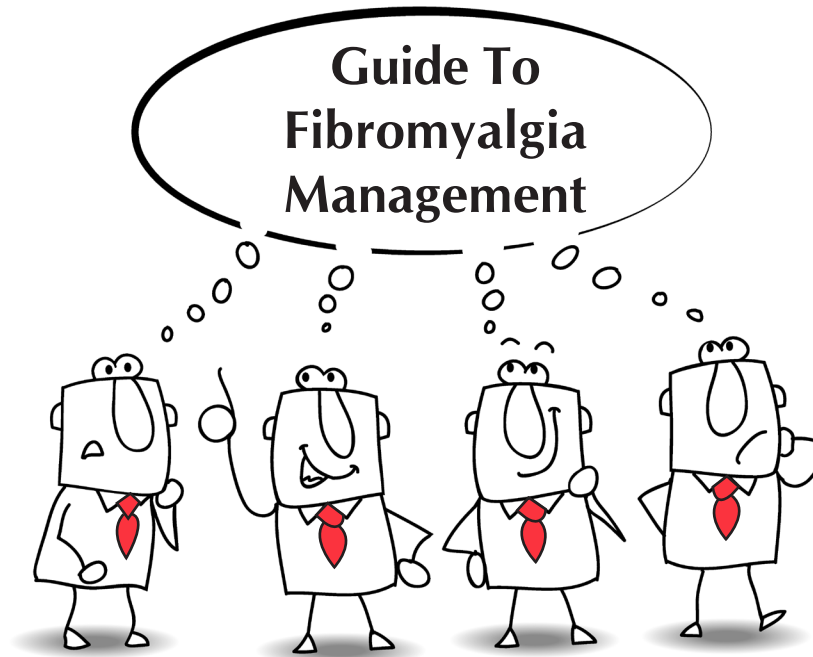


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Because there is currently no “magic pill” for fibromyalgia (FM), treatment aims at managing symptoms to the greatest extent possible. Just as individual manifestations of fibromyalgia vary from patient to patient, so do successful forms of treatment. What works for one patient may not work for another. In addition, medical practitioners often have different preferences as to treatment.

This guide offers an overview of a variety of treatment modalities which have undergone quality research and are widely prescribed by health care professionals with experience in the management of fibromyalgia. Many of the approaches can either be used alone or in combination with other treatment approaches.

This guide is for general, informational purposes only and is not intended as a treatment manual. No specific product or treatment is endorsed. Patients are strongly advised to seek medical advice from a qualified health care professional who can help them decide which management approach(es) might best address their specific medical needs.

PRESCRIPTION MEDICATIONS

The overview of prescription drugs included in this section is intended to familiarize you with medications prescribed for fibromyalgia. The drugs included below are listed by trade name first, followed by their corresponding generic name in parentheses.

It is helpful to remember that fibromyalgia patients sometimes have special needs when it comes to managing fibromyalgia. Some are quite sensitive to medications and may need to start new prescriptions at smaller dosages and increase them gradually, as appropriate. Other patients may need a combination of management approaches to get relief from symptoms, for example: medication + one or more non-drug therapies.

Traditional Pain Relievers

Drugs designed to relieve pain are called analgesics. The specific types of prescription analgesics most commonly used to treat fibromyalgia are non-steroidal anti-inflammatory drugs (NSAIDs) and narcotic medications (opioids). Note: Steroid drugs have proven ineffective for FM management over the long-term.

Anti-inflammatory medications: Although fibromyalgia is not an inflammatory condition, patients can still benefit from non-steroidal anti-inflammatory drugs because of their pain-relieving properties. Of course if patients also have inflammatory conditions like arthritis or tendinitis *in addition to* FM, they can get even more benefit from these drugs. NSAIDs work by inhibiting substances in the body known as prostaglandins, which play a role in pain and inflammation. Examples of NSAIDs available by prescription are:

Motrin (ibuprofen)
Naprosyn (naproxen)
Voltaren (diclofenac)
Feldene (piroxicam)

