



**CLASSIFICATION OF FIBROMYALGIA, ONE OF THE DISEASES WHOSE  
EUTOLOGICAL FACTORS ARE CURRENTLY UNKNOWN**

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**Annotation:**

Fibromyalgia is a chronic disease manifested by pain in the muscles, groin, and joints. Fibromyalgia is also characterized by sleep disorders, chronic feelings of fatigue, depression, anxiety, and impaired bowel function. Fibromyalgia is sometimes referred to as fibromyalgic syndrome or fibrosis. The peculiarity of the disease lies in the fact that in this case , Hech kanday lesions characteristic of damage by the morphological side of the bone - muscular system and characteristic of inflammation in the mining taxile are not found . In this case, the early diagnosis of the disease ends the burn dressing . In the Sunggi years , fibromyalgia is found in high incidence of ham in children and adolescents, and the causes of the disease have been little studied . Although fibromyalgia is one of the most common diseases that affect muscles, the cause of its appearance is still unknown.

**Keywords:** Fibromyalgia, chronic , symptom , diseas .

Fibromyalgia is a long-term (chronic) health condition that causes pain and tenderness throughout your body. It causes musculoskeletal pain and fatigue.

People with fibromyalgia usually experience symptoms that come and go in periods called flare-ups. Sometimes, it can feel exhausting and challenging to navigate living with fibromyalgia. The peaks and valleys between feeling good and suddenly having a flare-up of symptoms can feel overwhelming. Fibromyalgia is real, and so is how you feel.

The causes of fibromyalgia are unclear. They may be different in different people. Current research suggests involvement of the nervous system, particularly the central nervous system (brain and spinal cord). Fibromyalgia is not from an autoimmune, inflammation, joint, or muscle disorder. Fibromyalgia may run in families. There likely are certain genes that can make people more prone to getting fibromyalgia and the other health problems that can occur with it. Genes alone, though, do not cause fibromyalgia.

There is most often some triggering factor that sets off fibromyalgia. It may be spine problems, arthritis, injury, or other type of physical stress. Emotional stress also may trigger this illness. The result is a change in the way the body “talks” with the spinal cord and brain. Levels of brain chemicals and proteins may change. More recently, Fibromyalgia has been described as Central Pain Amplification disorder, meaning the volume of pain sensation in the brain is turned up too high.

Although Fibromyalgia can affect quality of life, it is still considered medically benign. It does not cause any heart attacks, stroke, cancer, physical deformities, or loss of life.



Experts don't know what causes fibromyalgia, but studies have found that certain health conditions, stress and other changes in your life might trigger it. You might be more likely to develop fibromyalgia if one of your biological parents has it.

Any new pain in your body is often the first sign of fibromyalgia — especially in your muscles. Trust your instincts and listen to your body. Visit a healthcare provider if you're experiencing new pain, fatigue and other symptoms — even if it feels like they come and go.

Anyone can develop fibromyalgia. It affects people of any age, including children. Around 4 million people in the U.S. are living with fibromyalgia.

People assigned female at birth (AFAB) and people older than 40 are more likely to be diagnosed with fibromyalgia.

The two most common symptoms of fibromyalgia are pain and fatigue. You may experience:

Muscle pain or tenderness.

Fatigue.

Face and jaw pain (temporomandibular joint disorders).

Headaches and migraines.

Digestive problems, including diarrhea and constipation.

Bladder control issues.

Fibromyalgia can cause mental and emotional symptoms, including:

Memory problems (sometimes called “fibro fog” or “brain fog”).

Anxiety.

Depression.

Insomnia and other sleep disorders.

Experts don't know what causes fibromyalgia.

Certain genes you inherit from your biological parents might make you more likely to develop fibromyalgia. Studies have found a link between biological parents who have fibromyalgia and their children — this might mean it's passed down through families.

People with fibromyalgia are usually more sensitive to pain than most people. Experts haven't found the direct link yet, but they think genetic mutations in the genes responsible for forming the neurotransmitters in your brain that broadcast and receive pain signals to your body might cause fibromyalgia.

Even though experts can't say for sure what causes fibromyalgia, some health conditions and other issues are risk factors for developing it. Fibromyalgia risk factors include:

**Your age:** People older than 40 are more likely to develop fibromyalgia. But it can affect anyone, including children.

**Your sex assigned at birth:** People assigned female at birth are twice as likely to experience fibromyalgia.

**Chronic illnesses:** People with conditions like osteoarthritis, depression, anxiety disorders, chronic back pain and irritable bowel syndrome are more likely to develop fibromyalgia.

**Infections:** Some people develop fibromyalgia after having an infection, especially if they experience severe symptoms.



**Stress:** The amount of stress you experience can't be measured on a test, but too much stress can affect your health.

**Traumas:** People who've experienced a physical or emotional trauma or a serious injury sometimes develop fibromyalgia.

A healthcare provider will diagnose fibromyalgia with a physical exam and discussion of your health history. They'll ask about your symptoms and when you first noticed them.

There's no test that can diagnose fibromyalgia. Usually, diagnosing it is part of a differential diagnosis — a medical process of elimination. Your provider will make a diagnosis by comparing several conditions with related symptoms. This process leads to your final diagnosis.

Your provider might use blood tests to rule out other common causes of fatigue like anemia or issues with your thyroid gland.

