

## RESEARCH NEWS

## The Prevalence Of Fibromyalgia In Chronic Painful Diseases With Structural Pathology (DWSP): A Review Of The Data

Rheumatologist/researcher Muhammad Yunus, M.D., is well-known for his pioneering work on the concept of Central Sensitivity Syndromes (CSS), an umbrella term for a group of chronic, painful conditions *without* structural pathology which share common clinical features and mutual associations as well as central sensitivity.\* Dr. Yunus includes among the CSS members: fibromyalgia, irritable bowel syndrome (IBS), functional dyspepsia, chronic fatigue syndrome (CFS), temporomandibular disorder (TMD), tension-type headache, migraine, interstitial cystitis, multiple chemical sensitivity, posttraumatic stress disorder (PTSD), Gulf War syndrome, vulvodynia, restless legs syndrome (RLS), and what Dr. Yunus calls regional pain syndromes (myofascial pain syndrome and neck and back pain without structural pathology).

In a new paper published in the journal, *Pain Research and Treatment*, Dr. Yunus offers not only an important discussion regarding the bidirectional nature of CSS diseases but also an extensive review of the research literature which he recently undertook to document the prevalence of fibromyalgia in chronic painful diseases *with* structural pathology. The result of that review is not only a comprehensive bibliography but also a list of those painful medical conditions with structural pathology which are significantly associated with fibromyalgia along with their estimated prevalence (See Tables 1 & 2). Those conditions include rheumatoid arthritis, systemic lupus, ankylosing spondylitis, osteoarthritis, diabetes mellitus, endometriosis, hypothyroidism, inflammatory bowel disease, and possibly others still to be included at a later date.

Dr. Yunus notes that while the quality of the research methodology in the aforementioned studies was not always ideal, the reported prevalence

rates of fibromyalgia were still generally much higher than in the general population, and all results converged in the same direction. For these reasons, he believes it is okay to surmise that the associations between fibromyalgia and the other conditions are real. The next challenge, Dr. Yunus suggests, will be to discover whether the other CSS conditions related to fibromyalgia will also be associated with the diseases with structural pathology.

(Source: Muhammad B. Yunus, "The Prevalence of Fibromyalgia In Other Chronic Conditions," (Review Article), *Pain Research and Treatment*, Vol. 2012, Article ID 584573, 8 pages, 2012. doi: 1155/2012/584573) – this article may be downloaded at no charge.)

**TABLE 1**

Prevalence of FMS In Chronic Painful Diseases With Structural (Organic) Pathology (DWSP)	Mean (Average)
<b>Rheumatoid Arthritis</b> (Range 12.2-19.8)	15.4
<b>Systemic Lupus (SLE):</b> (Range: 5.0-25.3)	16.2
<b>Ankylosing Spondylitis*</b> (Range: 10.8-50.0)	30.4
<b>Osteoarthritis</b> (Range: n/a )	11.0
<b>Diabetes Mellitus*</b> (Range: 17.0-18.0)	17.5
<b>Endometriosis</b> (Range: n/a)	5.9
<b>Hypothyroidism</b> (Range: n/a)	34.0
<b>Crohn's Disease</b> (Range: 3.0-49.0)	26.0
<b>Ulcerative Colitis</b> (Range: 3.7-49.0)	11.4

\*female patients only

(Source: M.B.Yunus, "Pain Research and Treatment, Vol. 2012, Article ID 584573, 8 pages, 2012. doi: 1155/2012/584573)

\*Central sensitization: hyperexcitability of the CNS neurons in response to peripheral noxious stimuli, so that there is an exaggerated response to a normally painful stimulus (hyperalgesia), increased duration of response following a brief stimulus (persistent pain), and a response of pain following a normally non-nociceptive stimulus, e.g., touch or rubbing (allodynia)." From "Central Sensitivity Syndromes," by M.B. Yunus, *Journal of the Indian Rheumatism Association* 2001 (8)(1):27-33.

**TABLE 2**

**References Re: Research On Prevalence Of Fibromyalgia In DWSP By Dr. Yunus**

**Rheumatoid Arthritis**

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- F. Wolfe, W. Häuser, et al., *Pain*, 152, 2011.

**SLE (Systemic Lupus Erythematosus)**

- E. F. Morand, et al., *Lupus*, 3(3) 1994.
- D. D. Gladman, et al., *J Rheumatology*, 24(11) 1997.
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- S. Akkasilpa, et al, *J Rheumatology*, 32(1) 2005.
- G.D. Middleton, et al., *Arthritis & Rheumatism*, 37(8) 1994.

**Ankylosing Spondylitis**

- V. Aloush, et al., *Rheumatology International*, 27(9) 2007.
- R. Almodovar, et al., *Clinical and Experimental Rheumatology*, 28(6) 2010.

**Osteoarthritis**

- G. A. Hawker, et al., *Osteoarthritis and Cartilage*, 18(11) 2010.

**Diabetes Mellitus**

- M. Tishler, et al., *Rheumatology International*, 23(4) 2003.
- M. N. Yanmaz, et al., *Rheumatology International*. In press.

**Endometriosis**

- N. Sinaii, et al., *Human Reproduction*, 17(10) 2002.

**Hypothyroidism**

- M. Soy, et al., *Rheumatology International*, 27 (6) 2007.

**Crohn's Disease**

- D. Buskila, et al., *J Rheumatology*, 26(5) 1999.
- O. Palm, et al., *J Rheumatology*, 28(3) 2001.

**Ulcerative Colitis**

- D. Buskila, et al., *J Rheumatology*, 26(5) 1999.
- O. Palm, et al., *J Rheumatology*, 28(3) 2001.

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