Stomach irritation can be a problem with NSAIDs, so many doctors recommend taking them with food. Caution must also be observed when the drugs are used in large doses or over a long period of time since they can also cause gastrointestinal bleeding. Also important to note is that some other medications cannot be taken along with NSAIDs because the latter can alter the way the body uses or eliminates those other drugs.¹

Narcotic medications (opioids) are controversial in the management of fibromyalgia just as they are in other chronic pain conditions. While these drugs can be very useful in the treatment of patients who are suffering from acute flare-ups of pain, a fear of addiction remains on the part of some doctors and patients. However, many experienced clinicians in the field of FM management have gone on record saying that with careful management, the use of opioid painkillers need not be problematic and can be useful if other prescription pain medicines have failed. Opioids do have possible side effects. These include dizziness, drowsiness, itching, constipation, and loss of appetite, among others. Examples of opioids which are prescribed for the treatment of FM are:

Vicodin (hydrocodone + acetaminophen)
Oxycontin (oxycodone hydrochloride)
Percocet (oxycodone + acetaminophen)
Ultram (tramadol hydrochloride)
Ultracet (tramadol hydrochloride + acetaminophen)

Tramadol – trade name, Ultram – is a unique, centrally acting, synthetic, opioid analgesic. Laboratory studies performed by Ortho McNeil suggest that it acts directly on parts of the brain where pain is received and on the spinal cord, and it reduces the size of the pain signal passed from one nerve to another. Ultram and Ultracet are not recommended for people who are allergic to codeine or other opioids, and they should not be used with alcohol or by persons with seizure disorders.

Despite their reported usefulness in the treatment of episodes of severe FM pain, the effectiveness of narcotics in treating long-term, chronic pain is still uncertain. Rheumatologist Russell Rothenberg, M.D., has noted that while opioids can be helpful for acute FM flare-ups or in individuals who are highly disabled by the pain of fibromyalgia, they tend to be less effective in the treatment of chronic pain over the long term because they do not (chemically) address the root of the pain. If a patient requires long-term narcotic analgesics as part of a comprehensive treatment program for fibromyalgia, then long-acting, narcotic medications can be prescribed and are usually preferable to short-acting drugs which can result in rebound pain overnight as the effect of the drug wears off.²

Ironically, some FM patients have reported finding opioid medication ineffective. One small, controlled study at the University of Michigan, published in the *Journal of Neuroscience* in 2007 offers a possible explanation. Investigators discovered that those with FM had reduced binding ability of a type of receptor (mu-opioid receptor or MOR) in the brain that is the target of opioid painkiller drugs. Lead study author, Richard Harris, M.D., Ph.D., who is a researcher at the University's Chronic Pain and Fatigue Research Center, explains that when the painkillers cannot bind to the receptors, they cannot alleviate pain as effectively.³

Medications For Centrally Mediated Pain

Other medications have become more popular in recent years as more research points to the brain and central nervous system as sources of dysfunction in fibromyalgia and related conditions.

Tricyclic anti-depressants have been adopted for use in the treatment of fibromyalgia because of their ability to control pain and promote sleep. They are usually prescribed in much lower dosages for FM than for depression, however. Common tricyclics include:

Elavil (amitriptyline)	Sinequan (doxepin)
Pamelor (nortriptyline)	Desyrel (trazadone)

Amitriptyline, one of the early drugs used to treat FM, has undergone extensive testing for effectiveness in FM patients. Its primary side effects (similar to other tricyclics) include: dry mouth, drowsiness, morning hangover, constipation, weight gain, and sometimes anxiety. Because of their sedating qualities, tricyclics are usually taken at bedtime.

Muscle relaxants can decrease pain in fibromyalgia patients by minimizing muscle spasms and muscle pain. Because of their sedating qualities, they help to increase sleep and are taken at bedtime. Typically used muscle relaxants are:

- Flexeril (cyclobenzaprine hydrochloride)
- Norflex (orphenadrine citrate)
- Skelaxin (metaxalone)
- Soma (carisoprodol)
- Soma Compound (soma + acetaminophen)
- Zanaflex (tizanidine HCl)

Common side effects include drowsiness, dry mouth, constipation, headache, and heart palpitations. Soma has the additional risk of becoming habit-forming. Like Elavil, Flexeril was one of the earliest drugs used in the treatment of FM and has been well researched.

