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# FIBROMYALGIA: THE MISUNDERSTOOD VICTIM

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You are the boss sitting in your office when you receive a text message from one of your employees. She tells you that she has pain “all over my body” and therefore cannot come to work. You sigh. Isn't this the third time this month that she has asked for leave for the same reason? Didn't all her tests come back normal? You have a business to run. If you keep allowing her leaves, wouldn't every person come up with this ultimately unprovable problem and ask for the same? She doesn't seem her usual self even when she is on duty these days; has she lost interest and is just making up excuses?

Fibromyalgia is a chronic diffuse pain disorder with a prevalence ranging from 0.2 to 6.4%.<sup>1,2</sup> Females are affected almost twice as much as males.<sup>2</sup> The actual prevalence is likely to be higher though, as the disorder is often underdiagnosed or sometimes not even considered a ‘real’ disorder.<sup>3</sup> Scientific studies point towards a central impairment of perception of pain in this disorder. The patient becomes hypersensitive to peripheral sensory signals, perceiving them as painful. Touch stimulus becomes painful, painful stimulus becomes very painful, and so on. Other common symptoms include sleep disturbances, fatigue, memory problems, and mood disturbances.<sup>4</sup> This is probably because of similar neurotransmitters controlling sensory activity, memory, mood and alertness.<sup>5</sup> Fibromyalgia is more common in those with other chronic rheumatological conditions, and is known to be triggered by certain infections, trauma, and psychological problems.<sup>5,6</sup>

It all looks straightforward, doesn't it? Then why are a number of medical practitioners not in favour of terming it a ‘real’ disorder?<sup>7</sup> The problem seems to lie in two aspects. Number one: What is a real disorder? If you consider a disorder real only when it gets diagnosed with routine investigations, then fibromyalgia fails on this account. Number two: Are they faking it? As noted above, the patients with fibromyalgia often have other features that are associated with depression, namely sleep issues, fatigue, mood problems, and memory impairment etc. There is a point in considering this an attention-seeking behavior by a depressed individual. This is complicated by the fact that almost half of the patients with fibromyalgia actually have coexisting depression.<sup>7</sup>

If absence of proof is considered proof of absence, then actually the whole field of psychiatry will fall down the drain. It is better to consider what the experts say in this regard. American College of Rheumatology first published the diagnostic criteria of fibromyalgia in 1990.<sup>8</sup> The latest iteration of this criteria was published in 2010.<sup>9</sup> The discussion regarding the pros and cons of this diagnostic criteria is beyond the scope of this piece. The fact remains though, fibromyalgia has been recognized as a ‘real’ disorder by experts for more than three decades now. There is no point in disregarding evidence of decades of research due to preconceived notions.

Considering fibromyalgia a fake diagnosis simply because it is often associated with features of depression actually begs a question; is even depression real? One can't prove depression with routine investigations as well. Where do you draw the line? That the vast majority of physicians consider depression a real disorder (and the writer does not care about the ones who don't!), this argument holds no weight. The bottom line is that the pain is real because it is really felt by the patient. Imagine you having the worst possible headache and some ‘expert’ telling you it's not real. Absurd? Exactly.

Patients with fibromyalgia deserve to be treated with evidence-based practice, like with any other medical disorder. Treatment options include lifestyle changes and approved medications.<sup>10,11</sup> Above all, they must be assured that they are understood and not mistrusted. The person who complains of pain “all over” and winces on touch at multiple points on the body is not dramatizing.

The same cannot be said for the person who ignores all the evidence and considers fibromyalgia a fake diagnosis.

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