Treat Pain Plus Major Symptom in Fibromyalgia

VITALS

Major Finding: Fibromyalgia therapies need to be used in combination, and sometimes at doses other than those recommended by the manufacturer, depending upon the overarching symptom of the individual patient.

Source of Data: Expert opinion.

Disclosures: Dr. Boomershine reported that he is an investigator for Pfizer Inc. and the National Institutes of Health, and is a consultant for Pfizer, Eli Lilly & Co., Forest Pharmaceuticals Inc., and Takeda Pharmaceutical Co.

BY SALLY KOCH KUBETIN

SANTA MONICA, CALIF. — Effective treatments exist for fibromyalgia syndrome, but many physicians still do a poor job of treating affected patients, Dr. Chad S. Boomershine said at a meeting sponsored by RHEUMATOLOGY NEWS and Skin Disease Education Foundation.

Could it be that these physicians don't consider fibromyalgia to be a "real" disease, that they perceive affected patients as being too time consuming and unlikely to get better? asked Dr. Boomershine, a rheumatologist at Vanderbilt University in Nashville, Tenn., where he specializes in treating fibromyalgia in collaboration with the Vanderbilt Center for Integrative Health and the Vanderbilt Dayani Center.

About 2%-4% of the U.S. population meets the fibromyalgia classification criteria issued in 1990 by the ACR. The true prevalence is estimated to be about twice as high, and—as prevalence increases with age—fibromyalgia is expected to become more common with the aging of the population.

The ACR classification criteria for fibromyalgia include widespread pain for at least 3 months' duration, and pain at a minimum of 11 of 18 specified tender points when enough pressure to just blanch the examiner's thumbnail is applied. The reported 9:1 ratio of women to men with the condition is incorrect, he said, as women have more tender points and men are more likely to self-medicate rather than to seek medical care.

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Treatment needs to address the fact that pain is only one symptom of fibromyalgia, Dr. Chad S. Boomershine said.

Fibromyalgia typically involves symptoms other than pain, which Dr. Boomershine teaches using the FIBRO mnemonic (F for fatigue and 'fibrofog' [cognitive dysfunction], I for insomnia [nonrestorative sleep], B for blues [depression and anxiety], R for rigidity [muscle and joint stiffness], and O for Ow! [pain and work disability]). Nevertheless, pharmacologic management should start by treating pain because it is the one symptom common to all fibromyalgia patients, he said.

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When choosing among the three indicated medications, a physician should individualize therapy based on the associated symptom that is most disabling for the patient, he recommended.

Pain associated with insomnia is best treated with pregabalin (Lyrica), he said. The label states that pregabalin should be given in two divided doses daily beginning with a total of 150 mg/day and increasing to as much as 450 mg/day if needed. In an effort to avoid the typical side effects of dizziness, somnolence, fatigue, and cognitive dysfunction, however, Dr. Boomershine recommends beginning with 25-75 mg once daily at bedtime and titrating up to 150-225 mg at night before adding a morning dose.

Pain with depression and/or anxiety is best managed with duloxetine (Cymbalta) every morning, he said. The label states that the recommended dosage for fibromyalgia is 60 mg/day, but Dr. Boomershine recommends starting with 20-30 mg and increasing to 60 mg only if necessary. Trial data indicate that many patients do well on lower doses, he noted, and higher doses are associated with increased risk for side effects, including nausea, headache, and insomnia.

For pain associated with fatigue or fibrofog, the treatment of choice is milnacipran (Savella), he said. The label for this agent recommends starting at a dose of 12.5 mg once daily and gradually working up to 50 mg twice daily after 1 week and a maximum dosage of 100 mg twice daily if needed. Dr. Boomershine said he recommends a more gradual up-titration and noted that the dose should be increased only if needed because of the patient's symptoms. Milnacipran is available in 12.5-, 25-, 50- and 100-mg tablets, allowing for dosing flexibility.

Physicians with years of experience in successfully managing fibromyalgia are accustomed to using other drugs that lack Food and Drug Administration approval specifically for use in fibromyalgia.

Amitriptyline given as a 25-mg dose at bedtime in combination with fluoxetine (20 mg) in the morning is a "particularly good combination," said Dr. Boomershine. He noted that the combination has shown good efficacy and likely provides balanced norepinephrine and serotonin reuptake inhibition similar to that provided by duloxetine and milnacipran, but at a much lower cost.

Dr. Boomershine recommends avoiding the use of narcotics, benzodiazepines, or steroids in treating fibromyalgia symptoms.

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For a video interview with Dr. Boomershine, go to www.youtube.com/rheumatologynews.

Exercise, Support Groups Benefit Many Fibromyalgia Patients

BY SALLY KOCH KUBETIN

SANTA MONICA, CALIF. — Although good drugs are available, it takes more than medications to manage fibromyalgia, according to Dr. Chad S. Boomershine.

"I recommend that fibromyalgia patients perform stretches every morning and, on alternating days, engage in aerobic and resistance exercise a total of 6 days per week," counseled Dr. Boomershine, a rheumatologist at Vanderbilt University, Nashville, Tenn., where he specializes in treating fibromyalgia in collaboration with the Vanderbilt Center for Integrative Health and the Vanderbilt Dayani Center.

"The combination of aerobic and resistance exercise is particularly effective in improving symptoms. Since many patients don't live near an exercise facility, I provide patients with instructional handouts and [professional elastic resistance bands] for resistance exercise on their initial visit so they can exercise at home," Dr. Boomershine said at a meeting sponsored by RHEUMATOLOGY NEWS and Skin Disease Education Foundation.

Dr. Boomershine said he refers his patients to the exercise guide on the National Institute on Aging Web site (www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide) for information on stretching, aerobics, and resistance.

He also recommends the National Center on Physical Activity and Disability Web site's exercise fact sheet (www.ncpad.org/exercise/fact_sheet.php?sheet=259) that is designed for youth.

Additionally, he recommends that patients learn more about fibromyalgia and find support groups in their area. "Due to the severity of their symptoms, patients are often afraid they have a terminal illness," he noted. "Understanding that fibromyalgia is not progressive and realizing they can manage their symptoms by learning self-help techniques is empowering and necessary if patients are to have lasting symptom improvement."

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The Web sites www.knowfibro.com and www.fmaware.org can provide helpful information, said Dr. Boomershine, who also cowrote a treatment review article that he said clinicians might find helpful in their management of fibromyalgia (Nat. Rev. Rheumatol. 2009;5:191-9).

Between 2% and 4% of the U.S. population meet the fibromyalgia classification criteria issued in 1990 by the American College of Rheumatology. However, the true prevalence is estimated to be about twice as high, and—as prevalence increases with age—fibromyalgia is expected to become increasingly common with the aging of the population, he said.

Of those who have the condition, the reported 9:1 ratio of women to men is incorrect, as women have more tender points and men are more likely to self-medicate rather than to seek medical care.

There are no official figures on how many people are unable to work due to fibromyalgia because the Social Security Administration does not recognize it as a cause of disability.

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