Tizanidine hydrochloride (Zanaflex), is of special interest as a treatment for fibromyalgia because it lowers levels of the neurotransmitter, Substance P, which is elevated in the cerebrospinal fluid of fibromyalgia patients and thought to be involved with pain perception. Although the U.S. Food and Drug Administration (FDA) approved it as a muscle relaxant to treat multiple sclerosis and stroke patients, it is a centrally acting alpha-2 adrenergic antagonist drug.⁴

Selective serotonin and norepinephrine reuptake inhibitors (SSNRI's) are a relatively new group of medicines which are thought to work by increasing the activity of neurochemicals called serotonin and norepinephrine in the brain. The drug, Effexor XR (venlafaxine hydrochloride), was the first such drug evaluated for FM in a small study by Sayar et al. (*Ann Pharmacotherapy*, November 2003) Fibromyalgia patients who took Effexor XR showed significant improvement in pain intensity and disability caused by fibromyalgia as well as in depression and anxiety.

Later, two other SSNRI's were approved by the FDA specifically for the treatment of fibromyalgia pain after undergoing clinical trials undertaken by their respective pharmaceutical companies. The drugs were Cymbalta (duloxetine) and Savella (milnacipran). Although these medications have proven helpful to some FM patients, other individuals with fibromyalgia have had difficulty with adverse side effects, are unable to take the drugs because they have another condition which makes their use inadvisable, or have not found them effective.

Anti-convulsant medications, a group of drugs which were originally developed for other medical conditions, can sometimes prove useful for the relief of pain and sleep dysfunction in fibromyalgia patients. Two examples of drugs of this kind which have been used in the treatment of fibromyalgia include Neurontin (gabapentin) and Lyrica

(pregabalin). Gabapentin was studied by Dr. Leslie Arnold and colleagues in a randomized, controlled trial sponsored by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) of the National Institutes of Health.⁵ Pregabalin, another drug of the same type as gabapentin, was approved by the FDA for the treatment of fibromyalgia following clinical trials.

SSNRI and anti-convulsant medications all have side effects and contraindications for some patients. It is important for patients to speak with their physician when considering these drugs and then carefully read the insert which comes with their prescription.

Are the three new FDA-approved drugs “better” for the treatment of FM than the older pain and sleep medications (i.e., tricyclics or muscle relaxants)? In a lead article published in the journal, *Drugs*,⁶ University of Florida-Gainesville researcher Roland Staud, M.D., offers these thoughts about duloxetine, milnacipran, and pregabalin: “In general, about half of all treated patients seem to experience a 30% reduction of symptoms, suggesting that many patients with fibromyalgia will require additional therapies.”

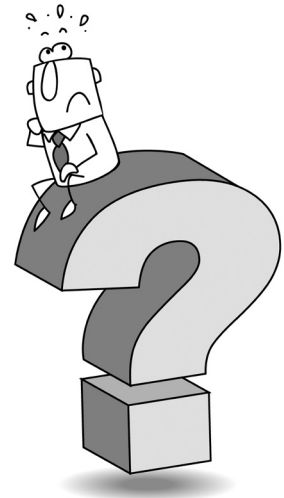
Sleep Medicines

Because persons with fibromyalgia have trouble falling asleep, staying asleep, or getting quality, restorative sleep, sleep medicines have been found very useful in FM management. By improving sleep, it is also possible to decrease pain and achieve better daytime functioning. One commonly prescribed drug, Lunesta (eszopiclone), is one of the generation of sleep aids which helps people to fall asleep without the next day hangover characteristic of older-generation sleep drugs. Lunesta was the first drug to be approved for long-term use, and it also helps people to stay asleep. Other popular sleep aids include the central nervous system depressants, Ambien (zolpidem tartrate) and Sonata (zaleplon). These drugs can be habit-forming and are therefore usually only prescribed for short periods of time.

