

Patient information from the BMJ Group

Fibromyalgia

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Fibromyalgia

Fibromyalgia can be painful and make you feel miserable. Fortunately there are treatments that can reduce pain and help you get on with life.

We've brought together the best research about fibromyalgia and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is fibromyalgia?

Everyone gets aches and pains at times. But if you have fibromyalgia, you have widespread pain across your body, most of the time. It may be bad enough to stop you getting on with your life, and can make you feel miserable.

Doctors are not sure exactly what causes fibromyalgia. But they think it's to do with the way your nervous system deals with pain.

There are treatments that can reduce your pain, and help you get on with life. Fibromyalgia is usually a long-term condition. But most people with fibromyalgia find their pain gets better over time.

Key points for people with fibromyalgia

- Fibromyalgia means you have pain across your body, including your arms and legs, lasting for three months or more.
- People with fibromyalgia usually feel very tired and may have other illnesses as well.
- The pain may not respond to normal painkillers. But some other types of drugs can be helpful.
- Non-drug treatments, including talking treatments and exercise therapy, can help some people.
- Some people find a combination of different types of treatments works best.

What's normal pain?

It's normal to have pain from time to time. When you have pain from an injury - for example, from accidentally hitting your thumb with a hammer - the nerves in your thumb send pain messages to your brain. The brain makes sense of these messages, deciding how important they are and what to do about them. The way your brain deals with pain messages affects how much pain you feel, and for how long. ^[1]

Usually, the pain dies away a short time after the injury, when the damaged tissue has healed. If the injury causes longer-term damage (for example, broken bones or torn muscles), the pain will last longer. That sort of pain can protect you. Pain prevents you from walking on a broken leg and damaging it further.

People also tend to feel pain when their body is fighting an infection. That's because the part of the body affected is **inflamed**.

When the body has got rid of the bacteria or virus causing the infection, the inflammation goes and so does the pain.

What goes wrong in fibromyalgia pain?

We don't know exactly what goes wrong to cause the long-term pain of fibromyalgia. But research suggests it happens because of a problem with the spinal cord and brain, not with the muscles where you feel the pain. ^[1]

Doctors think that, in some people, the brain stops recognising pain signals properly. So the brain may think that normal sensations are painful, or it may carry on thinking it's receiving pain signals, even after the injury or inflammation that caused the original pain has long gone. This is not to say that your pain is 'all in the mind'. The problem is with your nervous system.

Research has shown that feelings that don't cause pain for most people (for example, putting your hand into fairly cold water) do cause pain for people with fibromyalgia. ^[1] The feeling of pain is real. It's not something people imagine.

These are some of the possible causes for fibromyalgia pain that scientists have looked at recently: ^[1]

- Signals sent from the nerves around the body have a bigger effect than usual when they reach the spinal cord. It's as if the nerves in the spinal cord turn up the volume of the pain signals. You may hear this called central sensitisation
- Increased brain activity. Brain scans have shown that the areas of the brain which deal with pain are more active in people with fibromyalgia, compared with other people

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- The brain doesn't 'dampen down' pain signals. In most people, the brain sends messages down the nerves, to control the amount of pain coming back up from an injury. But this doesn't seem to happen in people with fibromyalgia
- Chemicals in the brain called **serotonin** and **dopamine** are involved in the way the brain sends messages and responds to pain. Doctors think these chemicals might play some part in fibromyalgia, but there hasn't been enough research to prove this.

Fibromyalgia is a complicated condition and researchers are only starting to understand how it develops.

Fibromyalgia: why me?

We don't know exactly why some people get fibromyalgia and other people don't. Some things seem to make it more likely. These things are called risk factors. Having a risk factor doesn't necessarily mean you will get a condition, but it makes it more likely.

These are some of the risk factors for fibromyalgia: ^[2]

- Being a woman. Women are more likely to get fibromyalgia, although it does happen to men too
- Having a family member with fibromyalgia. This may mean certain genes you inherit from your parents make you more likely to get it. Or it may be because of shared experiences in your family
- Having symptoms of **depression** or anxiety. If you are anxious or depressed, your pain is likely to feel worse. And if you are in pain, you're more likely to become anxious or depressed. Still, most people with fibromyalgia don't have depression ^[1]
- Being divorced or on a low income. This may be because of stress or lack of support, which increases your likelihood of being depressed or anxious.

Many people with fibromyalgia say their symptoms were triggered by a traumatic event, such as a car crash or a painful relationship breakdown.

But the research on this is mixed. It may be that people remember painful events as the starting point for their illness, because they are trying to find a cause for it. Studies of people who'd been injured in car crashes have had mixed results. We're still not sure if this type of event can cause fibromyalgia. ^[1]

It's possible fibromyalgia may start for some people after they've had a viral infection. But there's not much research on how this might happen. ^[1]

What are the symptoms of fibromyalgia

The most common symptoms of fibromyalgia are widespread pain across the body, extreme tiredness, and poor sleep. Many people also say they find it hard to think straight. These symptoms can make you feel miserable, and make it hard to get on with life.^[2] To learn more, see [Pain](#) , [Tiredness](#) , [Poor sleep](#) , and [Difficulty thinking](#) .

People with fibromyalgia often have similar, related conditions as well.^[3] These conditions may be caused or made worse by the same nervous system problems that cause fibromyalgia.

- [Irritable bowel syndrome](#) . This condition affects the bowels. It can cause stomach cramps, bloating, constipation , and diarrhoea . It happens when the bowels are not working properly.
- [Chronic fatigue syndrome](#) . People with chronic fatigue syndrome feel exhausted and weak most of the time, for no obvious reason.
- [Migraine headache](#) . **Migraines** are severe headaches that last for several hours. They usually involve other symptoms like feeling sick or being very sensitive to light and sound.
- Vulvodynia. This condition affects some women. It means they feel a burning pain in and around their vagina, although there is nothing wrong with the area that's causing pain.
- Interstitial cystitis. This condition is more common in women. It means your bladder feels painfully full, and you have a frequent urge to pass water, even though there's not much urine in your bladder. Unlike bacterial cystitis, it's not caused by an infection.

All these symptoms and conditions may sound alarming. But it's worth bearing in mind that the amount of pain and tiredness vary a lot between people, and at different times. You may go through periods where your fibromyalgia doesn't affect your life too much. At other times it may be worse. Just because some people are very badly affected, it doesn't mean you will be too.

How do doctors diagnose fibromyalgia?

It can take a while for a doctor to diagnose fibromyalgia.

Because pain and tiredness are so common, your doctor may think your condition has other causes, such as the flu, or an illness like depression . People with fibromyalgia often have other conditions as well, which can complicate the diagnosis.

There's no laboratory test that can tell if you have fibromyalgia. But doctors use guidelines to diagnose the condition. Here are some things your doctor might do to work out if you have fibromyalgia.^[6]

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Questions your doctor might ask

- Where on your body do you feel pain? (People with fibromyalgia have pain around their body, not just in one place.)
- How long have you had this pain? (Pain is described as long-term if you've had it for three months or more.)
- How do you sleep? (People with fibromyalgia often have disrupted sleep and feel unrefreshed during the day.)
- What other symptoms do you have? (People with fibromyalgia often have other conditions, and your doctor will want to know if there is anything else associated with your condition.)

Your doctor will want to know how your condition is affecting your life. He or she may ask you questions from a questionnaire that's designed to find out how you've been in the past week.^[11] The questionnaire is called the Revised Fibromyalgia Impact Questionnaire. You can see the questions on this website: <http://fiqrinfo.ipage.com/FIQR%20FORM.pdf> . This questionnaire is often used in studies of treatments, to see whether the treatments help.

