

<b>FIBROMYALGIA</b>	
<b>Overview</b>	Fibromyalgia is a chronic, noninflammatory, diffusely painful disorder felt to result from abnormal central pain processing in the central, peripheral and sympathetic nervous systems. Symptoms include widespread muscle pain, fatigue, sleep difficulties, depressed mood, and cognitive dysfunction.
<b>Lifestyle/Conservative</b>	Self-management (CFGC Strong, High evidence)
	Graduated exercise program of the patient's choice, i.e. aerobic exercise, moderate-to-high resistance training (CFGC Strong, High evidence)
<b>Alternative Medicine</b>	Mind-body therapies including Tai chi, yoga, meditation, and hypnosis, pleasant imagery (Mod evidence) // May decrease symptoms
<b>Physical Medicine/Rehab</b>	Manual therapies, including massage therapy, chiropractic, and osteopathic manipulation (Mod evidence)
<b>Psychotherapy</b>	Cognitive behavioral therapy, even for a short time, may reduce fear of pain and activity (Strong, High evidence)
<b>Pharmacotherapy</b>	Antidepressants may improve pain, fatigue, and depressed mood -- strongest evidence for amitriptyline (Strong, Mod evidence), other evidence for cyclobenzaprine, duloxetine, milnacipran, paroxetine
	Antiepileptic medications may be effective (Strong, High evidence)
	Pregabalin 150mg-600mg daily in divided doses (High evidence)
	Low dose naltrexone 4.5mg/day (Mod evidence)
	Reserve opioids, starting with weak opioid such as tramadol, for patients with moderate-to-severe pain that is unresponsive to other treatments (Weak, Mod evidence)
	Strong opioid use not recommended for this condition (Weak, Mod evidence)
<b>KEY</b>	Benefits clearly outweigh the harms with sufficient evidence, or possibility of benefit with minimal risk
	Benefits do not clearly outweigh the harms, or conflicting or limited evidence of efficacy
	Benefits do not outweigh the harms, evidence suggests poorer outcomes

Information was gathered from Dynamed accessed via Tufts

CFGC = Canadian Fibromyalgia Government Committee