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**Diagnosis And Treatment Of Fibromyalgia**

**By Heather Colman**

Fibromyalgia is a chronic, widespread, debilitating disease that often manifests as diffuse pain,

constant muscle aches and overwhelming fatigue. Although it affects about 2–6% of the general population (about five million people), fibromyalgia is not a contagious disease. Women are about 9 times more likely to be diagnosed than men, and it is most prevalent in people between 20–50 years of age.

Fibromyalgia usually displays a variety of symptoms including generalized aches and pains, increased sensitivity of the skin, chronic fatigue, weakness or dizziness, muscle stiffness or joint pain and migraine headaches. Symptoms of fibromyalgia vary greatly between individuals but almost all suffer from an associated sleep disorder. Depression, anxiety, irritable bowel syndrome, numbness and tingling of the extremities and heightened sensitivity to stimuli may also be present.

Currently, there is no known specific cause of fibromyalgia. Popular opinion suggests a disorder in pain perception and processing in the pathways to the brain. Research has shown that fibromyalgia patients have elevated levels of substance P (involved with enhanced pain perception) and a lower than normal production of natural stress hormones. Another theory revolves around a sleep disturbance as the cause, because many fibromyalgia patients cannot attain deep sleep. Still other theories have implicated reduced immune system function, environmental toxins, abnormal hormonal fluctuations, viral causes, genetic links and dysfunctional neurotransmitters. Although exciting new research is constantly being done, the cause of fibromyalgia remains elusive and has the medical world stumped.

Diagnosis of fibromyalgia is based on a specific set of criteria, including a physical examination or observation, and the symptoms described by the patient. Ruling out other possible diseases is key. Currently, there are no conclusive laboratory tests to identify fibromyalgia but for diagnostic purposes, there has to be a history of diffuse pain lasting longer than three months. Another diagnostic requirement is the presence of at least 11 "tender points" out of a possible 18 and these are typically located at elbow and knee joints, the neck, shoulders, lower back and hips...

Individual cases of fibromyalgia have a wide variability, but many patients also suffer from other disorders as well. These comorbid syndromes commonly include chronic clinical depression, Lyme

## Diagnosis And Treatment Of Fibromyalgia

disease, chronic fatigue syndrome, premenstrual syndrome, restless legs syndrome, spinal disorders, or hypothyroidism. There are also many factors that can aggravate fibromyalgia. Severe weather changes, nutritional deficiencies, over-exertion, increases in stress levels, allergies and cold weather have all been shown to contribute to flare-ups.

Treatment of fibromyalgia has historically been inadequate at best. There is no cure for the disease and therapies are usually aimed at alleviating the symptoms and improving quality of sleep. Medications commonly prescribed for fibromyalgia include conventional analgesics, low-dose antidepressants, muscle relaxants and sleep-inducing agents. Alternative therapies that have shown some promise include acupuncture, chiropractic care, physical therapy, meditation or relaxation techniques and a gentle aerobic exercise program. Other important considerations to prevent fibromyalgia from flaring up include a regular sleep routine, emotional and physical stress reduction, good social support networks and strategies to conserve energy and minimize triggering factors.

Fibromyalgia can be a very difficult disease to live with because of its chronic, disabling nature and the presence of widespread skepticism. There is often no objective evidence of physical illness and the disease is very poorly understood. Sufferers of fibromyalgia face accusations of laziness or feigning illness. Social activity and recreation is often avoided and the patient's career is usually affected as well. Although fibromyalgia can affect every aspect of its victims' lives, it does not have to be as devastating as it once was. With advanced scientific research and promising new treatments waiting in the wings, anything's possible.

Disclaimer: The information presented here should not be interpreted as or substituted for medical advice. Please talk to a qualified professional for more information about fibromyalgia.

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<http://www.fibromyalgia-notes.info>

### **How To Win Your Case For Social Security Disability Benefits If You Suffer From Chronic**

#### **Fatigue Syndrome and/or Fibromyalgia**

**By Sheri Abrams**

Winning a Social Security Disability case for someone who suffers from Chronic Fatigue Syndrome and/or Fibromyalgia (CFS/FMS) can be very difficult. However, with proper preparation I am often able to win client's their Social Security Disability benefits. I approach a Chronic Fatigue Syndrome or Fibromyalgia case using the following five factors:

1) Was the Diagnosis of Chronic Fatigue Syndrome or Fibromyalgia Made by a Specialist?

I am always very skeptical on my chances of winning when a person comes to me and is not being treated by a specialist in Chronic Fatigue Syndrome and/or Fibromyalgia. I usually prefer to see that

## Diagnosis And Treatment Of Fibromyalgia

the client is being treated by a Rheumatologist but I have been successful in these type of cases working with an Infectious Disease Specialist and a Neurologist. I feel that the diagnosis of a primary care or internist is not sufficient in this type of case. It is also important, of course, for this doctor to be supportive of his/her patient's disability case and for me and the client to know this from the beginning of my representation. If a person calls me and does not have a specialist working with him/her, I suggest that they contact a local support group for a referral.

2) Has the Client's Doctor Eliminated Other Diseases Through Testing Before Diagnosing Him/Her with Chronic Fatigue Syndrome and/or Fibromyalgia?

I feel that to provide validity to the diagnosis of Chronic Fatigue Syndrome and/or Fibromyalgia certain medical tests need to be performed so as to rule out other conditions. I usually like to see blood work done that excludes other Rheumatic diseases which may share symptoms with, or mimic, CFS/FMS. In cases of Fibromyalgia I look for a physical exam that finds and documents tender points. In Chronic Fatigue Syndrome cases I also normally like to see that a Tilt Table Test has been done.

3) Are the Client's Complaints Typical For Someone Who Suffers With Chronic Fatigue Syndrome and/or Fibromyalgia?

By now I can usually tell by interviewing a prospective client if his/her complaints are typical. The client's medical records should show documented symptoms. Without this documentation, the diagnoses of CFS/FMS may be subject to disbelief by Social Security.

4) Was the Client Treated With Physical Therapy and/or Pain Medication?

I like to show an Administrative Law Judge (ALJ) that my client has tried whatever treatment is available for his/her condition. Whether this is a series of physical therapy appointments, narcotic pain medications or even non-traditional treatments like biofeedback or acupuncture. I feel that the severity of my client's condition will be supported by the fact that he/she has tried everything to find relief.

5) Has the Client Consulted or Been Treated by a Psychiatrist or Therapist?

Because I do not want an ALJ to attempt to say that Chronic Fatigue Syndrome or Fibromyalgia are "mental disorders" I like to show the ALJ that my client is either seeking treatment for depression or anxiety or has had these conditions ruled out by a mental health specialist and are still suffering from Chronic Fatigue Syndrome and/or Fibromyalgia.

Sheri R. Abrams, is an Attorney who practices Social Security Disability Law in Virginia, DC and Maryland. Ms. Abrams graduated from the George Washington University Law School and the Boston University School of Management. For more information please see Ms. Abrams's web site at

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How To Win Your Case For Social Security Disability Benefits If You Suffer From Chronic Fatigue Syndrome and/or Fibromyalgia

Getting Diagnosed With Fibromyalgia

Treating Fibromyalgia Symptoms Naturally

Get Well: Exercise Tips For Fibromyalgia Sufferers

Fibromyalgia Syndrome Explained

Understanding Acne: Causes, Cures and Myths

Coping With Alzheimer's Disease

The Truth About Diabetes

Take Control of Alcohol

Use and Abuse of Steroids



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