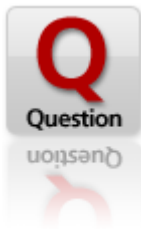


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## Ask The Experts

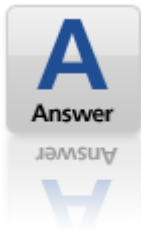
### Fibromyalgia and Anti-depressants: A Multi-disciplinary Approach to Chronic Pain



#### Question:

*I was recently diagnosed with fibromyalgia (after years of not knowing what was wrong with me), and my doctor gave me a bunch of pamphlets to read on it. One of them is all about anti-depressants. Will I really have to go on those? How will they help me deal with pain?*

—Bismarck, ND



#### Answer:

At the Center for Pain Management we see fibromyalgia patients just like you who have visited many doctors in the past. Often, these patients experience considerable stress because they have felt misunderstood. They have come to wonder whether their symptoms are "in their head," or what they're experiencing isn't a real illness because no one has yet offered them a diagnosis or an efficacious

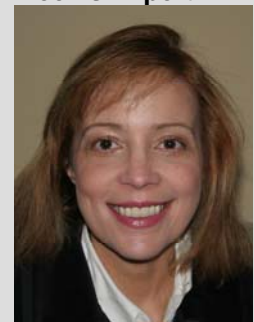
treatment.

When a physician finally diagnoses them with fibromyalgia, it also brings a sense of relief that someone understands and recognizes that the pain is part of an illness. However, being handed information on anti-depressants in this context may seem confusing to say the least. I hope the following brief overview of fibromyalgia treatment will be helpful in clarifying the important role that anti-depressants can play in improving quality of life for fibromyalgia patients.

Fibromyalgia is a disorder composed of a constellation of symptoms. The principle amongst these being chronic diffuse pain and fatigue, however many patients also experience sleep disturbances, headaches, numbness and tingling, irritable bowel syndrome, as well as, anxiety and depression.

Because fibromyalgia can wear so many different masks, it is difficult to diagnose and takes a multi-disciplinary approach to treat the pain associated with it. A multi-disciplinary approach is a way of thinking about the treatment of pain that translates into using several disciplines (as medically appropriate) to address your pain. This may include a combination of medications, physical therapy, interventions, and psychological treatment. These therapies teach you about life changes

#### This Week's Expert:



*Alina M. Clavijo-Passik, PhD  
Clinical Psychologist  
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Alina M. Clavijo-Passik is a board-certified clinical psychologist with more than 20 years of experience helping people adapt their patterns of behavior in order to live productively and functionally with chronic medical illnesses. She serves as an integral part of the Center for Pain Management's multidisciplinary team, facilitating the outcomes of patients by insuring that their mental health and emotional needs are met.

Clavijo-Passik has special interest in understanding the cultural and psychosocial factors which impact the functioning of the individual. In addition, she is a bilingual professional (fluent in Spanish) and has trained health care professionals in the relevant and competent strategies for the assessment, diagnosis and treatment of Hispanic and Latino patients.

*(cont.)*

that you can put into practice outside of the care facility. Through treatment, you can learn techniques that help you to better manage your chronic illness.

It is important to follow through with lifestyle changes that include wellness behaviors, such as increased aerobic exercise, improvements in eating habits, smoking cessation where applicable, and improvements in stress management. All of these will impact overall outcome at the end of the day.

The goal of a multi-disciplinary approach is always functionality. We believe there is an additive effect to treatment that will lead to more successful outcomes. Anti-depressants are an important case in point here. We try to recognize that the patient has been struggling for a long time and has developed some strategies that work for them when they come to the program.

I respect that the patients may have some negative feelings about the prospect of taking anti-depressants. Therefore it is important to understand the two primary reasons why anti-depressants are often part of the fibromyalgia treatment plan.

First, there is at least hypothetical acceptance amongst clinicians of various disciplines that norepinephrine, serotonin, and dopamine affect fatigue, pain, and overall sense of well-being. As we discussed above, fibromyalgia is a disorder with no one treatment and no one presentation. Therefore it is often treated through symptom management. Anti-depressants will help address the symptoms of fibromyalgia such as pain, fatigue, depression, irritability, and anxiety. Sometimes these medications may also impact quality of life because they are used to help reduce pain and fatigue, improve your attention and concentration (lifting the "fibro fog" that many patients experience), and may help regulate your sleep patterns. In fact, the anti-depressants Savella and Cymbalta both have pharmacologic indications specific for fibromyalgia.

It is important to keep in mind that whatever anti-depressant turns out to be the best fit for you it will still affect the three neurochemicals named above to differing degrees and with differing side effects. Therefore it is important that this choice be individualized to you and your particular constellation of symptoms and physiology by your physician.

Secondly, in helping you understand why your doctor gave you the brochure about anti-depressant medications, it's important to discuss that depression, anxiety, and panic disorder rates are significantly evident in the fibromyalgia population. Generally, anti-depressants are the agents indicated to treated these disorders and symptoms.

It is also important to recognize that the constant physical pain of fibromyalgia and the subsequent inability to do the things you were able to do in the past (loss of functioning, changes to your role in the family) often directly affect emotional well-being. Though it can be difficult to come to terms with anti-depressants may help ease the overall sense that everything is a struggle, which many patients with fibromyalgia often feel.

It's common to be uneasy with the label of "depressed," but understand that there are many ways to look at depression. Depression is different for each individual. Some people think of depression as crying all the time or never wanting to get out of bed. But it's not like that for everyone.

Clinicians look at a range of behaviors when making a diagnosis of depression. Before rejecting the notion that your fibromyalgia may be causing a certain degree of depression and/or anxiety, consider the questions below.

Prior to joining the Center for Pain Management, Clavijo-Passik was a senior psychologist in the Bilingual Treatment Program-Clinic at Bellevue Hospital Center in New York. She also served as a clinical instructor in psychiatry at the New York University School of Medicine.

Dr. Clavijo-Passik graduated with a bachelor's degree in psychology from Fordham University in New York City before earning her doctorate in clinical psychology from Fairleigh Dickinson University in Teaneck, N.J. Clavijo-Passik completed an internship and pre- and post-doctoral fellowships in psychology at New York University's Bellevue Hospital Medical Center.

Dr. Clavijo-Passik is a member of the American Psychological Association and Indiana Psychological Association.

If you answer *no* to any of the following, you may have some symptoms of depression:

- Are you able to be happy and get excited about the things that used to make you happy?
- Are you able to feel motivated?
- Do you have hobbies?
- Do you have a well-rounded life?
- Do you have good relationships?

If you answer *yes* to the following, you may have some symptoms of depression:

- Do you feel that everything you do feels like a chore?
- Does your family (and or friends) tell you you're irritable or grouchy?
- Difficulties falling or staying asleep?
- Sad most of the time for at least two weeks?
- Fatigue or loss of energy?
- Diminished concentration or indecisiveness?

I think there's a certain amount of education that must be part of the multi-disciplinary treatment approach, which is why I hope you consider the brochure about anti-depressants and fibromyalgia. In managing your fibromyalgia, you have to learn how to live with it in much the same way of living with any other chronic medical illness. Be open and informed about taking a well-rounded approach to your pain.

You don't have to take anti-depressant medication if you have fibromyalgia, but it does have benefits in managing pain. It may help with many of your symptoms, which will give you a better quality of life. I'd encourage you to discuss the benefits and drawbacks of anti-depressants with your physician to determine if they have a place in your fibromyalgia treatment plan.