You should expect to manage fibromyalgia symptoms for a long time — maybe for the rest of your life. Some people with fibromyalgia experience fewer flare-ups with milder symptoms after they find treatments that work for them. Ask your provider how often you need follow-up appointments to adjust your treatments or to adjust any medications you're taking.

Fibromyalgia is a real condition that has a real impact on your life. Some days it might feel like "it's all in your head," but it's not. Talk to your provider or a mental health professional if you need help managing stress and other emotional symptoms.

Fibromyalgia causes pain all throughout your body. It can also make you feel fatigued and like your mind is clouded by a fog. There's no cure for fibromyalgia, but your healthcare provider will help you find a combination of treatments that relieve your symptoms.

Even though experts don't know what causes fibromyalgia, it's real — and so are your symptoms. They might come and go or be hard to describe, but how you feel is valid and important. Living with a chronic condition like fibromyalgia can be a challenge, but you don't have to do it alone. Talk to your provider or a mental health professional about managing stress and maintaining a positive self-image.

A doctor will suspect fibromyalgia based on your symptoms. Doctors may require that you have tenderness to pressure or tender points at a specific number of certain spots before saying you have fibromyalgia, but they are not required to make the diagnosis (see the Box). A physical exam can be helpful to detect tenderness and to exclude other causes of muscle pain. There are no diagnostic tests (such as X-rays or blood tests) for this problem. Yet, you may need tests to rule out another health problem that can be confused with fibromyalgia.

Because widespread body pain is the main feature of fibromyalgia, health care providers will ask you to describe your pain. This may help tell the difference between fibromyalgia and other diseases with similar symptoms. Other conditions such as hypothyroidism (underactive thyroid gland) and polymyalgia rheumatica sometimes mimic fibromyalgia. Blood tests can tell if you have either of these problems. Sometimes, fibromyalgia is confused with rheumatoid arthritis or lupus. But, again, there is a difference in the symptoms, physical findings and blood tests that will help your health care provider detect these health problems. Unlike fibromyalgia, these rheumatic diseases cause inflammation in the joints and tissues.



There is no cure for fibromyalgia. However, symptoms can be treated with both non-drug and medication based treatments. Many times the best outcomes are achieved by using multiple types of treatments.

**Non-Drug Therapies:** People with fibromyalgia should use non-drug treatments as well as any medicines their doctors suggest. Research shows that the most effective treatment for fibromyalgia is physical exercise. Physical exercise should be used in addition to any drug treatment. Patients benefit most from regular aerobic exercises. Other body-based therapies, including Tai Chi and yoga, can ease fibromyalgia symptoms. Although you may be in pain, low impact physical exercise will not be harmful. Cognitive behavioral therapy is a type of therapy focused on understanding how thoughts and behaviors affect pain and other symptoms. CBT and related treatments, such as mindfulness, can help patients learn symptom reduction skills that lessen pain. Mindfulness is a non-spiritual meditation practice that cultivates present moment awareness. Mindfulness based stress reduction has been shown to significantly improve symptoms of fibromyalgia.

Other complementary and alternative therapies (sometimes called CAM or integrative medicine), such as acupuncture, chiropractic and massage therapy, can be useful to manage fibromyalgia symptoms. Many of these treatments, though, have not been well tested in patients with fibromyalgia.

It is important to address risk factors and triggers for fibromyalgia including sleep disorders, such as sleep apnea, and mood problems such as stress, anxiety, panic disorder, and depression. This may require involvement of other specialists such as a Sleep Medicine doctor, Psychiatrist, and therapist.

**Medications:** The U.S. Food and Drug Administration has approved three drugs for the treatment of fibromyalgia. They include two drugs that change some of the brain chemicals (serotonin and norepinephrine) that help control pain levels: duloxetine (Cymbalta) and milnacipran (Savella). Older drugs that affect these same brain chemicals also may be used to treat fibromyalgia. These include amitriptyline (Elavil) and cyclobenzaprine (Flexeril). Other antidepressant drugs can be helpful in some patients. Side effects vary by the drug. Ask your doctor about the risks and benefits of your medicine.

The other drug approved for fibromyalgia is pregabalin (Lyrica). Pregabalin and another drug, gabapentin (Neurontin), work by blocking the over activity of nerve cells involved in pain transmission. These medicines may cause dizziness, sleepiness, swelling and weight gain.

It is strongly recommended to avoid opioid narcotic medications for treating fibromyalgia. The reason for this is that research evidence shows these drugs are not of helpful to most people with fibromyalgia, and will cause greater pain sensitivity or make pain persist. Tramadol (Ultram) may be used to treat fibromyalgia pain if short-term use of an opioid narcotic is needed. Over-the-counter medicines such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (commonly called NSAIDs) like ibuprofen (Advil, Motrin) or naproxen (Aleve, Anaprox) are not effective for fibromyalgia pain. Yet, these drugs may be useful to treat the pain triggers of fibromyalgia. Thus, they are most useful in people who have other causes for pain such as arthritis in addition to fibromyalgia.

For sleep problems, some of the medicines that treat pain also improve sleep. These include cyclobenzaprine (Flexeril), amitriptyline (Elavil), gabapentin (Neurontin) or pregabalin (Lyrica). It is



not recommended that patients with fibromyalgia take sleeping medicines like zolpidem (Ambien) or benzodiazepine medications.

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