



[Home](#) → [Medical Encyclopedia](#) → Fibromyalgia

URL of this page: //medlineplus.gov/ency/article/000427.htm

Fibromyalgia

Fibromyalgia is a condition in which a person has long-term pain that is spread throughout their body. The pain is most often accompanied by fatigue, sleep problems, difficulty concentrating, headaches, depression, and anxiety.

People with fibromyalgia may also have tenderness in the joints, muscles, tendons, and other soft tissues.

Causes

The cause of fibromyalgia is not known. Researchers think that it is due to a problem with how the central nervous system processes pain signals from nerves. Possible causes or triggers of fibromyalgia include:

- Physical or emotional trauma.
- Abnormal pain response: Areas in the brain that control pain may react differently in people with fibromyalgia.
- Sleep disturbances.
- Infection, such as a virus, although none has been identified.

Fibromyalgia is more common in females as compared to males. Women ages 20 to 50 are the most affected group of people.

The following conditions may be seen with fibromyalgia or have similar symptoms:

- Long-term (chronic) neck or back pain
- Long-term (chronic) fatigue syndrome
- Depression
- Hypothyroidism (underactive thyroid)
- Lyme disease
- Sleep disorders

Symptoms

Widespread pain is the main symptom of fibromyalgia. Fibromyalgia appears to be on one end of a range of chronic widespread pain, which may be present in 10% to 15% of the general population. Fibromyalgia falls on the far end of that pain severity and chronicity scale and occurs in 1% to 5% of the general population.

The central feature of fibromyalgia is chronic pain in multiple sites. These sites are the head, each arm, the chest, the abdomen, each leg, the upper back and spine, and the lower back and spine (including the buttocks).

The pain may be mild to severe.

- It may feel like a deep ache, or a stabbing, burning pain.
- It may feel like it is coming from the joints, although the joints are not affected or damaged and appear normal.

People with fibromyalgia tend to wake up with body pain and stiffness. For some people, pain improves during the day and gets worse at night. Some people have pain all day long.

Pain may get worse with:

- Physical activity
- Cold or damp weather
- Anxiety and stress

Most people with fibromyalgia have at least one of these symptoms: fatigue, depressed mood, or sleep problems. Many people say that they cannot get to sleep or stay asleep, and they feel tired when they wake up (called non-restorative sleep).

Other symptoms in people with fibromyalgia may include:

- Symptoms of irritable bowel syndrome (IBS) or gastroesophageal reflux disease (GERD)
- Memory and concentration problems
- Numbness and tingling in hands and feet
- Reduced ability to exercise
- Tension or migraine headaches

Exams and Tests

To be diagnosed with fibromyalgia, you must have had at least 3 months of widespread pain with one or more of the following:

- Ongoing problems with sleep
- Fatigue
- Thinking or memory problems

It is not necessary for the health care provider to find tender points during a physical exam to make a diagnosis and results of the exam may be normal. You will be asked questions about depression and anxiety since those conditions are often present in people with fibromyalgia.

Results from blood and urine tests, and imaging tests are normal. These tests may be done to check for other conditions with similar symptoms. Studies of breathing during sleeping may be done to find out if you have a condition called sleep apnea.

Fibromyalgia is common in every rheumatic disease and may complicate diagnoses and therapy. These disorders include:

- Rheumatoid arthritis
- Osteoarthritis
- Spondyloarthritis
- Systemic lupus erythematosus

Treatment

The goals of treatment are to help relieve pain and other symptoms, to reduce disability, and to help the person cope with the symptoms.

The first type of treatment may involve:

- Physical therapy
- An exercise and fitness program
- Stress-relief methods, including light massage and relaxation techniques

If these treatments do not work, your provider may also prescribe an antidepressant or muscle relaxant. Sometimes, combinations of medicines are helpful.

- The goal of these medicines is to improve your sleep and help you better tolerate pain.
- Medicine should be used along with exercise and behavior therapy.
- Duloxetine (Cymbalta), pregabalin (Lyrica), and milnacipran (Savella) are medicines that are approved by the US Food and Drug Administration (FDA) specifically for treating fibromyalgia.

Other medicines are also used to treat the condition, such as:

- Anti-seizure drugs, such as gabapentin
- Other antidepressants, such as amitriptyline
- Muscle relaxants, such as cyclobenzaprine
- Pain relievers, such as acetaminophen, ibuprofen, naproxen, or tramadol

If you have sleep apnea, a device called continuous positive airway pressure (CPAP) may be prescribed.

Cognitive-behavioral therapy is an important part of treatment. This therapy helps you learn how to:

- Deal with negative thoughts
- Keep a diary of pain and symptoms
- Recognize what makes your symptoms worse
- Seek out enjoyable activities
- Set limits

Complementary and alternative treatments may also be helpful. These may include:

- Tai chi
- Yoga
- Acupuncture

Support groups may also help.

Things you can do to help take care of yourself include:

- Eat a well-balanced diet.
- Avoid caffeine.
- Practice a good sleep routine to improve quality of sleep.
- Exercise regularly. Start with low-level exercise.

There is no evidence that opioids are effective in the treatment of fibromyalgia, and studies have suggested possible adverse effects. They should be avoided.

Referral to a clinic with special expertise in diagnosing and treating fibromyalgia may be helpful.

Outlook (Prognosis)

Fibromyalgia is a long-term disorder. Sometimes, the symptoms improve. Other times, the pain may get worse and continue for months or years.

When to Contact a Medical Professional

Contact your provider if you have symptoms of fibromyalgia.

Prevention

There is no known prevention.

Alternative Names

Fibromyositis; FM; Fibrositis

References

Borg-Stein J, Brassil ME, Borgstrom HE. Fibromyalgia. In: Frontera WR, Silver JK, Rizzo TD, eds. *Essentials of Physical Medicine and Rehabilitation*. 4th ed. Philadelphia, PA: Elsevier; 2019:chap 102.

Clauw DJ. Fibromyalgia. In: Goldman L, Cooney KA, eds. *Goldman-Cecil Medicine*. 27th ed. Philadelphia, PA: Elsevier; 2024:chap 253.

Crofford LJ. Fibromyalgia. In: Firestein GS, McInnes IB, Koretzky GA, Mikuls TR, Neogi T, O'Dell JR, eds. *Firestein & Kelley's Textbook of Rheumatology*. 12th ed. Philadelphia, PA: Elsevier; 2025:chap 52.

Review Date 1/28/2025

Updated by: Diane M. Horowitz, MD, Rheumatology and Internal Medicine, Northwell Health, Great Neck, NY.

Review provided by VeriMed Healthcare Network. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

Learn how to cite this page



CERTIFIED
Health Content
Provider
06/01/2028

A.D.A.M., Inc. is accredited by URAC, for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.



National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services

National Institutes of Health