

WHERE CAN I TURN TO FOR HELP?



**INCREASING AWARENESS, PROVIDING
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**Registered Non-Profit Organisation
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FIBROMYALGIA

GET IN TOUCH

Questions and requests for information from members and non-members are welcome.

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This information leaflet is published by the Arthritis Foundation as part of its continuing education programme for all people with arthritis.

About this booklet

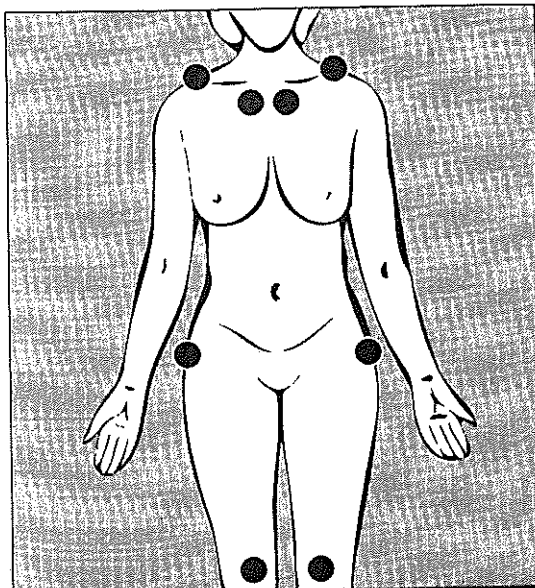
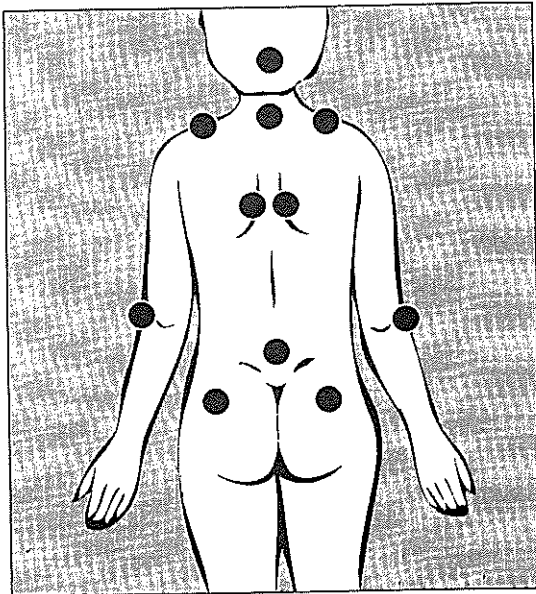
This booklet is written for people with fibromyalgia and their families and friends. It explains how fibromyalgia affects people in different ways, and how doctors diagnose it. We then explain what can be done to help with the symptoms, and offer tips and advice on living with it more easily. Near the end of the booklet you will find information on how to contact Arthritis Foundation who can provide information, and a few suggestions for further reading. Terms that appear in italics when they are first used are explained in the glossary at the back of the booklet.

What is fibromyalgia?

Fibromyalgia is a name for widespread pain affecting the muscles but not the joints. It will not cause permanent damage to tissues but the symptoms may last for months or years. There are no outward signs of the condition and people with fibromyalgia often look well but feel awful. Because of this, other people may not appreciate the pain and tiredness you are suffering and this can cause additional distress. Fibromyalgia is a common condition and is sometimes so severe that it affects your work and your personal and social life. In fibromyalgia the tendons and ligaments, or fibrous tissues (fibro-), and the muscles (-my-) are affected by pain (-algia) and tenderness. The pain may feel as though it affects the whole body.

There are usually tender points in certain areas of the body. These help the doctor to make the diagnosis. If enough pressure is applied to these places most people will find it uncomfortable, but in fibromyalgia there is a change in the threshold at which pressure causes pain and many of these points can be extremely tender. Tenderness at individual sites sometimes occurs and this can give rise to localised conditions such as tennis elbow. In fibromyalgia, however, there is tenderness at a number of points.

In the past fibromyalgia was often diagnosed as muscular rheumatism or fibrositis, or it was misdiagnosed as degenerative disease of the joints (signs of wear and tear are very common on spine



Sites of tender points in fibromyalgia

x-rays as we get older, whether there is pain or not). Research in the past few years has led to a clearer picture of what we mean by fibromyalgia, and the diagnosis is being made more often by rheumatologists and general practitioners (GPs).

What are the symptoms of fibromyalgia?