Physical examination

Your doctor may ask you to undress, and he or she may press 18 certain points on your body to see if they're painful. People with fibromyalgia often have pain at certain points, where other people don't feel pain. If you have pain at 11 or more of these points, then you probably have fibromyalgia.^[6]

Tests

You won't need other tests for fibromyalgia. But your doctor may do some blood tests, to check for other illnesses that might cause your symptoms.

If you have blood tests, your doctor might check for signs of **inflammation** that could be causing your pain, for **anaemia** , and for levels of **thyroid hormone** . Anaemia is a disorder that can also make you feel tired and that is often caused by a lack of iron in your diet. Your thyroid is a gland in the neck that helps regulate energy levels. If the hormones it produces are too low, you can feel tired. The tests are likely to come back normal. But even if you do have another disorder, you may still have fibromyalgia. Some people have fibromyalgia as well as another illness that causes pain, such as [rheumatoid arthritis](#) .^[12]

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Seeing a specialist

Some people with fibromyalgia are treated successfully by their GP. Others may need to see a pain specialist, a rheumatologist (a doctor specialising in joints), or a neurologist (a doctor specialising in nerves) at different times. ^[13]

You may also be treated by other health professionals, including physiotherapists and cognitive behaviour therapists. It depends on the type of treatment you and your doctor decide to try.

How common is fibromyalgia?

Fibromyalgia affects about 2 in every 100 people. It's more common among women.

About 1 in 200 men and about 7 in 200 women have fibromyalgia. It gets more common with age, although the most common time for it to start is around 30 years old. ^[6] It sometimes happens to younger people, and it can even happen to children.

What treatments work for fibromyalgia?

Everyone gets aches and pains. But if you have fibromyalgia, you have widespread pain across your body, most of the time. It may be bad enough to stop you getting on with your life.

Doctors are not sure exactly what causes fibromyalgia. But they think it's something to do with the way your nervous system deals with pain. The pain is real, but it doesn't harm your body and it's not a sign of something seriously wrong.

There are a number of treatments that may help you cope better with fibromyalgia. However, there is no cure that will get rid of it altogether. Treatments include gentle exercise therapy, medicines, and talking treatments.

You'll need to discuss the options with your doctor to see what's likely to help you. Some people find that a combination of medicines, exercise, and talking treatments work best. ^[14] The purpose of treatment is to control your pain and help you get on with life.

Key points about treating fibromyalgia

- Gentle, supervised exercise can help you feel better and keep you fit.
- A talking treatment called **cognitive behaviour therapy** may help you manage your condition.
- Many people with fibromyalgia take medicines for their pain. A type of antidepressant called amitriptyline is often the first choice.
- Most medicines that doctors use for fibromyalgia are not formally approved for this use. But many of them are used because they've been shown to work for similar conditions.

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- You may find treatments work for a while, then stop working. You'll need to work with your doctor to try new things to keep on top of your pain.
- Taking part in several different treatments - for example, a talking treatment, an exercise programme, and taking medicine - may work best.
- Some alternative therapies, such as [biofeedback](#) , have had good results.

Fibromyalgia is a long-term condition. Learning to manage your condition is very important, to help you get on with your life as much as possible. To find out more, read [Living with fibromyalgia](#) .

Improving your sleep can also be helpful for people with fibromyalgia. There's not a lot of research on this, but you might sleep better if you exercise most days, stick to a regular sleep schedule, and keep your room cool and quiet. For more tips, see [How to get a good night's sleep](#) .

Which treatments work best for fibromyalgia? We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding what treatment is best for you, see [How to use research to support your treatment decisions](#).

Treatment Group 1

Treatments for fibromyalgia

Treatments that are likely to work

- [Exercise](#) : Your doctor may suggest a treatment of taking gentle exercise on most days of the week. [More...](#)
- [Tricyclic antidepressants](#) : These are a type of antidepressant often used for nerve pain, even if you're not depressed. Examples include amitriptyline and nortriptyline. [More...](#)

Treatments that work, but whose harms may outweigh the benefits

- [Tramadol](#) : This is a type of painkiller called an opioid. [More...](#)
- [Anticonvulsant medicines](#) : These medicines are mainly used to treat epilepsy. Examples (and brand names) include pregabalin (Lyrica) and gabapentin (Neurontin). [More...](#)

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Treatments that need further study

- [Duloxetine](#) : These drugs are sometimes used for fibromyalgia, either alone or with other drugs. a type of antidepressant called a selective serotonin and noradrenalin re-uptake inhibitor. The brand name is Cymbalta. [More...](#)
- [Cognitive behaviour therapy](#) : You meet regularly with a therapist to learn about ways to cope with your condition. [More...](#)
- [SSRI antidepressants](#) : These drugs are sometimes used for fibromyalgia, either alone or with tricyclic antidepressants. [More...](#)
- [Biofeedback](#) : This is a technique where you use technology to help you feel in control of your body. [More...](#)
- [Hypnosis](#) : A therapist takes you into a deep state of relaxation. [More...](#)
- [Guided imagery](#) : You listen to an audio tape to help you imagine pleasant scenes or situations. [More...](#)
- [Acupuncture](#) : A trained therapist puts very fine needles into points around your body. [More...](#)
- [Painkillers](#) : These include simple painkillers like paracetamol, and nonsteroidal anti-inflammatory drugs like ibuprofen and aspirin. [More...](#)

What will happen to me?

Although fibromyalgia can make you feel very miserable, it may help you to know that it's not a life-threatening disease.

Fibromyalgia is not a sign of damage to your joints or muscles. Understanding your pain may help you worry about it less, and this may reduce the amount of pain you feel.

It's hard to predict what will happen to any individual person with fibromyalgia. Fibromyalgia is usually a long-term condition, although most people find it gets better over time. You'll probably find you have good days and bad days. Your symptoms may come and go.

One study looked at young women (aged 18 to 39) in the first year after they'd been diagnosed with fibromyalgia. The study showed that they had fewer problems, and found more ways of coping with their condition, as the year progressed.^[7] Some, but not all of them, were able to go out to work.

Many people with fibromyalgia find it hard to carry on with their jobs. Many also struggle with day-to-day tasks at home, like shopping and preparing meals, housework, and

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childcare. You may find you need help with these tasks from your partner or other family members.

Fibromyalgia can put a strain on the whole family. You may find relationships within your family change. That's likely to happen if you've been responsible for running the home, or have been the breadwinner, and you're no longer able to do that. You and your family will need to adapt to take account of what activities you can and can't do. ^[4] ^[8]

The aim of treatment is to help you manage your symptoms, and get on with life as much as possible. There's no miracle cure that will make your illness disappear. You'll probably find you need to try different treatments at different times. Drugs that work for a while may stop working, and you'll need to switch to another drug. But you may go back to the first drug and find it works again later. ^[1]

All this uncertainty can be very frustrating, both for you and for your doctor. It may help if you and your doctor can approach your condition as a kind of problem-solving exercise. Doctors, as well as patients, need to be aware that there's no single cure for fibromyalgia, and that you'll need help to manage your condition as your symptoms change or come and go. ^[4] ^[9]

You may find it helpful to get support, for example from a local self-help group. But some people with fibromyalgia say it's important that the group works in a positive way. If the group spends the whole time talking about how awful they feel then you may find that participating in the group makes you feel worse. ^[4]

It's not common for children to get fibromyalgia, but some do. However, the outlook is much better for children with fibromyalgia. In one study, 6 in 10 children being treated for fibromyalgia had improved a lot after 18 months of treatment. Children with fibromyalgia are more likely to recover completely from their condition, compared with adults. ^[10]

Questions to ask your doctor

If you've been diagnosed with fibromyalgia, you may want to ask your doctor some questions to find out more.

