

## Commonly Asked Questions About Myofascial Pain Syndrome

### **What is myofascial pain syndrome?**

Myofascial pain syndrome is thought to be a form of muscle pain. It may result from a single significant trauma or repetitive minor trauma. There are no laboratory, radiographic or other diagnostic tests for myofascial pain syndrome, so it is considered a subjective diagnosis. There is a tendency for development of trigger or tender points, which may be felt as "knots" of tissue under the skin. Generally, it requires an experienced clinician to determine whether painful regions are indicative of myofascial pain syndrome. However, when trigger points are present and active, they can lead to discomfort in nearby muscles.

### **Is there a difference between myofascial pain syndrome and fibromyalgia?**

Simply put - yes. Although often used interchangeably by patients and physicians, they are different. Fibromyalgia is considered part systemic disease and part syndrome. Fibromyalgia has more clearly defined criteria for diagnosis, including pain for more than 3 months, sleep disturbance, and a minimum number of specific tender points. Fibromyalgia may also be associated with irritable bowel syndrome, chronic fatigue syndrome, mitral valve prolapse as well as a possible family association.

Myofascial pain syndrome and fibromyalgia are similar in that there are no laboratory or radiographic tests to prove that a patient has either one, and the diagnosis is made when other diseases have been ruled out.

### **What are the symptoms of myofascial pain syndrome?**

Symptoms usually involve the muscle itself or the muscle near a painful joint. Over time, this pain may spread to involve other muscles. Stress, poor sleep, and deconditioning have a significant effect on worsening the symptoms.

### **What are the treatment options?**

An individualized program of regular stretching and cardiovascular exercise is the mainstay of treatment. To prevent deconditioning, the patient with myofascial pain should be involved in activities such as brisk walking, swimming, or bicycling.

Chronic pain stress management counseling may be valuable in teaching a patient how to deal with the social impact of long-term pain, as well as techniques on how to function despite the discomfort.

Medications are rarely needed. However, during intense flare-ups a short course of anti-inflammatory medication may be helpful. Occasionally, trigger point injections can be performed in an office setting to decrease muscle spasm. If an individual suffers from sleep disturbance, medications such as cyclobenzaprine, Doxepin, trazodone or amitriptyline may be used to promote a more normal sleep / wake cycle.

Tobacco use and caffeinated beverages should be discontinued. Caffeine and nicotine are stimulants, and have been found to irritate the muscles, thereby perpetuating myofascial pain.

### **Is surgery an option for myofascial pain syndrome?**

There is no indication for surgery in patients with myofascial pain syndrome.