Episode 171: Fibromyalgia as a Migraine Comorbidity

Lindsay Weitzel, PhD:
Hello, everyone, and welcome to HeadWise, the weekly video cast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. I'm very happy to tell you that I am here today with a repeat guest that we have not seen in a while. This is Dr. Vincent Martin. Hi, Dr. Martin, how are you?

Vincent Martin, MD:
I'm doing great. Glad to be here.

Lindsay Weitzel, PhD:
I'm glad you're here, too. Dr. Martin is a headache specialist and the director of the Headache and Facial Pain Center at the University of Cincinnati. He is also the president of the National Headache Foundation. He always has so much awesome information for us, and I can't wait to see what he's going to tell us today. I think many people in our audience are going to be interested in what we are talking about.

We're going to talk about fibromyalgia as a migraine comorbidity. Many people that I know that have migraine also have fibromyalgia. It's thought that up to 30% of people with migraine have fibromyalgia as a comorbidity. So, Dr. Martin, before we get too deep into the link between migraine and fibromyalgia, let's just discuss what fibromyalgia is. Can you talk to us about that for a second?

Vincent Martin, MD:
Well, we can talk about how it used to be defined and how it is currently defined. It used to be defined by trigger points. So, there were very specific locations. There were some in the shoulders, some in the back of the head, some in the mid and lower back. Very specific points where when you applied a certain amount of pressure, that that would be perceived as painful. And that whole criteria were based on a pain disorder associated with a certain number of trigger points.

Now we're defining it in a slightly different way and in more recent criteria. We're simply we're looking at how many different regions of pain are involved. So are you having neck pain and low back pain and an arm pain and wrist pain and so forth, along with some measure of how it's affecting your life besides just the pain. Like for example, a lot of patients with fibromyalgia will report difficulty thinking, or they might report a chronic fatigue, but it's more than just fatigue. It's like incapacitating fatigue. So, the current criteria are based on multiple regions of pain along with these other non-pain syndromes to make a diagnosis of fibromyalgia.

Lindsay Weitzel, PhD:
All this sounds very miserable if you also have migraine, because migraine in and of itself is quite miserable. So, I hope we have everyone's attention who thinks that they might have it or knows that they have it. Why do migraine and fibromyalgia occur together?

Vincent Martin, MD:
There probably are multiple ways that could happen, but one is through this phenomenon called central sensitization. So, when these nerve cells, particularly ones within the brain, become sensitized because they've been barraged by continual pain signals. And once those central neurons get sensitized, then the entire body becomes sensitized to pain, not just the head, but it involves the neck and the back and so forth. So, it's thought to be central sensitization that is the main reason why people have fibromyalgia.

Lindsay Weitzel, PhD:
So, the central sensitization is caused often by migraine first. Do sometimes people with fibromyalgia end up getting migraine if they had fibromyalgia first?

Vincent Martin, MD:
I think it's bidirectional. I think if you have fibromyalgia, you're more likely to develop migraine and vice versa. So, I'm not sure that one necessarily causes the other and so forth. And I'm not sure that it's always migraine causing the central sensitization, but it could be fibromyalgia causing central sensitization and then migraines ramp up. I don't think we really know what's the horse and what's the cart in this situation.

Lindsay Weitzel, PhD:
Is fibromyalgia associated with any other diseases that we know of?

Vincent Martin, MD:
Many. But the big one that's interesting to me is the Ehlers-Danlos syndrome. So the patients that are hypermobile are anywhere from six to nine times more likely to have fibromyalgia. So there's a very tight interconnection. And EDS is a disease of connective tissue where they get pain all over their entire bodies. In fact, fibromyalgia patients and EDS patients are often intertwined.

So that's one disease that maybe we could talk about in a future podcast. But other diseases like depression, anxiety, and a variety of other disorders are more common in fibromyalgia than in the general population.

Lindsay Weitzel, PhD:
You went into this just a little bit, talking about pressure points, et cetera, but how is fibromyalgia diagnosed? And if there's someone listening that's wondering if they have it, how do they know if they should go into a doctor and be screened for it?

Vincent Martin, MD:
I think if you're having pain over many different regions of your body, then it begs the question as to whether or not you have fibromyalgia. And the kind of doctors that you would go see, it's most commonly managed by rheumatologists, arthritis doctors, but sometimes your general practitioner, your general internist, your family practitioner would probably be the first point of contact for both diagnosis and management of fibromyalgia.

Lindsay Weitzel, PhD:
This is an interesting question, especially if someone knows that their mother or father has fibromyalgia. Is there a genetic component to it?

Vincent Martin, MD:
There is a genetic component. First of all, it's more common in women than men. And in addition, it's more common in family members of patients with fibromyalgia. And there's a variety of different genes that are involved, ones that are involved in serotonin. Serotonin is kind of the positive mood chemical in your brain, and another one called norepinephrine. They're very important neurochemicals that are involved in depression. And then in addition to that, there are a variety of what they call ion channels, little openings in nerve cells where basically different chemicals go through. There can be gene mutations that predispose to fibromyalgia. So there probably are many ways that you can get to this disease that we call fibromyalgia.

Lindsay Weitzel, PhD:
Interesting. So, does stress play a role either in causing it or triggering it and making it worse?