Pain, tiredness and sleep disturbance are the main symptoms of fibromyalgia. Most people feel the pain of fibromyalgia as aching, stiffness and tiredness in the muscles around the joints. It may feel worse first thing in the morning, or as the day goes on, or with activity. It may affect one part of the body or several different areas such as the limbs, neck and back.

Sometimes tiredness (fatigue) can be the most severe aspect of fibromyalgia. There may be overall tiredness and lack of energy, or muscular fatigue and loss of stamina. Either way, it can be difficult to climb the stairs, do the household chores, go shopping or go to work. Becoming less fit makes matters worse. Waking in the morning feeling unrefreshed is common.

Less frequent but still troublesome symptoms include:

- poor circulation – tingling, numbness or swelling of the hands and feet
- headache, irritability or feeling low or weepy
- forgetfulness or poor concentration
- feeling an urgent need to pass water
- irritable bowels (diarrhoea and abdominal pain).

Of course symptoms like these can have other causes, and your doctor can help decide whether any further tests or advice are needed. The severity of the symptoms and the effects of fibromyalgia can vary considerably, and this range of severity can cause problems in diagnosing the condition and lead to varying medical opinions. A particular feature of

fibromyalgia is the need to have the symptoms recognised and to be taken seriously.

Is fibromyalgia similar to chronic or postviral fatigue (ME)?

The symptoms described in myalgic encephalomyelitis (ME) are often very similar to those in fibromyalgia except that ME sufferers can often recall a viral infection before symptoms appeared, and may have less pain. Many doctors use the term 'chronic fatigue syndrome' rather than ME. More needs to be known about these conditions before we are able to say whether they are the same thing.

What causes fibromyalgia?

There is now a clearer understanding that illness is not easily divided into physical or mental, and that there is an interaction between them. Fibromyalgia is an illness involving both the mind and the body. Sometimes this is called a functional disturbance.

Research into fibromyalgia has been stimulated by the finding of specific tender points and the discovery of sleep disturbance. Brain wave studies (electroencephalography, or EEG) during sleep have revealed that people with fibromyalgia lose deep sleep. Deep (non-dreaming), 'restorative' sleep is repeatedly and excessively disturbed by lighter, dreaming (rapid eye movement, or REM) sleep. In an experiment, some healthy people who were woken up in each period of deep sleep suffered the typical symptoms and tender points of fibromyalgia.

Several things could cause the disturbance of deep sleep that can produce fibromyalgia. More than one cause may be affecting any particular individual. Pain or stiffness in the neck may disturb sleep. There may be the pain and stress of an injury or of another disease like arthritis. Emotional pain and the strain of anxiety or depression brought on by events or relationships at home or at work may also be important factors, as may abuse in childhood.

Once fibromyalgia sets in there is a vicious cycle producing pain and more sleep disturbance (see Figure 1). This can be enough to cause depression even if this was not a problem initially. When fibromyalgia is obviously associated with another condition like arthritis or depression it is called 'secondary' (i.e. caused by the other condition). When it seems to be occurring alone it is called 'primary'.

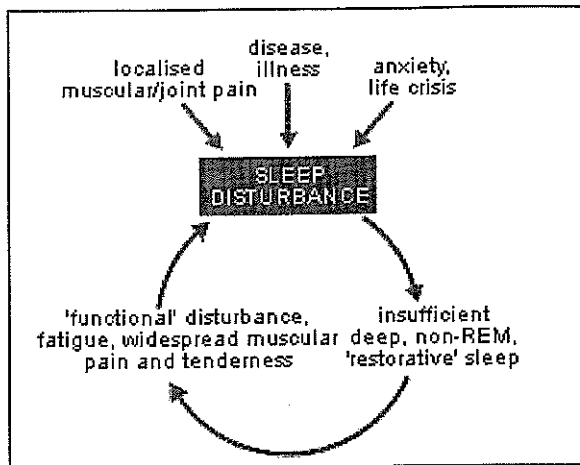


Figure 1. The cycle of pain and sleep disturbance

Research is being carried out to find out whether chemical changes in the nervous system might cause increased sensitivity (known as sensitisation) to pressure or relatively minor knocks which would not normally be painful.

How can fibromyalgia be treated?

Fibromyalgia may settle down by itself, but this can take weeks, months or even years. Your doctor may be able to help you by making the diagnosis of fibromyalgia and reassuring you that despite all the pain you don't have a condition that will cause permanent disability. You are no more likely to develop arthritis later on than anyone else. Your family can also help with understanding and encouragement.

