The Potential Connection Between PTSD and Fibromyalgia

by MARIANNE BROWN

PTSD and Fibromyalgia

I am going to be completely honest with you all about what I used to think of PTSD (post-traumatic stress disorder). I used to think of people that had been at war could only be effected by PTSD. It was not until I started researching the triggers of what can cause fibromyalgia to develop, that I realized I was wrong, and I am not ashamed to admit it.

What Is PTSD?

According to Medical News Today, "post-traumatic stress disorder can happen to a person, after experiencing a traumatic event that has caused them to feel fearful, shocked, or helpless. It can have long-term effects, including flashbacks, difficulty sleeping, and anxiety."

Some examples of PTSD events may include:

- Accidents
- Fire
- Surgeries
- War Crimes
- Death of a loved one
- Abuse (Mental/Physical)
- Sexual violence
- Physical assault
- Being threatened with a weapon

What are the Symptoms of PTSD?

PTSD symptoms can start soon after a traumatic event but sometimes may not appear until years after. These symptoms can cause significant problems in social and/or work situations and relationships. They can also interfere with the ability to go about regular daily tasks.

According to the Mayo Clinic, PTSD symptoms are generally grouped into four types, and symptoms can vary over time or vary from person to person. Let us look at these in more details:

Intrusive Memories

- Symptoms of intrusive memories may include:
- Recurrent, unwanted distressing memories
- Reliving the traumatic event (flashbacks)
- Upsetting dreams or nightmares

- Severe emotional distress or physical reactions to something that reminds you of the traumatic event

Avoidance

- Symptoms of avoidance may include:
- Trying to avoid thinking or talking about the traumatic event
- Avoiding places, activities or people that remind you of the traumatic event

Negative Changes in Thinking and Mood

Symptoms of negative changes in thinking and mood may include:

- Negative thoughts about yourself, other people or the world
- Hopelessness about the future
- Memory problems, including not remembering important aspects of the traumatic event
- Difficulty maintaining close relationships and feeling detached
- Lack of interest in activities
- Difficulty experiencing positive emotions
- Feeling emotionally numb

Changes in Physical and Emotional Reactions

Symptoms of changes in physical and emotional reactions (also called arousal symptoms) may include:

- Being easily startled or frightened
- Always being on guard for danger
- Self-destructive behavior, such as drinking too much or driving too fast
- Trouble sleeping
- Trouble concentrating
- Irritability, angry outbursts or aggressive behavior
- Overwhelming guilt or shame

Understanding the Link between PTSD and Fibromyalgia

There have been numerous clinical studies on linking PTSD and the onset of fibromyalgia. Let us review some of the information available relating to this very traumatic condition and fibromyalgia.

Lady Gaga has recently reported that she suspects her fibromyalgia is linked to her own experiences of PTSD, according to the Bustle. The Journal of the International Association for the Study of Pain has linked PTSD is a potential risk factor for fibromyalgia.

A recent study showed that women with fibromyalgia have high rates of PTSD, along with other mood disorders like depression, bipolar disorder, or panic disorders. Fibromyalgia News Today notes that making the connection between chronic pain and PTSD is important, as addressing the complex ways in which trauma affects a person is key to getting adequate treatment.

As more is learned about how fibromyalgia affects the sympathetic nervous system, it is easier to see how it relates to PTSD. The presence of one may increase the risk of developing the other. A recent study in Israel on war veterans uncovered PTSD and fibromyalgia might be more prevalent in men. Many people think of fibromyalgia as a women's condition. Half of the men with combat-related PTSD also had the tenderness and pain characteristic of fibromyalgia. The findings were reported in Berlin at a European rheumatology meeting.

PTSD Coping Strategies

Peter Roy-Byrne, MD, who is chief of psychiatry at Seattle's Harborview Medical Center, has also studied the

association between PTSD and chronic pain and fatigue. He explained to WebMD that even though these conditions may be similar, the behavioral and cognitive approaches to treatment might differ in patients with both.

Recommended treatments usually involve psychotherapy and counseling, medication, and an integrated, behavioral approach:

Therapies

- Cognitive processing therapy (CPT): Also known as cognitive restructuring, the individual learns how to think about things in a new way. Mental imagery of the traumatic event may help them work through the trauma, to gain control of the fear and distress.
- Exposure therapy: Talking repeatedly about the event or confronting the cause of the fear in a safe and controlled environment may help the person feel they have more control over their thoughts and feelings. The effectiveness of this treatment has been questioned, however, and it must be carried out with care, or there may be a risk of worsening of the symptoms.

Medications

Some medications can be used to treat the symptoms of PTSD:

- Selective serotonin reuptake inhibitors (SSRIs) such as paroxetine, are commonly used. SSRIs also help treat depression, anxiety, and sleep problems, symptoms that are often linked to PTSD. There have been some reports that antidepressant medications can cause an increased risk of suicide in individuals under the age of 24.
- Sometimes, benzodiazepines may be used to treat irritability, insomnia, and anxiety. However, the National Center for PTSD does not recommend these, because they do not treat the core symptoms, and they can lead to dependency.

Self Help

I know how difficult and overwhelming it is to take the first step to help yourself. It is important to realize that although it may take some time, with treatment, you can get better. If you are unsure where to go for help, ask your family doctor. You can also check NIMH's Help for Mental Illnesses page or search online for mental health providers, social services, hotlines, or physicians for phone numbers and addresses.

To help yourself while in treatment:

- Talk to your doctor about treatment options.
- Engage in mild physical activity or exercise to help reduce stress.
- Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities, and do what you can as you can.
- Try to spend time with other people and confide in a trusted friend or relative. Tell others about things that may trigger symptoms.
- Expect your symptoms to improve gradually, not immediately.
- Identify and seek out comforting situations, places, and people.
- Caring for yourself and others is especially important when large numbers of people are exposed to traumatic events (such as natural disasters, accidents, and violent acts).