with trigger points, taut bands, nodules and twitch responses which merited little attention or fanfare. Finally, in 1983, Dr. Travell co-authored a book "Myofascial Pain and Dysfunction. The Trigger Point Manual". This publication became a "Bible" for many physiatrists, rheumatologists, anesthesiologists and chiropractors who became believers and vocal proponents of both fibromyalgia syndrome or its more focal myofascial pain.

In 1990, the American College of Rheumatology added its official criteria for fibromyalgia which legitimized its existence and provided a quotable diagnosis allowing reimbursement to their providers. The criteria included widespread pain, insomnia, fatigue, depression, stiffness, headaches, paresthesia, irritable bowel syndrome and trigger points in 11 of 18 randomly selected sites.

Despite the extensive symptoms, there has never been objective evidence to verify the diagnosis either with hematologic, urine, biochemical, electrodiagnostic, imaging, or histopathologic testing. Hence, the diagnosis is made by accepting subjective symptoms without corroborating objective validation.

Once a diagnosis has been "elucidated," most patients grasp it as if they have discovered the Holy Grail and applaud their physicians for his/her diagnostic acumen. The large majority are middle-aged women who turn to fibromyalgia support groups where similarly affected patients are able to discuss their aches and pains in a nonclinical setting.

The medical community has splintered into three groups: (1) Believers who are adamant and vocal as they defend the legitimacy and veracity of fibromyalgia. (2) Quasi believers or "diagnostic agnostics" who admit the syndrome may exist but have no verifiable proof to support it. (3) The nonbelievers who dispel the diagnosis completely and attribute the symptoms to mood disturbance, depression, decreased pain threshold and poor coping skills.

Some patients labeled with fibromyalgia have been declared totally disabled and are on social security. Others have claims purporting that some trauma, even trivial, caused or permanently aggravated their symptoms preventing them from working. The social and economic implications are enormous. Patients portray themselves as being fragile and almost helpless to be productive citizens affecting their quality of life and for those around them.

Treatment modalities including physical therapy, chiropractic, medication, cognitive behavioral therapy, acupuncture, and massage therapy have provided less than optimal benefit. Trigger points (AKA tender points) have been injected with lidocaine and steroids. Some creative chiropractors have hired independent nurse practitioners to do the injections to improve their revenue stream.

So, the irreconcilable controversy continues as patients with ambivalent subjective symptoms unsubstantiated by objective findings seek an answer to their pain. In the 21st century, science fails to answer our question, fibromyalgia - fact or fiction?

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