Medications Still Under Serious Consideration

Other prescription medications are still being evaluated by researchers for the treatment of pain in patients with fibromyalgia. A few examples of those are:

Low-dose naltrexone (an opioid antagonist) is an inexpensive and widely available medication which has been used for approximately 30 years to treat addiction. It also has properties which help lessen the severity of inflammation (possibly pro-inflammatory cytokine activity) and relieve pain, both centrally and in the periphery of the body. New studies for fibromyalgia show promise when dosages of approximately 4.5 mg/day of naltrexone, taken orally, are used.⁷



Nabilone (a cannabinoid) is a synthetic version of the major compound found in marijuana plants (cannabis). This medication is FDA-approved for the treatment of nausea and lack of appetite in chemotherapy patients and for lack of appetite in AIDS patients. It has shown some promise in the treatment of pain, sleep problems, and anxiety in fibromyalgia.⁸

Xyrem: Although not yet approved by the FDA for the treatment of fibromyalgia, the central nervous system depressant known as Xyrem is a promising drug currently being assessed for use in individuals with FM. Clinical trials of FM patients have already shown significant pain relief and improved functioning. Sodium oxybate, the active ingredient of Xyrem, is a sodium salt of gamma-hydroxybutyrate (GHB), a substance with a history of abuse. Therefore, Xyrem is highly controlled through a restricted distribution system.

Topical creams: Because it is not uncommon for individuals with FM to be drug-sensitive, there has been recent interest in topical prescription compounds which are specifically prepared by a pharmacist per the instructions of a prescribing physician. Such compounds often blend medications in a cream base so they can be applied to the skin on specified parts of the body. Ingredients vary depending on the patient's medical needs. Unfortunately, studies still need to be done on the effectiveness and safety of prescription topical creams for FM patients.

In The Final Analysis

In a critical analysis of pharmacological therapies currently available for fibromyalgia, a group of German, Canadian, and American researchers headed by Dr. Winifred Häuser offered some pointed insights about the limits of drug therapy in an article published in the journal, *Arthritis Research & Therapy*, in 2014. Of particular interest are the following excerpts from their concluding remarks:⁹

“Drug therapy is not a panacea for the care of patients with symptoms of FMS. For many, who may have been through various treatment trials, the final compromise may be the limited use of prescription medications, on demand over-the-counter agents, and focus toward non-pharmacologic strategies. In those continuing drug treatments, many will use a combination of drugs, generally in lower doses than may be recommended by manufacturers. There is, however, no current evidence that patients benefit from drug combinations, despite widespread use.”

“Drug therapy is not mandatory.”

“Drug therapy as the sole strategy for the management of patients with FMS should be discouraged. Taking into consideration the modest effect of currently available drugs, high prevalences of adverse effects, and poor record of continued use, the health-care community must be vigilant in adhering to responsible prescribing practices and carefully monitor patients for both efficacy and side effects.”

NON-DRUG THERAPIES

A variety of non-drug therapies is available to fibromyalgia patients. Many of them were not born in a test tube or developed and tested in a laboratory. Some trace their beginnings to a long tradition of knowledge and practice, dating back decades or even centuries, when healing techniques were handed down by master practitioners to new apprentices. Other non-drug therapies combine knowledge of the mind and body with new scientific discoveries to create everything from high-tech imaging and treatment devices to therapeutic tools (such as lasers or biofeedback technology) which a practitioner can then use to treat maladies of the human body in ways never before imagined. Even home remedies are a form of treatment which can provide unofficial solutions for pain (e.g., moist heat packs, linament, special diets, etc.).

Unfortunately, it is frequently challenging to evaluate the effectiveness and safety of non-drug, treatment modalities or select suitable control groups for research studies. It should also be noted that many of the practitioners of such therapies are not usually experts in statistics or research design because those skills were usually not required during their training. To overcome these obstacles, new research partnerships are being encouraged between medical scientists and skilled practitioners of complementary or alternative therapies to better understand just how various treatment modalities work and to verify their suitability for the treatment of particular illnesses. In the United States there is a special center devoted to just that: the NIH's National Center for Complementary and Integrative Health (NCCIH).