- Why do you think I have fibromyalgia?
- What else could be causing my symptoms?
- Which treatments do you think I should try first?
- Do you think I'll need to take medicines?
- How can you help me to manage my symptoms?
- What can I expect from treatment?

- Do you think I should see a specialist?
 - Will I be able to carry on working?
-

Treatments:

Exercise

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[How good is the research on exercise?](#)

This information is for people who have fibromyalgia. It tells you about exercise, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Does it work?

Yes. Exercise helps some people with fibromyalgia to feel better. But you may feel worse if you overdo it, so you'll need to build up your exercise gradually.

What is it?

Exercise may sound like the last thing you want to do. But you don't have to do anything too strenuous. You can start with gentle walking, or exercising in a warm swimming pool, for a few minutes at a time.

Although you can exercise safely by yourself, you may feel worse if you overdo it. Some people take part in graded exercise programmes, working with a therapist who has experience treating people with fibromyalgia. They can help you exercise without wearing yourself out.

If you want to try exercising alone, start with five minutes of gentle walking every day. Build up by one minute a day, until you are able to walk for at least 30 minutes daily. If you want to exercise in a swimming pool, you could follow this programme with gentle swimming. ^[12]

How can it help?

In studies, people with fibromyalgia who took part in regular exercise programmes were more likely to: ^{[18] [19] [19] [20]}

- Feel better about their health and their quality of life overall
- Be able to do more (for example, they might be able to walk further without becoming tired).

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Some people said they had less pain after completing an exercise programme. But in some studies, the difference in the amount of pain overall was too small to be sure this wasn't just down to chance.

Researchers have looked at lots of different types of exercise. Most research has been on aerobic exercise, where your heart rate and breathing increase.^[21] There's less evidence to show whether strength or flexibility training is helpful.^[18]

Some studies looked at exercising in warm swimming pools. Overall, exercising in a pool seems to work at least as well as other types of exercise, like walking or using an exercise bike.^[22] Some people prefer exercising in a warm pool, especially if they haven't done any exercise for a while.^[23]

In one study, exercise in a pool seemed to have a better effect on pain than exercise done at home.^[24]

How does it work?

Exercise may help you sleep better. Better sleep may help you feel less tired, and that can reduce your pain. Exercise may also make you fitter, which may help you feel better overall.

Also, exercise stops your muscles from becoming very weak, or builds them up if they have become weak. This might help with muscle pain.

Can it be harmful?

Exercise is usually safe. In one study looking at 1,264 people, only four people injured themselves during their exercise programme, and two of those had knee pain that didn't last long.^[18]

But many people with fibromyalgia say exercise makes their symptoms worse. About 1 in 4 people dropped out of the exercise studies because they felt more tired, or had more pain or stiffness.^[18]

How good is the research on exercise?

There's some quite good evidence that exercise can make you feel better overall if you have fibromyalgia. But the studies are quite varied, so it's hard to know what type of exercise works best.

We found two summaries of the research (called **systematic reviews**) that looked at how exercise affected people's overall quality of life.^[18] ^[20]

The summaries showed that people who took part in exercise programmes were likely to score better on questionnaires looking at their overall quality of life, and how their fibromyalgia affected them. But it wasn't clear whether exercise actually reduced pain for most people.^[18]

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The studies used lots of different measures, which makes it hard to compare them. Also, many of the studies didn't give enough information about how hard people exercised, or for how long, or exactly what type of exercise they did.

Two further reviews also found that exercise might help with pain, and may help people be more active. ^[19] ^[21] However, both reviews warn that a lot of the research so far isn't high quality, so it's difficult to be sure of the benefits of exercise.

Tricyclic antidepressants

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[How good is the research on tricyclic antidepressants?](#)

This information is for people who have fibromyalgia. It tells you about tricyclic antidepressants, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Do they work?

Yes. Tricyclic antidepressants are likely to help with fibromyalgia pain for some people. But they can make you feel drowsy, and they don't work for everyone.

What are they?

Tricyclic antidepressants were developed to treat depression. But they are often also used to treat people without depression for different types of nerve pain. The most commonly used tricyclic antidepressant is called amitriptyline. A similar drug called nortriptyline (brand name Allegron) is also sometimes used. Tricyclics come as tablets.

You'll probably take a much lower dose for fibromyalgia pain than you would if you were taking a tricyclic for depression.

How can they help?

Tricyclic antidepressants can help people with fibromyalgia: ^[25] ^[26] ^[27] ^[28] ^[29]

- Sleep better
- Feel less tired
- Feel less pain
- Feel less anxious
- Feel better about their health overall.

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However, they don't help everyone. Two separate summaries of the research that looked at all the studies of tricyclic antidepressants found that only a quarter to a third of people with fibromyalgia got real benefit from taking them.^[25] ^[30] If they are going to help, you'll probably notice an improvement after about two to three weeks. But the effects may wear off after six months or so.^[31] One summary of the research said they seem to work in the short term, but there's no evidence they work for longer than eight weeks.^[32]

How do they work?

We don't know exactly how tricyclic antidepressants work for people with fibromyalgia. These are some possibilities:

- They help people sleep better, which improves pain
- They help people feel less anxious, which may improve pain and sleep
- They increase the amount of two chemical messengers, called **serotonin** and **noradrenaline**, in the brain. This might have an effect on the way the brain deals with pain signals from the nerves.

Can they be harmful?

Yes, tricyclic antidepressants can have side effects. The most common side effects are having a dry mouth, feeling drowsy, and having an upset stomach. If you find tricyclic antidepressants make you drowsy, you shouldn't drive while you're taking them. Amitriptyline is more likely to make you drowsy than nortriptyline.^[33]

How good is the research on tricyclic antidepressants?

There's quite a lot of research looking at how well these drugs work for fibromyalgia. But a lot of the studies were quite small, or didn't last for long enough to be useful.

One summary of the research (a **systematic review**) looked at nine studies of tricyclic antidepressants. The summary said 25 in 100 to 37 in 100 people benefited from taking these drugs. But they said the overall effect of taking tricyclic antidepressants was quite small.^[25] Another summary said there was no very high quality research looking at this treatment. However, because tricyclic antidepressants have been used for many years to treat fibromyalgia pain, and we know some people benefit, it is unlikely that anyone will do bigger, better quality studies.^[30]

Tramadol

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[How good is the research on tramadol?](#)

This information is for people who have fibromyalgia. It tells you about tramadol, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Does it work?

Yes. Tramadol can help some people. But this medicine can have side effects and some people get addicted to it.

What is it?

Tramadol is a type of painkiller called an opioid. One brand name is Zydol. Sometimes it's combined with another painkiller called paracetamol. The brand name for the combination is Tramacet.

Your doctor might prescribe tramadol, with or without paracetamol, if other medicines to treat pain have not helped. It comes as capsules, tablets, and dissolving tablets.

How can it help?

