

My fibromyalgia pain is worsening...am I having a “flare?”

What can I do to manage symptoms of a flare when I am experiencing one?

Fibromyalgia does not have a mind of its own and it does not decide for itself when it wants to make you feel miserable. Instead, it is a distinct physiological condition in which pain signals and other traditionally non-painful sensory stimuli are amplified (similar to a quiet voice being projected through a megaphone) to the brain through alterations of the neurological system and its neurotransmitters. This is why many choose to refer to this condition as an “amplified pain syndrome.”

While symptoms of amplified pain are often chronically present to some degree, acute worsening in levels or intensity of pain, or specific areas of newly and focally worsened pain, should catch your (and your medical provider’s) attention.

Remember that the presence of fibromyalgia or an amplified pain syndrome does not preclude the presence of additional medical conditions or provide immunity from other causes of painful stimuli that can affect the sensory experience of being human. The presence of an amplified pain response and a diagnosis of fibromyalgia, instead, can often be best thought of as an uncomfortable and augmenting sensory filter through which those with these medical conditions experience in the world around them.

As such, when there is an acute change in overall diffuse pain, or likewise, when there is a particular area of the body noting an increasing level of pain, it is often most beneficial to approach this symptom as a “new” symptom with a possible new or altered physiological underpinning. Perhaps, you sprained your knee when stepping off of a curb, and you are now experiencing increasing knee pain (amplified beyond what others might feel with such an injury in the absence of fibromyalgia); and perhaps this knee pain is causing an alteration in your gait and weight distribution that, while normally feeling like generalized achiness, is interpreted as leg and buttock pain as well.

It is not uncommon to see increasing diffuse and widespread pain among fibromyalgia patients who develop an infection, whether it be a viral upper respiratory illness, a diarrheal illness, a urinary tract infection, or even something more serious.

- Might it be possible that something particularly emotionally traumatic, such as the loss of a loved one, a divorce, or financial stress, has taken place in your life recently? We find that emotional triggers of anxiety, depression, sadness, and stress can present as if someone is further turning up the volume on a megaphone that is already projecting increased sensations of pain.
- Could it be that you recently discontinued a medication that was providing previously unappreciated benefit and that now its absence is being felt in an augmented manner? Alternatively, could you have started a new medication or supplement that has led to a disruption in normal healthy physiology that you are experiencing in a particularly painful way?
- Has restorative sleep (known for helping to turn down the volume of the fibromyalgia megaphone) been hard to come by recently?
- Has there been an inability to maintain the same level of healthy, low-impact exercise (perhaps you are recovering from surgery) compared to previous levels of exercise, allowing for the volume on the megaphone to once again crank upward? On the other hand, could you have possibly increased your activity, or participated in a particular effort of exertion, such as moving furniture, that might engender muscle and joint soreness in anyone, much less someone with amplified pain? Too much or too little exercise can both lead to amplification of pain-strike a balance.

At its essence, it remains critical to think about the possible physiological underpinnings of an acute change in your diffuse or focal pain levels. Perturbations in a normal system of equilibrium can still occur, just as they might for anyone. The difference between these perturbations in someone with fibromyalgia and someone without is merely that the responses to these perturbations are exaggerated or magnified, but that does not mean that an acute trigger is not still present.

As such, it is strongly recommended that you and your care provider take a close look at what specific symptoms and lifestyle changes have taken place around the time new or worsening symptoms acutely begin, to help identify a treatable or modifiable “root cause” for triggering these symptoms. Trying pill after pill after pill of medication “approved for use in fibromyalgia” may not always be the correct approach.

Key takeaways:

Step back, take a close look at the many changing variables in your life, and, with the help of your medical providers, harness that information to develop a targeted, well-informed, and safe treatment regimen or lifestyle adjustment to help turn things around.

Promise yourself to not sit back and accept the outdated and incorrect adage that “nothing can be done for fibromyalgia.”

Fibromyalgia need not control you, and you have the capability to deconstruct your symptoms and take matters back into your own hands.

By paying attention to such changing variables in your life, you wield great power and can significantly assist your providers in rapidly diagnosing and quickly and efficiently treating your flare of symptoms.