Body Work

Hands-on “body work” therapies have become very popular among individuals with FM because they help to relieve pain, stiffness, and other fibromyalgia symptoms. Among available therapies are the following.

Massage comes in many varieties. It can be very soothing; and it can also help diminish musculoskeletal pain, increase the circulation of blood to tense, sore muscles, and remove built-up toxins like lactic acid. Practitioners can also use it to re-educate muscles and joints which have become mechanically misaligned. New research suggests that the body enjoys a heightened immune response following massage.¹⁰

David Simons, M.D., a leading pioneer in the field of myofascial pain once wrote the following words which illustrate the necessity of having not only healthy muscles, joints, and soft tissues but also skilled practitioners of massage available:

“Skeletal muscle is the largest organ of the body. It makes up nearly half of body weight. Muscles are the motors of the body. They work with and against the ubiquitous spring of gravity. Together with cartilage, ligaments, and intervertebral discs, they serve as the body's mechanical shock absorbers. Each one of the approximately 500 skeletal muscles is subject to acute and chronic strain.”¹¹

Postural training: While different forms of body work can help patients reduce pain and relax muscles, posture or movement training is often helpful to undo lifelong bad habits which increase pain. Fibromyalgia patients who have significant problems with foot pain resulting from poor posture or body mechanics may also benefit from special shoe inserts (orthotics) prescribed by a podiatrist.

Myofascial release is a technique developed by physical therapist, John Barnes. It is a very gentle form of body work designed to relieve restrictions and tightness in connective tissue (fascia). When properly performed, it often decreases connective tissue's pull on bones, allowing muscle fibers to relax and lengthen.¹²

Trigger point therapy is a technique designed to break up myofascial trigger points, the hyper-irritable spots which develop in skeletal muscle or its surrounding fascia and cause myofascial pain. Myofascial trigger points are very prevalent in fibromyalgia and can be the result of both mechanical and medical causes. They don't just hurt at their source, they can also refer pain outward in the body in predictable patterns and can cause a wide variety of non-pain symptoms. To treat trigger points, a trained therapist generally applies sustained pressure to the trigger point. If this approach is unsuccessful, patients may be sent to a physician for trigger point injections which usually contain 1% procaine or lidocaine. These injections can often provide pain relief, especially when used in conjunction with physical therapy. The effects may last for up to three or four weeks.

Other Complementary & Alternative Therapies

Acupuncture is a treatment which involves the insertion of small needles at specific anatomical points identified as conducive to energy. Research has offered evidence that acupuncture enables electromagnetic signals in the body to be relayed at a greater rate than usual, thus allowing the flow of natural pain-killing endorphins to specific pain sites. In addition, it may also encourage the release of the body's own opioids into the central nervous system during treatment and alter brain chemistry by changing the release of neurotransmitters and neuro-hormones.¹³ The NIH Center for Complementary and Integrative Health reports:

“There have been extensive studies conducted on acupuncture, especially for back and neck pain, osteoarthritis/knee pain, and headache. However researchers are only beginning to understand whether acupuncture can be helpful for various health conditions. . . Acupuncture is generally considered safe when performed by an experienced, well-trained practitioner using sterile needles. Improperly performed acupuncture can cause serious side effects.”¹⁴

NCCIH recently announced that in a review undertaken in 2013 of research of the use of acupuncture in fibromyalgia, “Investigators found low-to-moderate evidence that acupuncture, compared with no treatment or standard therapy, improves pain and stiffness in people with fibromyalgia. However, this 2013 review of scientific studies also concluded that larger studies are needed.”¹⁵

Qigong: There are many forms of qigong; the best known is the moving form, tai chi. What all the forms have in common is a posture (either moving or stationary), breathing techniques, and mental focus.¹⁶ Qigong can be helpful to persons with fibromyalgia for at least three reasons. First, it couples low impact movement with carefully orchestrated breathing and mental focusing techniques. Secondly, it can serve as a tool for significant stress relief and an avenue for dealing with severe pain, fatigue, and other symptoms. Thirdly, qigong appears to have an intriguing ability to stabilize the operations of certain autonomic nervous system functions in the body. Research already shows promise for qigong in the treatment of fibromyalgia and invites more work in this field. If you are unable to find a qigong program in your area, DVD's for home use are commercially available.