Your doctor can prescribe a variety of medications which may help with the pain. These include painkillers such as paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) (of which there are many). A steroid injection in the affected area may give temporary relief if one or two places are particularly painful.

Your doctor can also try to help with the sleep disturbance. Sleeping in a soft collar can help some people sleep better, particularly if the neck is uncomfortable. There is no harm in you trying this for a week or so, providing you do not get into the habit of wearing it during the day. Ordinary sleeping tablets are best avoided because they are often habit-forming and eventually lose their effect.

Many people with fibromyalgia can also be helped by an antidepressant drug. Some of the older antidepressants (e.g. amitriptyline) have been found to be effective for long-term (chronic) pain. They may also have a sedative effect and help to restore a sleep pattern. This can be helpful even if you do not have the depression which is often associated with fibromyalgia. The benefit may not be immediate, and you may notice side-effects - usually drowsiness during the day - before the benefits, so it is worth trying for at least a couple of months before deciding if they are helpful. Your doctor will gradually raise the dose to an effective level.

Your doctor may also refer you to a physiotherapist, an occupational therapist or a counsellor for further information and advice about fibromyalgia. However, the most effective therapist will be you, yourself.

How can I treat my own fibromyalgia?

It is worth facing up to the fact that fibromyalgia can be severe, and may last for several years. The good news is that many people have learnt to control their condition so that they can continue to live their lives enjoyably. People with fibromyalgia tell us that the following advice does work and will help if you persevere.

1. Learn more about fibromyalgia (from this booklet and from other sources) and find out if there is a local support group in your area. Sharing the frustration of having this condition and knowing that other people out there have similar problems can help enormously.
2. Ask your family to read this booklet and, if you want to, encourage them to discuss your condition with you. Your illness will be affecting their lives as well and they will need to know how and when to help you.
3. Try the medication your doctor has to offer and then decide if you want to continue taking it.
4. Don't drink alcohol, tea or coffee late at night, as these may disturb your sleep. Relaxation and gentle exercise can help you sleep.
5. Learn to take time out for yourself. Reduce muscle tension and stress. Learn to relax your mind and your muscles. Playing music or an audio tape about relaxation techniques can also help.
6. Find more effective ways of communicating feelings such as anger. Counselling or cognitive behavioural therapy may help and your GP may be able to refer you.
7. Try to sort out any unhappiness or difficulties at home or at work.
8. Eat healthily and keep your weight down.

What about exercise?

Research has shown that aerobic exercise improves fitness and reduces pain and fatigue in people with fibromyalgia. This needn't mean joining an 'aerobics' class (unless you want to). Aerobic exercise means increasing the circulation of oxygen through the blood, so any brisk exercise which gets you breathing heavily and your heart beating faster can be aerobic.

Swimming is one of the best forms of exercise for fibromyalgia. Many people who have not learned to swim find the effort to do so is well worthwhile.

Try different activities to find out what helps you and gradually try to do more each day, pacing yourself and gradually increasing your physical activity. You must be prepared for setbacks, and for the fact that activity may cause pain initially. Remember too that what helps one person with fibromyalgia may not work so well for another.

Don't be overambitious about your progress. Slow and steady is better. If you feel that walking down the road is more than you can manage, start by counting the houses you pass each day and after some time you will find you're counting the streets. If you go swimming (and warmer water is more soothing), start just by standing and moving your arms and legs against the resistance of the water, then go on to lengths, and eventually you could be doing the sort of exercise you used to do.



Figure 2. Swimming is an excellent form of exercise

You must expect exercise to be painful initially and you may also feel tired. Build up your exercise at a rate you can cope with. Start gently and build up to at least 3 hours of exercise each week. It is often better to do 10 minutes and have a break than to do an hour all in one go. If pain and tiredness increase a lot, then don't do quite so much the next day.

Exercising progressively will improve your fitness, flexibility and stamina. Gradually your muscles will become stronger and there will be more muscle fibres to move your limbs smoothly and avoid jarring of tendons and ligaments. Exercise also promotes sleep and improves your sense of well-being.

Other forms of treatment

No particular diet has been shown to help fibromyalgia, but it is sensible to lose excess weight and to avoid drinking too much coffee and tea. Controlling your diet helps you feel in control of your body.

Treatments like massage, acupuncture, physiotherapy, and manipulation from a chiropractor or osteopath can all soothe pain and improve morale, but the benefits may not be long-lasting. Only you can decide whether the benefits are worth the time and expense.