If you have bad pain from fibromyalgia, taking tramadol with or without paracetamol may improve your pain. ^[34] ^[35]

You may find you are able to do more things and carry on with your job. ^[34]

However, not everyone finds that tramadol works for them. In one study, a quarter of the people taking tramadol with paracetamol dropped out of the study because they weren't getting enough pain relief. ^[34]

How does it work?

Tramadol is a painkiller. It also has some effect on levels of chemicals called **serotonin** and **noradrenaline**, which carry messages between nerve cells, including nerve cells in the brain. ^[36] Both of these ways of working might have an effect on fibromyalgia pain.

Can it be harmful?

Yes. Like most strong painkillers, tramadol can have side effects. The main one is feeling sick. In one study, 2 in 10 people taking tramadol felt sick. Other common side effects in the study were headache, itching, dizziness, **constipation**, and sleepiness. No one in the study had a serious side effect. ^[34]

Opioid painkillers can be addictive, although people are less likely to get addicted to tramadol than other types of opioid painkillers like morphine. ^[36]

How good is the research on tramadol?

There isn't much evidence about tramadol and fibromyalgia. We found two good-quality studies (**randomised controlled trials**).

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The first included 313 people, who took either tramadol plus paracetamol, or a dummy (placebo) drug. The study showed people who took tramadol and paracetamol had more relief from their pain than people who took the placebo. But we don't know which drug worked best, because the study didn't look at how they worked separately. So we don't know if tramadol would have worked on its own. ^[34]

The second study compared tramadol with a placebo drug, but only for 69 people who had already found tramadol helpful. This makes the study harder to rely on. Because the people in the study already knew which side effects to expect, they might have been able to tell whether they were taking the placebo or tramadol. The study looked to see how long people found the drugs effective. People found tramadol effective for longer than the placebo. But even so, almost 4 in 10 people taking tramadol said it had stopped working by the end of six weeks. ^[35]

Anticonvulsant medicines

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[How good is the research on anticonvulsants?](#)

This information is for people who have fibromyalgia. It tells you about anticonvulsant medicines, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Do they work?

Yes. Anticonvulsant medicines may help people with fibromyalgia. But they may also make you feel dizzy or sleepy, or put on weight.

What are they?

There are two types of anticonvulsant medicines sometimes used to help reduce the pain of fibromyalgia.

The first is called pregabalin (brand name Lyrica). It comes as tablets and capsules. Pregabalin is used for nerve pain, **epilepsy**, and a condition called anxiety disorder. ^[37]

The second is gabapentin (brand name Neurontin). It comes as capsules. Gabapentin is used for nerve pain and epilepsy. ^[37]

How can they help?

Anticonvulsant medicines may: ^[38] ^[39] ^[40] ^[28] ^[41] ^[42] ^[43]

- Reduce the amount of pain you feel

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- Help you feel better overall
- Help you get on with life
- Help you sleep better and feel less tired
- Help you take less time off work.

In a study of gabapentin, 5 in 10 people taking gabapentin said their pain reduced by at least a third, compared with 3 in 10 who took a dummy drug (a placebo).^[39] In a study of pregabalin, 3 in 10 people taking pregabalin said their pain reduced by at least half, compared with between 1 and 2 in 10 who took a placebo.^[40]

Another study showed that half the people who had a big reduction in pain with pregabalin saw the effects last for at least six months.^[40]

Pregabalin seems to work at least as well as tramadol and an antidepressant called duloxetine.^{[42] [43]}

How do they work?

Pregabalin calms down the activity of certain nerve cells, which means the body makes less of the chemicals that send messages between nerve cells (chemicals called neurotransmitters).^[38] This should reduce the amount of pain signals that are sent to the brain.

We don't know exactly how gabapentin works. But it seems to act on the same part of the brain as pregabalin.^[44]

Can they be harmful?

Yes. These drugs can cause side effects.

In one big study of pregabalin, almost 1 in 4 people stopped taking the drug because of side effects.^[38] The most common side effects were:

- Dizziness (this happened to 32 in 100 to 46 in 100 people)
- Sleepiness (this happened to 21 in 100 to 53 in 100 people)
- Putting on weight (this happened to 8 in 100 to 13 in 100 people)
- Dry mouth (this happened to 7 in 100 to 10 in 100 people)
- Feeling sick (this happened to 5 in 100 to 10 in 100 people).

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Side effects were more common for people taking higher daily doses of pregabalin (450 milligrams or 600 milligrams) compared with lower doses (300 milligrams).

Gabapentin seemed to cause fewer problems in the study we looked at.^[39] But we know that some people taking it get problems including upset stomach, dry mouth, dizziness, weight gain, and sleepiness.

How good is the research on anticonvulsants?

There's some good evidence to show that pregabalin works to help relieve pain in fibromyalgia. But there's less research looking at gabapentin.

Two reviews of the evidence show there are five good quality studies (**randomised controlled trials**) looking at pregabalin. All the studies showed pregabalin worked better than dummy (**placebo**) drugs for reducing pain, but caused more side effects. The summaries said pregabalin worked about as well as other drug treatments for fibromyalgia.
^[42] ^[43]

We found one good-quality study of gabapentin that looked at 150 patients.^[39] It found that people taking gabapentin had a bigger improvement in pain than people taking a placebo. But we need to see more research into gabapentin.

One summary of the research (a **systematic review**) for both gabapentin and pregabalin looked at five studies.^[28] The summary said there was strong evidence that these drugs help with pain, sleep, and overall quality of life.

Duloxetine

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[How good is the research on duloxetine?](#)

This information is for people who have fibromyalgia. It tells you about duloxetine, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Do they work?

We don't know for sure. Duloxetine seems to improve pain for some people. Most of the research has looked at women. A small amount of research shows it may not work for men with fibromyalgia.

What is it?

Duloxetine (brand name Cymbalta) is a type of **antidepressant** . It's called a **selective serotonin and noradrenaline re-uptake inhibitor** (SNRI for short). These antidepressants work on **serotonin** and **noradrenaline** , two chemicals in the brain.

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Duloxetine has been used as a treatment for nerve pain as well as **depression** and anxiety. It comes as capsules. Your doctor might suggest duloxetine if you've tried other drug treatments like [tricyclic antidepressants](#) and they haven't helped. You'll need to take duloxetine for at least six weeks to see if it's working.

How can it help?

We know from summaries of the research that people taking duloxetine are more likely to say their pain improved, compared with people taking a dummy (placebo) drug. But not everyone benefits. About 40 in 100 people taking duloxetine said their pain reduced by 30% or more. ^[45]

A summary of the research looking at duloxetine and another SNRI called milnacipran (not available in the UK) said they had an effect on pain, but did not seem to help much with sleep problems, tiredness, or overall quality of life. ^[46]

Most of the people in the studies were women. The men studied didn't seem to get any benefit from duloxetine. ^[47]

The organisation that decides whether to approve medicines for use in Europe, the European Medicines Agency (EMA), refused to approve duloxetine for fibromyalgia because it said the evidence that it improved pain was not good enough, compared with the risk of side effects. However, it is still available for doctors to use, because it is approved for other illnesses. ^[48] The EMA has also refused to approve milnacipran, because it thinks the risks outweigh the benefits. ^[49] Milnacipran is not approved for use for any illness in the UK.

How does it work?

We don't know exactly what causes the pain of fibromyalgia. But it seems to be to do with the way your spinal cord and brain process signals from the nerves. The chemicals serotonin and noradrenaline are involved in sending messages between nerve cells, including nerve cells in the brain.

Duloxetine works to increase the amount of these chemicals in the brain. So it might have an effect on the pain messages being sent in the brain.