Cognitive therapy: Carol Burckhardt, Ph.D., a fibromyalgia expert at the Oregon Health Science University in Portland, offers a clear explanation of how cognitive therapy works.¹⁷ She explains:

“ . . . a very powerful connection exists between how you think, how you perceive messages from yourself and others, and how you feel both emotionally and physically.”

“These ongoing thoughts are the little voice in your head that babbles to you all the time. Sometimes people I see in counseling aren't aware that they are constantly engaged in a running, automatic dialog. If that seems to be the case, I ask them to spend the next week listening to themselves. Invariably, they come back with all sorts of tales that their conscious mind has been telling them. This cognitive part is always actively evaluating, rationalizing, scheming, analyzing, and distorting reality at times. . . .”

“ . . .What cognitive restructuring focuses on is helping you to identify the long-standing patterns of automatic thinking associated with unhappiness, anxiety, depression, and physical symptoms. Once these patterns are identified, you can decide if you wish to change them. . . . A good therapist acts as a guide to the process, often asking questions like, ‘Can you think of an alternative way to view this situation?’ ‘Is believing you are worthless helpful to you?’”

Research has shown that cognitive therapy, also known as cognitive behavioral therapy or CBT, can be very helpful to people with fibromyalgia who unknowingly adapt maladaptive illness behaviors (i.e., hopelessness, victim mentality). Unfortunately, it is often very difficult for patients to find professionals who are trained in this type of therapy. Beware of imitators who offer services in cognitive therapy but have not mastered the treatment techniques.

FM Therapies Still Under Serious Consideration: There is still much more to be learned, from a research perspective, about the efficacy and safety of other forms of non-drug treatments which have proven helpful in other medical conditions but which have not yet completed official evaluation for fibromyalgia. Examples are craniosacral therapy, EEG neurotherapy, hypnotherapy, chiropractic, and osteopathic manipulation, among others.

Self-Help Strategies

Stretching: Gentle stretching can be performed by physical therapists and/or practiced by patients at home. Several videotapes have been specially created for FM patients for this purpose.¹⁸ Stretching is important because it helps to relieve muscle tension and spasm. In difficult-to-treat areas of muscle pain or myofascial trigger points, physical therapists can also use “spray and stretch” techniques in which they apply a vapocoolant spray (i.e., ethyl chloride) to deaden pain while the muscles are simultaneously stretched gently.

Exercise: Low-impact aerobic exercise is very important for fibromyalgia patients to prevent muscle atrophy (wasting), to promote the circulation of blood containing oxygen and other nutrients to muscles and connective tissue, and to build strength and endurance. Examples of low-impact exercise include walking, the use of treadmills or cross-country ski machines, and warm water walking/exercise. A cardinal rule for fibromyalgia patients is to start slowly and conservatively and build up exercise tolerance in small increments. Should a FM patient find that exercise repeatedly causes high levels of pain, a referral to a physical therapist may be indicated. These professionals can identify weak areas which need attention and help restore normal physiological relationships between muscles and joints, thereby paving the way for successful exercise. Some patients have also gained from working one-on-one with a personal trainer in conjunction with their physician.

Lifestyle activity: The University of Michigan’s Chronic Pain and Fatigue Research Center in Ann Arbor, stresses the benefits of “lifestyle activity.” Fibromyalgia experts at the Center define lifestyle activity as “physical actions you perform as part of daily living.” They call it “just plain living” and activities that take place “as a consequence of working, traveling, raising children, etc.” Unless terribly strenuous, lifestyle activities usually do no harm, but research has demonstrated that they improve pain and fatigue, just like exercise.¹⁹

Relaxation therapy: Not surprisingly, the pain and related symptoms of fibromyalgia cause significant stress to the body which can, in turn, just make matters worse. Thus, effective stress management programs are recommended. Among those successfully used for fibromyalgia are breathing exercises, different forms of meditation, gentle yoga, traditional biofeedback, progressive relaxation, and guided imagery. Patients may need to receive initial training in some of these areas before practicing them on their own. Books, audiotapes, and classes are also widely available to help.