Exercise, sound sleep and dealing with physical or mental stress are the keys to reducing the pain and

fatigue of fibromyalgia. Going to work can help. Until research provides us with better answers you should aim for self-reliance.

Glossary

Cognitive behavioural therapy - a psychological treatment based on the assumption that most of a person's thought patterns and his/her emotional and behavioural reactions are learned and can therefore be changed. The therapy usually focuses on the person's present difficulties rather than the past. The aim is to help the individual to learn more positive thought processes and reactions.

Electroencephalography (EEG) - a technique for recording the electrical activity from different parts of the brain.

Ligaments - tough, fibrous bands anchoring the bones on either side of a joint and holding the joint together.

Non-steroidal anti-inflammatory drugs (NSAIDs) - a large family of drugs prescribed for different kinds of arthritis, which reduce inflammation and control pain, swelling and stiffness.

Rapid eye movement (REM) sleep - light sleep during which brain activity is increased and the eyes move very quickly behind the eyelids. It is thought that most dreaming occurs during REM sleep. A normal sleep pattern consists of several cycles of REM sleep and deeper, more restful sleep, with REM sleep making up about 25% of the total sleeping time. Too much REM sleep can lead to waking feeling unrefreshed.

Tendons - strong fibrous bands or cords that anchor muscles to bone.

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FIBROMIALGIE

Hierdie inligtingsblaadjie word deur die Stigting vir Artritis gepubliseer as deel van ons deurlopende voorligtingsprogram vir alle mense met artritis.

Goedgunstiglik befonds deur die
Nasionale Lotery Distribusie Trustfonds



Die Been- en Gewrigdekade is 'n wêreldwye veldtog vir die verbetering van lewensgehalte van mense met muskuloskeletale toestande en vir bevordering van die behandeling vir hierdie toestande deur navorsing, voorkoming en voorligting.

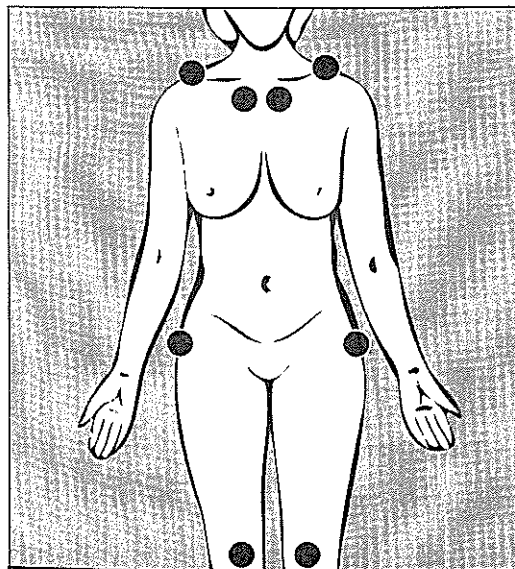
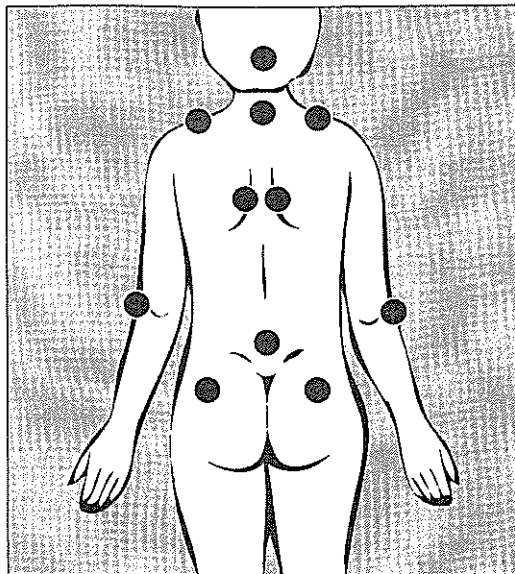
Oor hierdie boekie

Hierdie boekie is geskryf vir mense met fibromialgie en hulle gesinne en vriende. Dit verduidelik hoe fibromialgie mense op verskillende maniere aantast en hoe dokters dit diagnoseer. Daarna verduidelik ons wat gedoen kan word om met die simptome te help, en bied wenke en advies oor hoe om gemakliker met die siekte te leef. Naby die einde van die boekie sal jy inligting kry oor hoe om die Stigting vir Artritis te skakel om inligting en enkele voorstelle vir verdere leesmateriaal te kry. *Terme wat kursief gedruk word* wanneer hulle die eerste maal gebruik word, word in die woordelys agterin die boekie verduidelik.

