



Fibromyalgia and Irritable Bowel Syndrome

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Although fibromyalgia and irritable bowel syndrome (IBS) are two very different disorders, they share a number of commonalities that bear closer scrutiny. Like irritable bowel syndrome, fibromyalgia is a disorder that is diagnosed based on clinical (symptom based) criteria as opposed to laboratory and imaging studies. The American College of Rheumatology developed the diagnostic criteria for fibromyalgia.

Fibromyalgia is an inflammation of the fibrous tissues of the skeletal system. Symptoms include widespread musculoskeletal pain, fatigue, and sleep disturbance. It also seems to increase a person's sensitivity to external and psychological events and physical body states. Fibromyalgia primarily occurs in women between the ages of 30 and 60.

Symptoms include tenderness in at least 11 of 18 tender points (areas of the body that may be painful when a physician or other specialist applies pressure).

A number of recent studies have found that IBS and fibromyalgia often appear together. These studies mainly demonstrated an association that was made through observations by physicians treating patients with both disorders. In one study of patients with confirmed fibromyalgia, up to 41% also met the criteria for IBS. In another study of IBS patients, 68% reported back pain, and 70% reported constant fatigue.

Despite this apparent association between the disorders, no studies to date link a causal relationship between functional gastrointestinal disorders and fibromyalgia. Although there are a number of intriguing immunologic possibilities to explain symptoms in both disorders, no definitive evidence of any kind has been identified to support this association.

Patients with severely debilitating fibromyalgia or IBS may benefit from similar kinds of treatment. Both IBS and fibromyalgia can compromise a person's quality of life because of the severity of symptoms. Symptoms tend to wax and wane, and it is often difficult to predict when they will flare.

Acknowledging these similarities is helpful in the treatment of both fibromyalgia and IBS. For many years, rheumatologists (physicians specializing in joint and inflammatory diseases) have used low doses of antidepressants to relieve the symptoms of fibromyalgia. Tricyclic antidepressants are most commonly used to reduce the sensation of pain, promote sleep, and alleviate stress.

Similarly, studies with IBS patients have shown that antidepressants may improve symptoms independent of treatment for depression. Given their known usefulness in treating both conditions, it would seem that patients who suffer from both

fibromyalgia and IBS would benefit from the use of antidepressants.

For many individuals, however, treatment with medications alone is not effective. One promising area of research in the functional gastrointestinal disorders has been the use of behavioral interventions to help promote coping skills, relaxation, and pain reduction. Similar techniques have been developed independently for the treatment of fibromyalgia. The results in fibromyalgia have been equally good, further supporting the use of behavioral interventions in both conditions.

Biofeedback therapy, to help teach how to relax contracted muscles, is one method of treating fibromyalgia. Acupuncture, to

relieve muscle spasm, has proven effective in some people. Stress management methods, such as relaxation techniques or meditation, can help reduce stress that influences symptoms. Mild exercise – to promote flexibility, strength, endurance, and general well being – is recommended to help reduce pain.

In summary, it is clear that fibromyalgia and functional gastrointestinal disorders, particularly irritable bowel syndrome, frequently occur together. No etiologic relationship can be established for

one or the other at this time. Further, there is no evidence to suggest that functional gastrointestinal disorders are made worse per se by the presence of fibromyalgia (or vice versa). However, it is clear that people who suffer from both of these disorders have a heavier burden to endure and that aggressive use of evolving therapies, especially the judicious use of low-dose antidepressants, relaxation therapy, and behavioral interventions to promote coping skills can be of significant benefit.

FUNCTIONAL SOMATIC SYNDROMES describe a set of symptoms, affecting the body, that are often seen in conjunction with functional gastrointestinal (GI) disorders. Like the functional GI disorders, functional somatic syndromes are not generally due to any type of underlying organic disease or anatomic problem. Significantly, functional somatic syndromes can make a person with a functional GI disturbance feel worse, particularly because they often occur simultaneously.

Three key factors generally influence the frequency and severity of symptoms associated with functional somatic syndromes. These are 1) behavioral factors, such as dietary choices or lack of exercise, 2) cognitive factors, or the way a person thinks about symptoms, and 3) environmental factors, or situations that cause personal stress.

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