Can it be harmful?

Yes. Like all antidepressant drugs, duloxetine can have side effects. Common side effects include feeling sick, an upset stomach, dry mouth, headaches, and dizziness. As many as 9 in 10 women said they got side effects during one study of duloxetine. However, more than 7 in 10 women taking a placebo also said they had side effects, so probably not all of these side effects were because of the treatment.

But doctors are advised to keep a careful check for signs of suicidal thoughts in anyone taking antidepressants. If you're taking an antidepressant and you're worried about any

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thoughts or feelings you have, see your doctor straight away. To find out more, read [Antidepressants and suicide](#) .

If you take too much duloxetine, you could get a condition called serotonin syndrome. ^[50] This happens when you get too much serotonin in your body.

The symptoms of serotonin syndrome can include confusion, shivering, sweating, changes in blood pressure (you may not notice when this happens), and feeling jittery or restless. ^[51] Serotonin syndrome can be very serious, and you should see your doctor immediately if you get any of these symptoms while taking duloxetine.

The chance of getting serotonin syndrome may be increased if the dose you are taking is increased. ^[51] Taking duloxetine with some other types of medicines (for example, some other antidepressants, triptans for migraine) may also increase the chance of getting serotonin syndrome. This is most likely to happen when you start taking the other medicine or if the dose of one of them is increased.

The UK's Medicine and Healthcare Products Regulatory Agency has warned that people with liver damage shouldn't take duloxetine. ^[52] There's a risk that it could make liver damage worse.

You should never take duloxetine if you are taking an antidepressant called a **monoamine oxidase inhibitor (MAOI)** . This can be dangerous.

How good is the research on duloxetine?

There has been some quite good research into the use of duloxetine for fibromyalgia. Two recent reviews of the evidence found at least five good quality studies (**randomised controlled trials**). ^[45] ^[46] The problem is that duloxetine has only a small effect on pain for many people, and that the chances of getting a side effect like dizziness or an upset stomach may outweigh the benefits.

Cognitive behaviour therapy (CBT)

In this section

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[How good is the research on cognitive behaviour therapy \(CBT\)?](#)

This information is for people who have fibromyalgia. It tells you about cognitive behaviour therapy (CBT), a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Does it work?

We're not sure. [Cognitive behaviour therapy](#) is often used for people with fibromyalgia, and some people find it helpful. But there hasn't been enough good-quality research to say for certain.

What is it?

Cognitive behaviour therapy (CBT for short) is a talking treatment. You have a course of about 12 hour-long sessions with a therapist. The therapist helps you challenge unhelpful thoughts and think in a more positive way.

If you have fibromyalgia, your therapist will concentrate on helping you feel more in control of your illness. You'll talk about ways of coping with difficult days and learn techniques to stop your illness from taking over your life.

CBT may work best along with other treatments such as [exercise therapy](#).^[53] Some people have CBT by themselves and some people have it in a group with other people with fibromyalgia.

How can it help?

We're not sure how well CBT works for people with fibromyalgia. There have been lots of studies, some of which showed it helped while others said it didn't help much.

A review of the research showed that, compared with people who don't have CBT, people who do have CBT are likely to see improvements in:

- Pain
- Mood
- Ability to do everyday things.

However, these improvements may be quite small. On a scale of 1 to 10, all these measures improved by less than one point by the end of treatment. Some people found their scores got better over time, for about six months after the end of their treatment.

How does it work?

CBT is based on the idea that the way you think influences the way you behave, and both make a difference to the way you feel. So, for example, if you worry constantly about your fibromyalgia pain and what might be causing it, you may find it harder to sleep properly, and your pain gets worse. If you are able to worry less, you may find it easier to relax, and your pain may feel less bad.

People with fibromyalgia often have poor-quality sleep. Sleep seems to be linked to the amount of pain you feel.^[5]

Can it be harmful?

There's no evidence from studies that CBT can be harmful.

How good is the research on cognitive behaviour therapy (CBT)?

A summary of the research (a [systematic review](#)) on cognitive behaviour therapies (CBT) found 23 separate studies. The authors of the summary said many of the studies had a high risk of being biased, which makes it harder for us to rely on the results. ^[54]

SSRI antidepressants

In this section

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[How good is the research on SSRI antidepressants?](#)

This information is for people who have fibromyalgia. It tells you about SSRI antidepressants, a treatment sometimes used for fibromyalgia. It is based on the best and most up-to-date research.

Do they work?

We don't know. They don't seem to work as well as other types of antidepressants used for fibromyalgia.

What are they?

SSRI antidepressants are mainly used to treat depression and anxiety. SSRI stands for [selective serotonin reuptake inhibitors](#). Serotonin is one of the chemicals that carries messages in the brain.

There are a number of SSRI antidepressants. These are some examples (with their brand names): citalopram (Cipramil), escitalopram (Ciprallex), fluoxetine (Prozac), fluvoxamine (Faverin), paroxetine (Seroxat), and sertraline (Lustral).

Your doctor might suggest you try SSRI antidepressants if other drug treatments haven't worked. It doesn't mean your doctor thinks you are depressed. Some people with fibromyalgia take SSRIs along with other treatments like [tricyclic antidepressants](#).

How can they help?

We don't know if these drugs can help. The results from trials have been mixed. In some studies, people felt better overall after taking paroxetine or fluoxetine. ^[55] ^[56] However, a study looking at another SSRI called citalopram didn't find that it helped. ^[57]

One summary of the research said SSRI antidepressants probably helped, but that they only had a small effect on pain. ^[28] Another summary of the research looked at the

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evidence for all types of antidepressants for fibromyalgia. It showed that tricyclic antidepressants and duloxetine worked better than SSRIs. ^[45]

How do they work?

We don't know exactly what causes the pain of fibromyalgia. But it seems to be to do with the way your **spinal cord** and brain process signals from the nerves. The chemical serotonin is involved in sending messages between nerve cells, including nerve cells in the brain.

SSRIs work to increase the amount of serotonin in the brain. So they might have an effect on the pain messages being sent in the brain.

Can it be harmful?

Yes, all antidepressants have side effects. SSRIs may make you feel sick, or give you an upset stomach or **diarrhoea**. And you may gain weight, lose weight, or have sexual problems if you take SSRIs. ^[58]

If you're over 65, SSRIs may lower the amount of salt in your blood. Very low levels of salt may cause **seizures**. Your doctor may recommend that you take another type of antidepressant. If you take paroxetine, your doctor may check the level of salt in your blood for a few weeks. ^[59] ^[60]

If you're over 80, taking an SSRI may increase your risk of falling. ^[61]

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. If you're taking an antidepressant and you're worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. ^[17] To find out more, read [Antidepressants and suicide](#).

How good is the research on SSRI antidepressants?

There isn't much good-quality research about whether **SSRI antidepressants** can help people with fibromyalgia.

We found three good-quality studies looking at different types of SSRI antidepressants.

One study looked at paroxetine, one at fluoxetine, and one looked at citalopram. ^[55] ^[56] ^[57] The first two seemed to show the drugs worked better than a dummy (**placebo**) drug. But the third said citalopram was no better than a placebo.

A summary of the research (a **systematic review**) looking at all types of antidepressants for fibromyalgia said antidepressants could improve sleep, tiredness, pain, and overall well-being. ^[25]

Another summary said SSRIs were only likely to have a small effect on pain. ^[28]

Biofeedback

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[How good is the research on biofeedback?](#)

This information is for people who have fibromyalgia. It tells you about biofeedback, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Does it work?