Wat is fibromialgie?

Fibromialgie is 'n naam wat gegee word aan wydverspreide pyn wat die spiere aantast, maar nie die gewigte nie. Dit sal nie permanente skade aan weefsels veroorsaak nie, maar die simptome kan vir maande of jare voortduur. Daar is geen uiterlike tekens van die toestand nie en mense met fibromialgie lyk dikwels goed, maar voel ellendig. Om dié rede kan ander mense nie die pyn en moegheid wat jy ervaar, verstaan nie, en dit kan bykomende angstigheid veroorsaak. Fibromialgie is 'n algemene toestand wat somtyds so erg is dat dit jou werk en jou persoonlike en sosiale lewe aantast. By fibromialgie raak die senings en ligamente, of die fibreuse weefsels (fibro-), en die spiere (-mi-) deur pyn (-algie) en teerheid aangetas. Die pyn kan moontlik voel asof dit die hele liggaam aantast.

Daar is gewoonlik teer punte in sekere dele van die liggaam. Dit help die dokter om die diagnose te maak. Indien genoeg drukking op hierdie punte uitgeoefen word, sal die meeste mense dit as ongemaklik ervaar, maar by fibromialgie is daar 'n verandering in die drempel waarby drukking pyn veroorsaak en hierdie punte kan uiters teer wees. Teerheid op individuele plekke kom somtyds voor en kan tot gelokaliseerde toestande soos tenniselmoog aanleiding gee. By fibromialgie is daar egter teerheid in 'n aantal punte.



Sensitiewe dele waar Fibromialgie voorkom

In die verlede is fibromialgie dikwels as spierrumatiek of fibrositis gediagnoseer, of dit is verkeerd gediagnoseer as degeneratiewe siekte van die spiere (tekens van slytasie is baie algemeen op x-strale van die ruggraat soos ons ouer word, of daar nou pyn is of nie). Navorsing die afgelope paar jaar het gelei tot 'n duideliker prentjie van wat met fibromialgie bedoel word, en die diagnose word nou meer dikwels deurumatoloë en huisdokters gemaak.

Wat is die simptome van fibromialgie?

Pyn, moegheid en slaapsteurings is die belangrikste simptome van fibromialgie. Die meeste mense ervaar die pyn van fibromialgie as seerheid, styfheid en teerheid in die spiere om die gewrigte. Dit is die ergste in die oggend, of soos die dag aangaan of met aktiwiteit. Dit kan een deel van die liggaam aantast of verskeie verskillende dele soos die ledemate, die nek en die rug.

Partymaal kan moegheid (uitputting) die ergste aspek van fibromialgie wees. Algemene moegheid en gebrek aan energie, of spieruitputting en verlies van stamina kan voorkom. Hoe ook al, dit kan moeilik wees om trappe te klim, huishoudelike take te doen, inkopies te gaan doen of om werk toe te gaan. Soos jy onfiks raak, raak sake al hoe moeiliker. Dit is algemeen om soggens moeg wakker te raak.

Minder algemene maar steeds lastige simptome sluit in:

- swak sirkulasie – tinteling, 'n dooie gevoel of swelling van die hande en voete
- hoofpyn, irriteerbaarheid of 'n neerslagtige gevoel of tranerigheid
- vergeetagtigheid of swak konsentrasie
- prikkelbare derms (diarree en abdominale pyn).

Simptome soos dié kan natuurlik ook ander oorsake hê, en jou dokter kan help besluit of enige verdere toetse of advies nodig is. Die erns van die simptome en die gevolge van fibromialgie kan grootliks wissel, en hierdie omvang van die erns kan probleme veroorsaak

met betrekking tot die diagnose van die toestand en tot wisselende mediese opinies lei. 'n Besondere kenmerk van fibromialgie is die behoefte om erkenning van die simptome te kry en om ernstig opgeneem te word.

Is fibromialgie dieselfde as chroniese of postvirale uitputting (ME)?

Die simptome wat by mialgiese ensefalomiëlitis beskryf word, stem soms baie ooreen met dié by fibromialgie, behalwe dat ME-lyers dikwels 'n virusinfeksie kan onthou voor die simptome begin het, en hulle het ook dikwels minder pyn. Baie dokters gebruik die term “chroniese uitputtingsindroom” eerder as ME. Daar is baie wat nog uitgevind moet word omtrent hierdie toestande voordat ons sal kan sê of hulle dieselfde ding is.

Wat veroorsaak fibromialgie?

