



# ASK DR. BOB . . .

*with Dr. Bob Frank*

## **FIBROMYALGIA**

**It is not unusual to hear a disability underwriter come to me with the question “Can we insure this person for disability insurance who has fibromyalgia?” Often an adverse action is necessary based upon the somewhat obscure nature of this disease and the poor claims experience. Fibromyalgia has also been referred to as fibromyositis, which is a misnomer since there is no inflammation in this disorder. Fibromyalgia is a disorder characterized by diffuse musculoskeletal pain, usually generalized aching and stiffness of the proximal muscle groups of our body, including the shoulders, hips, and trunk. Other common symptoms include sleep disturbances (resulting in non-restorative sleep) and easy fatigability. It is not uncommon, and it is estimated that over 3% of women in the United States have this condition. It is five times more common in women than men. It usually affects individuals between the ages of 25 and 45. The diagnosis is based upon an individual with widespread pain, in which no other cause can be found, and accompanied by specific points of muscular tenderness in 11 of 18 specific sites throughout our body. There are no laboratory studies that confirm the diagnosis.**

The cause for fibromyalgia is unknown. There has been a lot of publicity in the media about fibromyalgia being

caused by Lyme disease or Epstein Barr virus or some other type of virus, but this has not been confirmed in studies. There are psychological factors, and most physicians note that fibromyalgia individuals are more likely to suffer from other types of vague syndromes such as irritable bowel disease, irritable bladder, headaches, and chronic fatigue syndrome. Most individuals with fibromyalgia have a disturbance of stage 4 sleep, and some have suggested that this plays a role in the development of the disease. When normal individuals were subjected to constant disruption of their stage 4 sleep, they developed symptoms of fibromyalgia. In some cases fibromyalgia seems to develop after an episode of emotional stress, medical illness, or trauma, and perhaps these physiological stresses trigger the fibromyalgia. As noted, individuals have trouble with sleeping and complain of waking up tired and feeling exhausted in the daytime. Symptoms are often made worse by stress or anxiety, cold damp weather, and physical overexertion.

In the past, treatment for fibromyalgia has not been satisfactory, based upon the obscure nature of the disease. There were many physicians who did not even believe that it exists, being simply a manifestation of some type of underlying psychiatric disorder. The American College of Rheumatology does recognize this disease based upon the diagnostic criteria described above. Studies have now been carried out that show this disease can be treated, and hopefully not cause on-going disability. Proper treatment consists of both medications and non-pharmacological interventions. In controlled studies, the muscle relaxant Flexeril and the anti-depressant Elavil have shown to be a benefit when taken at bedtime. This seems to improve the sleep disturbance. Tylenol and the prescription analgesic Ultram has also been shown to provide safe relief from the aching discomfort. Many anti-depressants have been studied, with Prozac being shown in studies to definitely be efficacious.

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Regarding non-pharmacologic treatment, there is strong evidence that regular cardiovascular exercise will be of benefit, but it must be maintained on a regular basis. An individual may require gradually building up their cardiovascular endurance, since early on exercise could exacerbate the symptoms. There is also evidence that cognitive behavioral therapy, patient education sessions, and support groups can be of benefit. A wide variety of medications have been tried, but the only ones proven to be of benefit have been mentioned above. Also not of benefit in studies is massage therapy and chiropractic manipulation. Acupuncture, hypnotherapy, and biofeedback may have a moderate beneficial affect.

An individual with fibromyalgia needs to be under the care of a physician who understands the complex and vague nature of this disease. Their physician needs to enroll a person in a step wise program, including

education, the medications, exercise, and cognitive behavioral therapy. Lastly, the person needs to take an optimistic view of their disease and their future. If they give in, they are in store for years of misery and perhaps disability. Proper treatment with the proper frame of mind should be able to restore a happy and productive life for a person with this disease.

From an underwriting standpoint, we see many cases where the diagnosis is uncertain and we are unclear if it is present or not. Unfortunately, when definitely present they are seldom enrolled in a proper treatment program. As such, this gives us some concern for issuing a standard disability policy. On the other hand, if it is present but well controlled with proper treatment over a period of time, they may be a standard risk. I would be happy to answer any questions you have regarding fibromyalgia.