We don't know. There isn't enough good-quality research to say.

What is it?

Biofeedback is a therapy that uses technology to show you how you can control your body with your mind. The aim is to help you control your pain by learning to relax your muscles and calm your breathing and heart rate.

It uses electrical monitoring equipment to demonstrate how fast your heart is beating (heart rate variability biofeedback) or how tense your muscles are (electromyograph biofeedback). The monitoring equipment makes beeps, or flashes lights, to show how much electrical activity it's picking up.

You learn to control your heart rate or relax your muscles through breathing and relaxation exercises. When you do this, the beeps or lights get slower or quieter, so you can see what effect you are having on your heart or muscles. ^[62]

Your therapist will help you see how relaxing muscles or slowing your breathing can have an effect on your body. For example, if you are learning to relax your muscles, the sensors will emit a different coloured light, or a different sound, when you clench or relax your muscles.

You might have this therapy along with other treatments, like [exercise](#) , relaxation therapy, or medicines.

How can it help?

We're not sure whether it can help. The research doesn't give us a clear picture. Some studies showed people found biofeedback helped reduce their pain more than education about fibromyalgia or sham biofeedback (where the sensors don't react to changes in the body as they should). ^[63] ^[64]

But biofeedback doesn't seem to work as well as exercise therapy. ^[63] And in some studies, it didn't help at all. ^[65]

How does it work?

The idea of biofeedback is that you can use the sensors to learn how to relax your body, and see how you can control your body's reactions by using your mind. This might help you relax tense muscles, which could be making your pain worse. Also, seeing how you can control your body might help you feel more in control of your illness.

Can it be harmful?

There's no evidence that biofeedback can be harmful.

How good is the research on biofeedback?

There's not much good-quality research to show whether [biofeedback](#) works to treat fibromyalgia.

We found one summary of the research looking at all types of mind-body therapies, including biofeedback, [hypnosis](#), relaxation, and [guided imagery](#).^[63]

It included two studies of biofeedback but one was too small (six people) to be reliable. The remaining study of 119 people showed biofeedback seemed to help people's pain more than learning about fibromyalgia. But it didn't work as well as [exercise](#).^[66]

We found three other studies of biofeedback. One study of 30 people showed it worked better for pain than sham biofeedback.^[64] Another study of 64 people showed it improved pain immediately after treatment, but not a week later, and a third study of 143 people showed it didn't work any better than either exercise or no treatment.^{[65] [67]}

Hypnosis

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[How good is the research on hypnosis?](#)

This information is for people who have fibromyalgia. It tells you about hypnosis, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Does it work?

We don't know. There's not enough good-quality research about [hypnosis](#) to say for sure whether it works for fibromyalgia.

What is it?

If you have hypnosis, a therapist will talk you into a deep state of relaxation, similar to sleep. You'll still be able to hear the therapist's voice.

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While you are in this relaxed state, the therapist can put suggestions into your mind that are intended to help you deal with your condition. For example, they may suggest you think about being in a very relaxed state, or suggest that your pain is lifting and leaving your body.

How can it help?

We're not sure whether hypnosis can help or not. Some studies show it might help relieve pain and help you sleep better. ^[63] ^[68]

How does it work?

We don't really know how hypnosis works to relieve pain. But the way people think has an effect on how much pain they feel. For example, your pain is likely to feel worse if you are anxious or tired. So a treatment like hypnosis may help you relax and feel less pain as a result.

Can it be harmful?

There's no evidence that hypnosis can be harmful when used for the treatment of fibromyalgia.

How good is the research on hypnosis?

We didn't find much evidence about whether **hypnosis** can help with fibromyalgia. We found one summary of the research about all mind-body therapies. ^[63] It looked at just one study about hypnosis, which included 40 people. ^[69]

The study showed that people who had eight one-hour sessions of hypnosis had less pain, slept better, and felt better overall, compared with people who had physical therapy instead.

A more recent study looking at 45 people compared hypnosis with relaxation therapy. ^[68] The study showed hypnosis worked best to relieve people's pain, but only when the therapist made suggestions about the people's pain disappearing. If they made suggestions about people feeling relaxed, the hypnosis worked the same as if people just had relaxation therapy. The study only looked at what happened immediately after the hypnosis session.

We need more, longer studies to see if hypnosis can help people with fibromyalgia in the long term.

Guided imagery

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[How good is the research on guided imagery?](#)

This information is for people who have fibromyalgia. It tells you about guided imagery, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Does it work?

We don't know. We need more research to find out.

What is it?

Guided imagery is when you sit or lie still and relax, while a therapist asks you to imagine pleasant situations to help you relax. For example, you might be asked to imagine lying on a beach listening to the waves, or hearing birdsong in a meadow.

Sometimes people use guided imagery tapes or CDs at home, instead of going to a class with a therapist.

How can it help?

We don't know whether it can help. In one study, people's pain and levels of anxiety were better after one session of guided imagery, compared with a session where people talked about their fibromyalgia. But a third group that had education about fibromyalgia saw similar benefits. ^[70]

In another study, people felt better able to cope with their fibromyalgia after a six-week course of listening to a guided imagery tape every day. But they didn't think their pain had decreased. ^[71]

How does it work?

Guided imagery might help distract people from their pain, and help them to relax. This in turn might lower the amount of pain people felt. But we're not sure if this is the case.

Can it be harmful?

There's no evidence that guided imagery can be harmful.

How good is the research on guided imagery?

There's not much good-quality research looking at this treatment for fibromyalgia.

We found three studies (randomised controlled trials), including 161 people in total. But the results were mixed. Two studies found that pain decreased. ^[70] ^[72] One study said the amount of pain remained the same. ^[71]

In one of the studies where people thought pain was better, people also took [tricyclic antidepressants](#) , which might have affected the result. ^[72] And in the other, the effects were only measured half an hour after people had one session of guided imagery. ^[70] So we don't know whether the effects lasted.

Acupuncture

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[How good is the research on acupuncture?](#)

This information is for people who have fibromyalgia. It tells you about acupuncture, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Does it work?

We don't know. The research doesn't give us a clear picture about whether [acupuncture](#) works for fibromyalgia.

What is it?

Acupuncture is a traditional Chinese treatment. It's a type of complementary or alternative medicine. If you have acupuncture, a trained acupuncturist puts sterile needles into your skin.

Traditional acupuncturists believe that acupuncture improves the flow of energy around the body. Some modern doctors think that putting needles in the skin could encourage the release of natural chemicals that block pain and help you feel relaxed. ^[73] Another theory is that acupuncture might work a bit like talking therapy. Discussing your situation with an acupuncturist and relaxing while the needles are put in might reduce anxiety, or help you cope better with pain.

How can it help?

We don't know if it can help. Studies of acupuncture for fibromyalgia show different results.

A summary of the evidence (a systematic review) showed that electronic acupuncture may help pain and stiffness in some people. Non-electric, manual acupuncture probably doesn't help with pain and stiffness. Studies that compared acupuncture with pretend acupuncture (where the needles don't go into the skin) showed that sham acupuncture worked as well. ^[74]

How does it work?

It's not clear how acupuncture might work. One theory is that it stimulates the release of natural chemicals in the body that block pain. These chemicals are called endorphins and enkephalins.

Can it be harmful?

If you see a qualified acupuncture therapist who uses properly sterilised needles, you are unlikely to have serious problems. If the needles are not properly sterilised, there is a risk of infection.