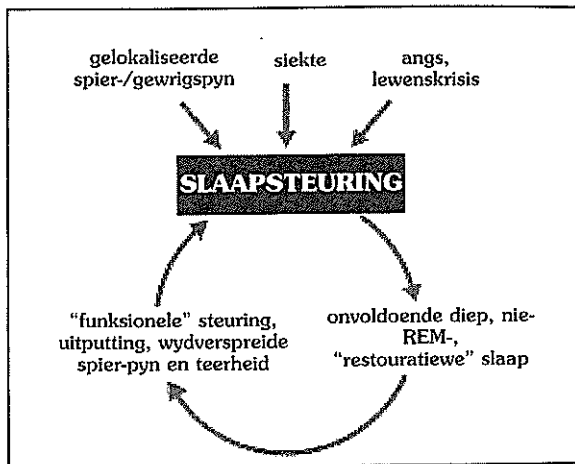
Daar is nou 'n beter begrip daarvan dat siekte nie maklik in fisies of geestelik verdeel kan word nie, en dat daar interaksie tussen hulle bestaan. Fibromialgie is 'n siekte waarby die gees en die liggaam betrek word. Dit word partymaal 'n funksionele steuring genoem.

Navorsing omtrent fibromialgie is deur die bevinding van spesifieke teer punte en die ontdekking van slaapsteuring gestimuleer. Ondersoek van die bringolwe (elektroënkefalografie of EEG) tydens slaap het aangetoon dat mense met fibromialgie diep slaap verloor. Diep, “restouratiewe” slaap (sonder drome) word herhaaldelik en tot 'n groot mate deur ligter slaap met drome (REM-slaap) onderbreek. In 'n eksperiment het 'n aantal gesonde mense wat telkens tydens diep slaap wakker gemaak is, dieselfde simptome en teer punte van fibromialgie ervaar.

Verskeie dinge kan die versteuring van diep slaap tot fibromialgie lei, veroorsaak. Meer as een oorsaak kan enige besondere individu aantast. Pyn en nekstyfheid kan slaap versteur. Die pyn en stremming van enige besering of van 'n ander siekte, soos artritis, kan voorkom. Emosionele pyn en die stremming van angs of depressie wat deur gebeurtenisse of

verhoudings tuis of by die werk veroorsaak word, asook mishandeling tydens die kinderjare kan ook belangrike faktore wees.

Wanneer fibromialgie eers begin het, ontstaan 'n bese kringloop wat pyn en meer slaapsteuring teweegbring (raadpleeg figuur 1). Dit kan al genoeg rede wees om depressie te veroorsaak selfs indien dit nie aanvanklik 'n probleem was nie. Wanneer fibromialgie ooglopend met 'n ander toestand soos artritis verbind word, word dit "sekondêr" genoem (met ander woorde deur die ander toestand veroorsaak). Wanneer dit lyk asof dit alleen voorkom, word dit "primêr" genoem.



Figuur 1. Die siklus van pyn en slaapsteuring

Navorsing word gedoen om vas te stel of chemiese veranderinge in die sensustelsel verhoogde sensitiviteit (bekend as sensitisering) ten opsigte van drukking of relatief klein houe wat andersins nie pynlik sou wees nie, kan veroorsaak.

Hoe kan fibromialgie behandel word?

Fibromialgie kan vanself opklaar, maar dit kan weke, maande of selfs jare duur. Jou dokter kan moontlik in staat wees om jou te help deur die diagnose van fibromialgie te maak en jou daarvan te verseker dat jy, ondanks al die pyn, nie 'n toestand het wat

permanente gestremdheid sal veroorsaak nie. Jy is ook nie meer geneig as enigiemand anders om later artritis te ontwikkel nie. Jou gesin kan jou ook help en jou deur begrip en aanmoediging bystaan.

Jou dokter kan 'n verskeidenheid middels wat vir die pyn kan help, voorskryf. Dit sluit in pynstillers soos parasetamol en nie-steroïed anti-inflammatoriese middels (NSAIM's) (waarvan daar baie is). 'n Steroïed-inspuiting in die aangetaste gebied kan tydelike verligting gee indien een of twee plekke besonder pynlik is.

Jou dokter kan ook probeer om met die slaapsteuring te help. Sommige mense kan beter slaap met 'n sagte nekstut, veral as die nek ongemaklik is. Dit kan nie skade doen om dit vir 'n week of so te probeer nie, mits jy nie in die gewoonte kom om dit gedurende die dag te dra nie. Gewone slaappille moet liever vermy word aangesien hulle dikwels gewoontevormend is en op die lange duur hulle uitwerking verloor.

