What You Need to Know About Fibromyalgia in Children

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Fibromyalgia in Children and Teens

Once considered a disease that plagued only adults (particularly women in their 20s to 40s), fibromyalgia is now diagnosed in children and teenagers as well. It is currently estimated that one to seven percent of children suffer from the disease. Fibromyalgia in children often goes unrecognized because the symptoms are vague (like fatigue, muscle aches and trouble sleeping) and can be associated with infections and other conditions that occur during childhood.

When it occurs in children, fibromyalgia is known as juvenile primary fibromyalgia syndrome (JPFS). Like adult fibromyalgia, the exact cause is not known, although researchers believe there are several factors involved: genetics, immune system imbalances, hormonal changes, biochemistry and psychological factors. Most cases of JPFS are diagnosed in girls age 13 – 15.

Although it is a non-life threatening condition, JPFS can cause disability — the child may not be able to attend the school due to pain, sleeping problems and emotional stress. The pain may also lead to social withdrawal.

JPFS Symptoms

The main symptoms of JPFS are muscle aches — sore spots called ‘tender points’ because they hurt when pressure is applied.

Your doctor will evaluate 18 specific tender points. JPFS is suspected if the child experiences tenderness in at least five spots and experiences pain for three or more months. Sometimes muscle aches are described as stiffness, tightness or a burning sensation, rather than aches or tenderness.

Other symptoms include fatigue, problems sleeping (and waking up tired), stomach pains, headaches, troubles with memory and concentration, dizziness, restless legs during sleep, anxiety and depression. Some teens have mild symptoms that are described as a persistent flu.

If you suspect your child has JPFS, book an appointment with their pediatrician. They will perform a complete physical examination and order some tests. There is a new test called FM/a that looks for certain immunological markers that are associated with fibromyalgia.

Treatment

If tests and examinations confirm the diagnosis, a healthcare team will work together to help your child or teen. Be prepared to have appointments with a pediatric rheumatologist, psychologist and a physical therapist, in addition to the follow-ups with the regular pediatrician.

A few therapies are recommended for JPFS. Developing coping strategies (cognitive behavioral therapy) is one of

the most effective therapeutic options — the psychologist will help the child to learn the factors that trigger pain and how to deal with them.

Muscle relaxation techniques, deep breathing and meditation can also be incorporated in the plan. A physical therapist can design an exercise program to help relieve muscle aches, and avoid injuries. Physiotherapy and massage are also great complementary therapies.

Drugs are not used as often in children and teens as in adults suffering from this condition. This is because many drugs have not been tested for safety and efficacy in the pediatric population.

Diet is also important, since many fibromyalgia sufferers report symptom aggravation after eating certain foods (especially MSG, some preservatives, eggs, gluten, and dairy products). Keeping a daily food journal will help to detect food sensitivities. If you suspect a certain food, eliminate it completely from your child’s diet for six to eight weeks. Then add it back in and see how your child feels.