

Does fibromyalgia have a solution?

A fibromialgia tem solução?

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“May them help us live with this disease”¹, as mentioned by a woman with fibromyalgia in a qualitative study report, current evidence shows that fibromyalgia does not have a definitive solution². In this context, would there be effective alternatives for its treatment?

Fibromyalgia is a complex syndrome and the etiology is unknown. It's characterized mainly by pain and generalized muscle fatigue associated with psychological changes such as anxiety and depression, as well as sleep disorders²⁻⁴. Its prevalence in the Brazilian population is 2%, occurring mostly in women between 30 and 50 years old^{5,6}.

Simple daily activities that require minimal effort are affected by the persistence of pain and fatigue in daily life, as well as impairment to work functions, often making absence from work the only alternative for these individuals, causing financial impact^{4,7,8}, as can be seen in this report: “It is incredibly frustrating and almost demoralizing to have to justify my pain to my boss”⁹. In addition, sleep suffers a devastating impact, since it is common for these individuals to wake up at night feeling pain, and this causes mood swings, such as nervousness and stress, as there is no physiological repair of the body provided by sleep⁸. With this, social participation is also extremely compromised⁴.

Despite the establishment of the Diagnostic Criteria presented by the American College of Rheumatology in 2010 (ACR 2010)¹⁰, there is a limitation of access to diagnosis and, consequently, to the treatment plan, due to the lack of preparation and outdated knowledge of some professionals who are willing to assist this public, and this is added to the lack of standardization and methodological rigor in scientific studies and the patients' misinformation about their own clinical condition, which generates unsatisfactory results in clinical practice. Thus, fibromyalgia becomes an underdiagnosed, undertreated and, consequently, neglected disease, directly affecting the individuals' quality of life^{2,5,7}.

Pharmacological therapy is commonly recognized as one of the main forms of maintenance treatment for fibromyalgia, such as antidepressants, cannabinoids and analgesics^{2,7}. However, there are a number of adverse effects such as drowsiness, altered level of consciousness and weight gain, which influence the quality of life of patients and result in loss of adherence to the pharmacotherapy or, on the other hand, drug abuse as an attempt to relieve symptoms^{2,7}. Thus, pharmacological treatment alone does not improve the patients' quality of life, and an interdisciplinary approach in association with non-pharmacological treatment is necessary^{5,7}.

As for the non-pharmacological approach, evidence points to positive results for several resources, including regular physical exercise and transcutaneous electrical nerve stimulation (TENS). Exercise programs that include stretching, resistance and aerobic training, in a progressive, individualized and continuous manner, result in reduced pain, less new injuries and reduced kinesiphobia, in addition to improved body awareness, quality of life and cardiovascular function^{6,7,11,12}. Since patients with fibromyalgia are prone to recurrent muscle damage and are predisposed to neural sensitization, it is important to control the dose of exercises by monitoring the frequency, duration, volume and modality of practice, in order to prevent or minimize the effects of late muscle pain^{4,6,7,12}.


Regarding the TENS current, studies indicate that its application promotes pain relief and muscle fatigue by reducing temporal summation and restoring the function of descending inhibitory pathways^{3,13}. It is also worth mentioning that there is a deficit in the scientific literature regarding the standardization of the resources mentioned, making it difficult to act in clinical practice, as well as the perception of patients regarding their therapeutic options^{4,6,7,12,13}.

It is important to remember that the treatment of fibromyalgia requires time, and the patient must be the protagonist in this process, so adherence to treatment is essential to obtain positive results. However, in clinical practice it is common to observe demotivation due to the lack of specific knowledge from professionals^{6,9,12}, as can be seen in this report: “doctors do not always explain well, because they do not know much”¹⁴. In this context, it is essential that there is constant training of health professionals for appropriate global assessment of the patient and adequate approaches to pain education in order to provide knowledge about fibromyalgia and associated comorbidities, as well as to enable strategies for self-management of symptoms and improvement of adherence to treatment, which tends to favor continuity of therapy and strengthening of the therapeutic alliance^{6,7,9,12}.

As a patient with fibromyalgia says, “Let them know that they can still lead a normal life, or the life they would like to live”⁹, treatment should be guided to provide a life in balance with their condition, generating greater well-being and overall quality of life. Thus, the interdisciplinary and multimodal approach has been the best alternative for the treatment of fibromyalgia, since its complexity requires the work of several health professionals^{2,5,7}. This, so far, is the solution; a solution that does not necessarily represent a cure, but optimization of well-being and quality of life.

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