Baie mense met fibromialgie kan ook met behulp van 'n antidepressant gehelp word. Daar is bevind dat party van die ouer antidepressante (bv. amitriptilien) in die geval van langtermynpyn doeltreffend is. Hulle kan moontlik ook 'n kalmerende uitwerking hê en help om 'n slaappatroon te herstel. Dit kan help selfs al is jy nie depressief nie, soos wat dikwels die geval by fibromialgie is. Die voordeel sal dalk nie onmiddellik merkbaar wees nie, en jy kan dalk newe-effekte – gewoonlik slaperigheid gedurende die dag – voor die voordele ervaar, sodat dit dus die moeite werd is om dit 'n paar maande lank te probeer voor jy besluit of dit help of nie. Jou dokter sal die dosis geleidelik verhoog tot 'n doeltreffende vlak bereik word.

Jou dokter kan ook aanbeveel dat jy na 'n fisioterapeut of na 'n berader toe gaan vir verdere inligting en advies omtrent fibromialgie. Die doeltreffendste terapeut sal egter steeds jyself wees.

Hoe kan ek my eie fibromialgie behandel?

Dit is nodig om die feit dat fibromialgie ernstig kan wees en etlike jare kan aanhou, te erken. Die goeie nuus is dat baie mense geleer het om hulle toestand te

beheer sodat hulle kan voortgaan om hulle lewens te geniet. Mense met fibromialgie sê aan ons dat die onderstaande advies werk en sal help as jy daarmee volhard:

1. Vind meer uit omtrent fibromialgie (in hierdie boekie of in ander bronne) en stel vas of daar 'n plaaslike steungroep in jou omgewing is. Dit sal baie help as jy die frustrasie van hierdie toestand kan deel en weet dat daar ander mense in die samelewing is wat soortgelyke probleme het.
2. Vra jou gesin om hierdie boekie te lees en, as jy wil, moedig hulle aan om jou toestand met jou te bespreek. Jou siekte sal hulle lewens ook raak en hulle sal wil weet hoe en wanneer om jou te help.
3. Stel die medikasie wat jou dokter aan jou kan bied op die proef en besluit dan of jy daarmee wil voortgaan.
4. Moenie alkohol, tee of koffie laat in die aand drink nie, aangesien dit jou slaap kan verstuur. Ontspanning en ligte oefening kan jou help om te slaap.
5. Leer om vir jouself tyd te maak. Verminder sensuspanning en stres. Leer om jou gedagtes en jou liggaam te ontspan. Musiek of 'n oudioband oor ontspannings-tegnieke kan jou ook help.
6. Soek na doeltreffender maniere om gevoelens soos woede te kommunikeer. Berading of kognitiewe gedragsterapie kan help en jou huisdokter kan jou daarheen verwys.
7. Probeer om ongelukkigheid of probleme by die huis of werk reg te stel.
8. Eet gesond en hou jou gewig laag.

Wat van oefening?

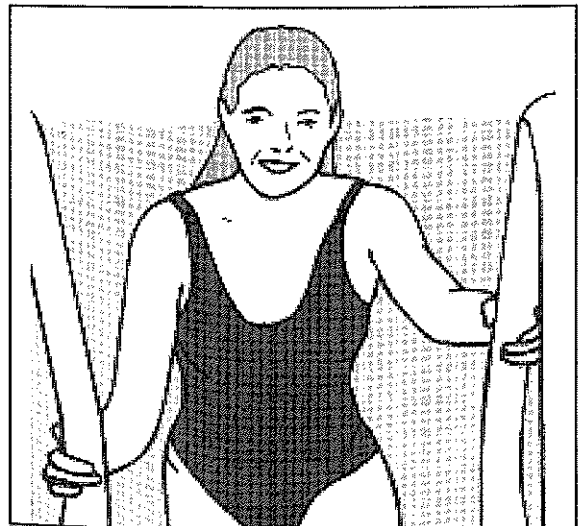
Navorsing het aangetoon dat aërobie se oefeninge fiksheid verbeter en pyn en uitputting by mense met fibromialgie verminder. Dit hoef nie te beteken dat jy by 'n aërobie se klas moet aan sluit nie (tensy jy graag wil). Aërobie se oefening beteken dat die sirkulasie van suurstof deur die bloed verbeter word, sodat enige

oefening waar jy flink beweeg en wat jou vinnig laat asemhaal en jou hart vinniger laat klop, aërobie se kan wees.