Common sense: Individuals with FM can make a meaningful contribution to their own treatment by learning how their bodies respond to fibromyalgia. For example, do certain activities (especially those involving repeated or prolonged muscle use) tend to exacerbate FM? If so, how can they be modified or replaced and thus better tolerated? Do certain types/levels of activity cause delayed pain reactions a day or two later? Also crucial is learning to pace yourself, take frequent breaks, and say “No” to requests that simply cannot be accommodated on a particularly bad day. If certain commitments cannot be avoided, it is important to get extra rest before and after to aid in recovery. While these ideas sound simple in theory, they are often difficult to implement.

Self tolerance: It is all too easy for individuals with FM to be excessively hard on themselves. After realizing that they are unable to accomplish all they once did, they can become overly critical or disparaging of themselves in their “self-talk.” Guilt may also become a problem as they must depend on friends and family to a greater extent for help with daily activities but then have to let them down by saying “no” to social outings when symptoms are severe. If surrounded by people who don’t “believe in” fibromyalgia, patients may sometimes wonder if their FM really IS somehow “their fault” or just a figment of their imagination. Alternatively, they may worry that others think they just aren’t trying hard enough to feel better. If patients have not yet found a fibromyalgia treatment that works well for them, they may feel more and more discouraged. It takes enormous energy and courage to adjust to fibromyalgia and find effective treatments without having to waste precious energy on guilt, self deprecation, and doubt.

Newly diagnosed patients need to know that it is NOT their fault that they have fibromyalgia. FM is a legitimate condition which is recognized by federal and state health agencies as well as leading academic medical centers and professional health organizations across the U.S. Fibromyalgia is being actively researched every day. Public awareness of FM is rapidly increasing, too.

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For a free copy of the National Fibromyalgia Partnership’s brochure and catalog, write: NFP, Inc., P.O. Box 2355, Centreville, VA 20122 USA, or visit our website: www.fmpartnership.org/

Where To Find Information On Fibromyalgia-Related Conditions

The TMJ Association, Ltd.: P.O. Box 26770, Milwaukee, WI 53226-0770 • Website: <http://www.tmj.org>
[offers information on disorders of the temporomandibular jaw joint]

Myofascial Pain Due To Trigger Points/Chronic Myofascial Pain: See the website of author and myofascial pain expert, Devin Starlanyl: <http://www.sover.net/~devstar/>

National CFIDS Foundation: 103 Aletha Road, Needham, MA 02492 • Phone: 781/449-3535 • Website: <http://www.ncf-net.org/>

Solve ME/CFS Initiative – formerly The CFIDS Association of America, Inc.: P.O. Box 220398, Charlotte, NC 28222-0398 • Phone: 704/365-2343 • Website: <http://www.solvecfs.org/>

National Vulvodynia Association (NVA): P.O. Box 4491, Silver Spring, MD 20914-4491 • Phone: 301/299-0775 • Website: <http://www.nva.org/>

Interstitial Cystitis Association (ICA): 1760 Old Meadow Road, Suite 500, McLean, VA 22102 • Phone: 703/442-2 070 • Website: <http://www.ichelp.org/>

International Foundation for Functional Gastrointestinal Disorders (IFFGD): 700 W. Virginia Street #201, Milwaukee, WI 53204 • Phone: 414/964-1799 or 888/964-2001 • Website: <http://www.iffgd.org>
[offers information on irritable bowel syndrome]

Willis – Ekbohm Disease Foundation – formerly Restless Legs Syndrome (RLS) Foundation, Inc.: 1530 Greenview Drive, S.W., Suite 210, Rochester, MN 55902 • Phone: 507/287-6465 • Website: <http://www.rls.org/>