How good is the research on acupuncture?

The research for **acupuncture** as a treatment for fibromyalgia is mixed. Researchers summarising the studies said many of them were very small and had problems with the way they were carried out, which makes it hard to rely on them. The latest review of the research found nine studies covering 395 people. The researchers who summarised the studies said they gave low to moderate quality evidence that acupuncture may help pain and stiffness. ^[74]

Painkillers

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[How good is the research on painkillers?](#)

This information is for people who have fibromyalgia. It tells you about painkillers, a treatment used for fibromyalgia. It is based on the best and most up-to-date research.

Do they work?

We're not sure. The research doesn't give us a clear picture about whether common painkillers like aspirin, paracetamol, and ibuprofen work for fibromyalgia.

What are they?

There are many different types of painkillers. The ones we're talking about here are the sort you can buy in a pharmacy. Examples include aspirin, paracetamol, and ibuprofen.

These are the sort of painkillers you usually start with if you have pain (for example if you have a headache or joint pain). Most people with fibromyalgia will have tried one or more of them at some point.

Sometimes doctors recommend taking these types of painkillers only when you feel your pain is bad. But they're not usually the main treatment for fibromyalgia.

How can they help?

We don't know if they help. There isn't much good-quality research about using these types of painkillers on their own for fibromyalgia pain.

Ibuprofen doesn't seem to help.

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One study looked at people taking ibuprofen with a muscle-relaxing drug called cyclobenzaprine. People taking the two drugs together did no better than people taking cyclobenzaprine alone.

Another study compared ibuprofen with a dummy (placebo) drug. People taking the dummy drug did as well as people taking ibuprofen. ^[75]

Paracetamol might work, but we can't tell for sure. In a study where people took both paracetamol and another painkiller called tramadol , the two drugs together worked better than a placebo. But we don't know whether paracetamol would work without tramadol. ^[34]

We didn't find any studies looking at aspirin.

How do they work?

Painkillers are the drugs most people turn to first to deal with pain. But these types of drugs don't seem to help most people with fibromyalgia.

Can they be harmful?

Yes. Painkillers can have side effects.

Ibuprofen and aspirin are part of a group of drugs called NSAIDs (nonsteroidal anti-inflammatory drugs). The authorities in the UK have published advice for doctors and patients about the safety of some NSAIDs. ^[76]

Research showed that people taking high doses of some NSAIDs for a long time had a slightly higher risk of a heart attack or stroke. However, the lower doses of ibuprofen you can get from a pharmacy are unlikely to increase your risk. Higher doses of ibuprofen are available on prescription from a doctor. Taking these larger doses every day may slightly increase your risk of a heart attack or stroke.

If you take NSAIDs regularly, they may irritate your stomach and cause indigestion or even stomach ulcers. If you have stomach ulcers, the lining of your stomach is weakened. Ulcers can also cause bleeding in the blood vessels beside them.

NSAIDs are particularly likely to cause problems if you are older or have had stomach problems before. ^[77] And the risk is greater if you take higher doses. You should talk to your doctor about this. A daily dose of 1,600 milligrams of ibuprofen is, according to one review, one of the safer treatments. This is two standard-strength tablets (200 milligrams each), taken four times a day. ^[78]

NSAIDs can also cause damage to the kidneys . ^[79]

And if you have heart failure, you probably shouldn't take NSAIDs because they can make your heart failure worse.

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There is no good evidence that shows who is most at risk of NSAID side effects, but doctors tend to be cautious about giving these drugs to:

- People already on blood-thinning tablets or steroids (because they can make the side effects of these drugs worse)
- People who are older than 65 years old
- People who smoke
- People with heart disease
- People who drink a lot of alcohol
- People on other drugs, such as ACE inhibitors and water tablets (diuretics), both of which are taken for heart failure
- People with stomach ulcers or risks for stomach bleeding.

Paracetamol is a widely used painkiller that is safe when taken at the recommended amounts. You should not take more than 4,000 milligrams (mg) in 24 hours. That's 4 grams (g), or eight standard-strength tablets.

You shouldn't take more than the recommended dose because paracetamol can kill the cells in your liver, leading to liver failure.

If you drink alcohol heavily, you shouldn't take paracetamol without first discussing it with your doctor. You may have already damaged your liver from drinking and may be at risk of further damage from taking the painkiller.

You shouldn't take paracetamol if you already have liver damage. ^[80]

You may be able to take paracetamol if you have kidney problems, but check with your doctor first.

Paracetamol does not irritate the stomach like NSAIDs do, so for most people it may be a safer drug to try first.

How good is the research on painkillers?

There's no good-quality research to show that commonly used painkillers are helpful for fibromyalgia pain.

Further informations:

Pain

The pain of fibromyalgia is spread around the body. Exactly where it hurts may differ from person to person, and from day to day. But the pain is widespread. It doesn't just affect one small part of your body.

You may feel it as low back pain, spreading into your buttocks and your legs. You may also have a stiff neck, with pain and stiffness across your shoulders. Many people with fibromyalgia also have frequent headaches or migraines. ^[2]

People describe the pain in different ways. Some people say it's a burning or gnawing soreness, while other people describe aching and stiffness. You may find that you feel very stiff first thing in the morning, but the stiffness usually gets better as the day goes on. ^[2]

Tiredness

It's common for people with fibromyalgia to feel extremely tired. ^[2] You may have been diagnosed with [chronic fatigue syndrome](#). There's a lot of cross-over between the two conditions and many people have both.

You may feel very tired after doing an activity, for example, housework or exercise. Or you may suddenly feel tired for no reason at all. People with fibromyalgia often say they feel very tired when they wake up, as if they'd had no benefit from their sleep. Unrefreshing sleep is common for people with fibromyalgia. ^[2]

Feeling very tired can be extremely frustrating. People with fibromyalgia say they find it hard to plan their day, because they don't know if they'll have the energy to carry out their plans. Or they have to choose between activities, because they know they won't have the energy to do more than one. ^[4]

Poor sleep

People with fibromyalgia often have problems with sleep. These problems include: ^[2]

- Not being able to get to sleep at night
- Waking up several times during the night and finding it hard to get back to sleep

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- Feeling unrefreshed after their sleep
- Finding it hard to stay awake during the day.

These problems can make each other worse.^[4] For example, if you have disturbed sleep at night, you may be more likely to fall asleep during the day. This in turn makes it harder to get to sleep the next evening.

Obviously, poor sleep can make you more tired. But poor sleep can also make pain feel worse. Even people without fibromyalgia start to feel more pain when they don't get enough good-quality sleep.^[5] That's why treatments for fibromyalgia often concentrate on trying to help you sleep better. There are also simple steps you can take that may help you sleep better. To learn more, see [How to get a good night's sleep](#) .

Difficulty thinking

People with fibromyalgia often say they have trouble thinking properly. For example, they may have trouble finding the right words in a conversation, remembering people's names, or working out simple problems.^[2]

It's not clear whether these difficulties are part of the illness, or whether they're caused by tiredness and lack of good-quality sleep.

Living with fibromyalgia

There's no miracle cure that will make fibromyalgia go away. But you can learn to manage your condition, so that it doesn't take over your life. We have provided some advice from doctors on how to manage fibromyalgia below.^[12]

- Learn as much as you can about fibromyalgia. It's a long-term condition, so you are likely to have to live with it for some time. Finding out about how best to manage it can help you get on with life. Ask your doctor if there's a local fibromyalgia education group you can join.
- Take some exercise most days, even if it's not very much. Keeping active can help make you feel better overall. And keeping to a regular routine may help you feel you've achieved something every day.
- Establish a regular sleep routine. Good-quality sleep is very important, but many people with fibromyalgia have trouble sleeping. See [How to get a good night's sleep](#) for more.