Vincent Martin, MD:
There's no doubt that when patients with fibromyalgia or frankly migraine are under periods of stress that their pain is increased. But in addition to that, there's a very interesting association between early life childhood traumas, both emotional and other kinds of traumas that young kids get where the stress response is upregulated and sometimes it doesn't function normally. And there seems to be this association between these early life traumas and the later development of fibromyalgia. So it's a really interesting line of research in the field.

Lindsay Weitzel, PhD:
Along those lines, do people who have both migraine and fibromyalgia find that when migraine is flared, so is their fibromyalgia. Do they flare at the same time?

Vincent Martin, MD:
Not always, but sometimes. I have had some people that we put on migraine therapies, like what we call onabotulinum toxin A or Botox, for example, and they have fibromyalgia flare, but the headaches are doing great. So they don't always go in tandem, but many times they do. It's like one pain begets another.

Lindsay Weitzel, PhD:
This is going to be a very important, practical question. Exercise can be very complicated for many people who have migraine. So, I can imagine if you have both fibromyalgia and migraine, it can be really complicated. What type of exercise is recommended for people who have fibromyalgia or both migraine and fibromyalgia?

Vincent Martin, MD:
Well, first of all, I'd like to just backtrack one thing. The best evidence for any therapy for fibromyalgia is activity, which includes light exercise. Most patients with fibromyalgia are not in a condition with their pain syndrome to go out and do real vigorous exercise. So, things like a stationary bike, walking is great. Some isometric exercises can be helpful as well.

Lindsay Weitzel, PhD:
What are isometric exercises?

Vincent Martin, MD:
Low-impact type of activities for fibromyalgia patients. But it's really important to get patients active and not let the disease just make them to be completely inactive.

Lindsay Weitzel, PhD:
When you say isometric just for the audience, can you give us some examples of isometric exercises?

Vincent Martin, MD:
Where you're pushing against, just tightening the muscles up, like you're pushing on a wall or just pushing like this, where you tighten the muscles up and then you relax them, and you tighten them up and relax them. Sometimes physical therapy can be helpful for fibromyalgia patients, and sometimes they'll do dry needling into various areas to see if that can help, like if they have neck pain or pain in their trapezius muscles of their neck.

Lindsay Weitzel, PhD:
I loved reading those. I'm glad you brought that up. It feels amazing. So, what other lifestyle practices should people with fibromyalgia be involved in? Is there anything else?

Vincent Martin, MD:
Well, I think a healthy diet is. I would say, and there is some data on anti-inflammatory diets where you eat lots of fresh foods, fresh fruits, vegetables. Stay away from boxed or canned or foods, anything that has a preservative in them. Thin fishes often have high omega-3 fatty acids and so forth, and those can be very helpful in preventing pain. Just healthy neurologic lifestyles, getting appropriate amounts of sleep and keeping yourself hydrated, making sure you don't have prolonged periods of fasting. These are all things that are helpful for patients with migraine, but also patients with fibromyalgia as well.

Lindsay Weitzel, PhD:
Okay, so what medications in particular are best for people who do have both migraine and fibromyalgia? Are there particular meds that are great when you do have both conditions?

Vincent Martin, MD:
Sure. I mean, the first category is the antidepressant class of medications, and there's three different groupings of meds. One are what we call the tricyclic antidepressants. Those are your amitriptylines and nortriptylines. Other names for them are Elavil and Pamelor are the trade names. And then there's other meds called the SSRIs. They are things like fluoxetine or Prozac or sertraline, which is Zoloft, or paroxetine, which is Paxil. And then there's another group called the SNRIs that block serotonin and norepinephrine and actually increase levels in the nerve cells as well. And then there are also some other drugs. There's one called Pristiq. And actually Pristiq and Cymbalta are both FDA approved for fibromyalgia. So, the antidepressant category is one.

And then there's a seizure med category, where meds like gabapentin or Neurontin is the other name for it. And also Lyrica, and Lyrica has been approved for fibromyalgia. And those have a chemical called GABA, as well as others.

And then there's also a new kid on the block, Naltrexone. I wouldn't say that there's great evidence for that, but a lot of specialty clinics are starting to use low-dose Naltrexone, which basically blocks an opiate receptor as well. So those are probably the main therapies for fibromyalgia.

Lindsay Weitzel, PhD:
Okay, so we've covered a lot of grounds. Is there anything else you'd like to add to this topic where we're discussing both fibromyalgia and migraine, since they occur together for so many of us? Did we miss anything?

Vincent Martin, MD:
One thing I would say is that if people have more frequent forms of migraine, like chronic migraine, then the likelihood of having fibromyalgia goes up. And as I said before, it's like one pain begets another. And whether it's the migraine kindling, the fibromyalgia, or vice versa, we don't really know. My guess would be that it probably can go both ways. But this is a very common association, one that we see in a headache clinic all the time. And if you don't manage the fibromyalgia, oftentimes the migraines might not optimally improve.

Lindsay Weitzel, PhD:
All right. Well, thank you so much for being with us today. And thank you everyone for joining us for the weekly podcast of the National Headache Foundation. Please join us again next week. Bye-bye!