Swem is een van die beste vorme van oefening vir fibromialgie. Baie mense wat nie voorheen geleer swem het nie, kom agter dit is die moeite werd om te leer swem.

Probeer om verskillende aktiwiteite te doen om vas te stel wat in jou geval help en om geleidelik elke dag meer te probeer doen, jou eie vordering te bepaal en jou liggaamlike aktiwiteit stadigaan te vermeerder. Jy moet voorbereid wees op terugslae, en op die feit dat aktiwiteit aan die begin meer pyn kan veroorsaak. Onthou ook dat wat vir een mens met fibromialgie help, vir iemand anders dalk nie gaan werk nie.

Moenie oorambisieus wees oor jou vordering nie. Dit is beter om stadig en bestendig te werk te gaan. As jy voel dat dit te veel is om in die straat af te stap, begin om elke dag die huise waar jy verbystap, te tel en ná 'n rukkie sal jy agterkom dat jy al die strate tel. As jy gaan swem (en warmer water is strelender) begin deur eers net te staan en jou arms en bene teen die weerstand van die water te beweeg, vorder dan na lengtes en uiteindelik sal jy dan die soort oefening kan doen waaraan jy gewoon was.



Figuur 2. Swem is 'n uitmuntende vorm van oefening

Jy moet verwag dat oefening aanvanklik pynlik sal wees en jy kan moontlik ook moeg raak. Vermeerder jou oefening tot 'n tempo wat jy kan hanteer. Begin liggies en vorder tot ten minste 3 uur oefening per week. Dit is dikwels beter om 10 minute te oefen en dan eers te rus as om 'n uur lank aaneen te oefen. Indien pyn en moegheid erg toeneem, moenie die volgende dag so baie doen nie.

As jy aanhoudend oefen, sal jou fiksheid, buigsaamheid en stamina toeneem. Jou spiere sal geleidelik sterker word en daar sal meer spiervesels wees om jou ledemate gladweg te laat beweeg en besering van die senings en ligamente te voorkom. Oefening bevorder ook slaap en verbeter jou gevoel van welsyn.

Ander vorme van behandeling

Daar is nog nie bewys dat enige besondere dieet fibromialgie help nie, maar dit is verstandig om oormatige gewig te verloor en om nie te veel koffie en tee te drink nie. Beheer oor jou dieet help jou om in beheer van jou liggaam te voel.

Behandelings soos massering, akupunktuur, fisioterapie en manipulering deur 'n chiropraktisyn of osteopaat kan die pyn verminder en moraal verbeter, maar die voordele is nie noodwendig van lange duur nie. Slegs jy kan besluit of die voordele die tyd en die geld werd is.

Oefening, goeie slaap en hantering van liggaamlike of geestelike stres is die sleutels tot vermindering van die pyn en uitputting wat met fibromialgie gepaardgaan. Om werk toe te gaan, kan help. Totdat navorsing beter antwoorde kan verskaf, moet jy streef na selfstandigheid.

Woordelys

Kognitiewe gedragsterapie – 'n sielkundige behandeling gebaseer op die aanname dat die meeste van 'n mens se gedagtepatrone en sy/haar emosionele en gedragsreaksies aangeleer is en dus verander kan word. Die terapie fokus gewoonlik op die persoon se huidige probleme in plaas van op die verlede. Die doel is om die individu te help om meer positiewe gedagteprosesse en reaksies aan te leer.

Elektroënkefalografie (EEG) – 'n tegniek waardeur die elektriese aktiwiteit van verskillende dele van die brein opgeneem word.

Ligamente – taai, fibreuse bande wat die bene aan albei kante van 'n gewrig anker en die gewrig bymekaar hou.

Nie-steroïed anti-inflammatoriese middels (NSAIM's) – 'n groot groep middels wat vir verskillende soorte artritis voorgeskryf word en wat inflammasie verminder en pyn, swelling en styfheid beheer.

REM-slaap/paradoksale slaap – ligte slaap waartydens breinaktiwiteit toeneem en die oë baie vinnig agter die ooglede beweeg. Daar word aangeneem dat die meeste drome tydens REM-slaap voorkom. 'n Normale slaappatroon bestaan uit verskeie REM-slaapsiklusse en dieper, rustiger slaap, met REM-slaap wat omtrent 25% van die totale slaapyd uitmaak. Te veel REM-slaap kan daartoe lei dat 'n mens moeg wakker word.

Senings – sterk fibreuse bande wat spiere aan been vasheg.