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- Have a support network of friends or family. It's easy to get isolated when you're not well. But keeping in touch with people can help improve your mood. Some people find fibromyalgia support groups helpful.
- Don't expect miracles from treatment. There's been quite a lot of research into fibromyalgia treatments, but researchers haven't found a treatment that works to relieve pain for everyone. While it may be tempting to keep trying new medicines, or new complementary therapies, you may be continually disappointed.

How to get a good night's sleep

Certain habits can stop you sleeping well, whereas others can help you sleep better. You may hear people call this advice good sleep hygiene. It seems that following this advice can help some people sleep better. However, this advice has only been tested for people with insomnia, not for people with fibromyalgia. ^[15] ^[16]

- Take some exercise during the day, but not just before you go to sleep.
- Avoid eating a large meal just before you go to bed.
- Avoid tobacco and drinks that contain caffeine or alcohol for a few hours before bedtime. (Alcohol can help you get to sleep, but it may make you wake up later and stop you getting back to sleep.)
- If you often need to go to the toilet in the night and can't get back to sleep afterwards, try to avoid drinking any fluids for a couple of hours before bedtime.
- Go to bed only when you feel sleepy, and not just because you think it's time for bed.
- Use the bedroom just for sleeping and having sex. Don't use it to read, watch television, eat, or work.
- Try to keep your room cool and quiet.
- If you can't sleep after about 15 or 20 minutes, go to another room. Try reading with a fairly dim light. But don't watch television as this gives off bright light. This can stimulate you rather than help you relax. Go back to bed only when you feel sleepy.
- Get up at the same time every morning, even if you don't feel rested.
- Try not to nap during the day. But if you feel tired, nap for no longer than 30 minutes in the afternoon.

Antidepressants and suicide

Researchers have found that children, teenagers and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves.^[17]

The risk of suicidal thoughts is highest if you're younger than 18.^[17] Among people younger than 18 taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24.^[17] But their risk wasn't as big as the risk for people younger than 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people older than age 24.^[17] But if you are taking antidepressants, you should be aware of the possibility of developing suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. You must seek medical help if you find that you are thinking about suicide.

Glossary:

inflammation

Inflammation is when your skin or some other part of your body becomes red, swollen, hot, and sore. Inflammation happens because your body is trying to protect you from germs, from something that's in your body and could harm you (like a splinter) or from things that cause allergies (these things are called allergens). Inflammation is one of the ways in which your body heals an infection or an injury.

serotonin

Serotonin is a neurotransmitter, which is a chemical that helps to send information from a nerve cell to other cells. It is thought to play a role in learning, sleep and control of mood.

dopamine

Dopamine is a neurotransmitter, which is a chemical that helps messages pass between brain cells and other cells. Dopamine plays a role in your mood, and your physical movements.

depression

Depression is a mental illness in which your mood is low and you feel sad most of the time. It can range from a mild illness through to a severe one in which you lose interest in life and may be suicidal.

constipated

When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

diarrhoea

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

migraine headaches

These are severe headaches that last four to 72 hours. They often cause other symptoms such as queasiness (nausea) or being extra-sensitive to sound or light.

anaemia

Anaemia is when you have too few red blood cells. Anaemia can make you get tired and breathless easily. It can also make you look pale. Anaemia can be caused by a number of different things, including problems with your diet, blood loss and some diseases.

thyroid gland

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Your thyroid gland is a small organ that sits in your neck, just in front of your windpipe. It sends out a hormone called thyroxine. This acts on receptors within cells. By acting on the receptors it gives the cells a message to speed up their metabolism and work harder.

cognitive behaviour therapy

Cognitive behaviour therapy (CBT) is a type of talking treatment (psychotherapy). It is based on the idea that the negative thoughts and beliefs people have play an important role in how they feel and how they act. CBT helps people identify, look at and change unwanted thoughts, feelings and behaviours.

biofeedback

When you have biofeedback, your doctor helps you use a device that measures how fast your heart beats, how fast you're breathing or how tense your muscles are. The information you get from the device is called 'biofeedback'. Biofeedback lets you see how your heartbeat, breathing or muscle tension change when you do things like stand or sit differently, or slow down your breathing. The idea is that you can learn to sense the messages from your body without the device and learn how to control the way you respond to stress.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

antidepressant

Antidepressants are medicines used to treat depression and sometimes other conditions. They work by changing the levels of chemicals in your brain called neurotransmitters. There are three main types of antidepressants, which work in different ways: selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs).

noradrenaline

Noradrenaline is a neurotransmitter, which is a chemical that helps to send information between nerve cells. It is similar to adrenaline. Your body produces adrenaline when you're in stressful situations, which increases your blood pressure and heart rate.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

Epilepsy

Epilepsy is a condition that affects your brain. If you have epilepsy, the normal electrical activity in your brain gets disturbed from time to time. This leads to seizures (also called fits).

neurotransmitters

Neurotransmitters are chemicals that help to carry messages between nerve cells. Serotonin, dopamine, and norepinephrine (noradrenaline) are all neurotransmitters.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

monoamine oxidase inhibitors

Monoamine oxidase inhibitors (MAOIs) are a group of medicines that are mainly used to treat depression. They work by increasing the levels of chemicals called neurotransmitters in your brain.

selective serotonin reuptake inhibitors

Selective serotonin reuptake inhibitors (SSRIs) are drugs that are used to treat depression. Serotonin is a chemical in your brain (called a neurotransmitter) that affects your mood. SSRIs increase levels of serotonin in your brain. This helps to improve your mood.

spinal cord

Your spinal cord is a thick bundle of nerves that runs down your backbone (spine). These nerves carry messages between your brain and the rest of your body. The bones (vertebrae) in your neck and back protect your spinal cord. If your spinal cord gets damaged, you may lose feeling in your legs or arms.

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seizure

A seizure (or fit) is when there is too much electrical activity in your brain, which results in muscle twitching and other symptoms.

hypnosis

Hypnosis is a relaxed state of mind people can be put into through a technique called hypnotism. Hypnosis may make you more suggestible, which means you are more easily persuaded to do something the hypnotist suggests. Hypnosis can be used by trained therapists to try and help improve people's health: for example, by helping them stop smoking.

acupuncture

If you have acupuncture, an acupuncturist puts thin, sterile needles into your skin. People who perform traditional acupuncture believe that it removes blockages along energy channels in your body. Other acupuncturists say that the needles help your body release natural chemicals that block pain.

NSAIDs

NSAID stands for nonsteroidal anti-inflammatory drug. NSAIDs help with pain, inflammation and fever. They are called 'nonsteroidal' because they don't contain any steroids. Aspirin and ibuprofen are both NSAIDs.

kidney

Your kidneys are organs that filter your blood to make urine. You have two kidneys, on either side of your body. They are underneath your ribcage, near your back.

ACE inhibitors

ACE inhibitors are drugs used mainly to lower blood pressure and reduce strain on your heart. ACE stands for 'angiotensin converting enzyme'. Angiotensin is a chemical that can make your blood vessels narrower. ACE inhibitors stop this happening, which helps to lower your blood pressure.

diuretics

Diuretics are a type of medicine that reduce the amount of fluid in your body. The extra fluid is removed in your urine.

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