Symptomatically Severe Secondary Fibromyalgia, Tertiary Fibromyalgia, Therapeutic Clinical Resistance & PTSD

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Purpose: I found a **symptomatically severe form of secondary fibromyalgia (SF)** to be present in **all patients** referred to me with musculoskeletal pain who also had "**post traumatic stress disorder**",**PTSD**

-SF and PTSD, the primary disease, share certain clinical features**:**

1) sleep disturbance
2) musculoskeletal pain
3) mood disturbance (anxiety/ depression).

My findings support that SF can act so as to aggravate or prolong the PTSD.

Thus resulting in:

"Therapeutic Clinical Resistance"

Conventional fibromyalgia medications tended not to be effective (ie. an NSAID plus a tricyclic or an FDA approved drug). **SF can respond to a combination of tramadol, tizanidine, tapentadol and modafinil.** **(1)**

-At each visit, continue to assess for **ulterior sources of pain.**

-At each visit discuss whether or not additional **stressors physical or emotional, old or new** have arisen.

-Offer appropriate treatment suggestions that facilitate their resolution.

Sustained collaboration with a psychiatrist is a must!

I established all the patients fibromyalgia diagnosis' - consistent with 1990 ACR fibromyalgia diagnostic criteria.

As a rheumatology fellow, I participated in the 1990 ACR Northeast Fibromyalgia Diagnostic Criteria Committee proceedings and was chosen as 1 of 8 physicians to teach the fibrositic tenderpoint exam .

(3)

*As these 40 patients experienced **a near total reduction in their tender point pain, t**heir ability to **sleep** improved, +/- 6 hours/ night without awakenings and feeling less fatigue

*They became better able to:
- memorize & concentrate
-accomplish mental/ physical tasks
- expressed **less sadness/anxiety.**

*Subsequently they were able to improve on numerous personal issues:
-impaired personal relationships
-holding a job
-return to some form of educational activity

*** None of this reportedly was possible prior to my treatment.**

* Notably, there were **no suicides.** Only 1 patient claimed no benefit.

(5)

SF tends not to respond to traditional fibrositic therapy - it can **aggravate and prolong the PTSD**. SF can respond to the 4 medications I described.

I would **therefore suggest that it would be of significant clinical benefit if SF associated with PTSD was designated with a separate identity, such that an improved diagnostic awareness would indicate the need for more effective therapy resulting in a better outcome for the PTSD**.

I would therefore submit

"Tertiary Fibromyalgia" (TF)

as the name for the recalcitrant form of SF associated with PTSD.

***My preliminary clinical observations suggest that TF can be seen with primary diseases other than PTSD.**

Is TF a pathological physiologic process that is inherently fundamental to the human body?

(7)

2) Figueroa J, Kobus B. Tizanidine and Tender Point Pain.
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3) Figueroa J. Evaluate the Appropriateness of Multi-drug Combination Therapy in the Treatment of Fibromyalgia – presented at the Inter-national MYOPAIN Society – MYOPAIN 2010 in **Toledo Spain**, October 3-7, 2010, J Musculoskeletal Pain- accepted for publication

4) Figueroa J. Physician Focus: Explaining Fibromyalgia. **Bulletin of Mass Medical Society July 14, 2011.**
***This became the most popular article ever written for the Bulletin (>100yrs. old).**
> 12 million links on Google

Correctly recognizing SF and not casually disregarding it is critical - it allows for more effective psychiatric treatment and permits an improved outcome for the PTSD. My treatment method seeks to modulate tenderpoint pain in such a way that restorative sleep is augmented.

Methods:

- Initially do screening bloodwork for fibromyalgia per abstract.

- Search for sources of chronic ongoing pain that would corrupt sleep (abstract).

-My treatment method evolved over a decade and a half with national and international presentations/publications, including the NIH. Dosing schedules are described in my 2015 & 2017 Painweek abstracts: URL: https://www. **tandfonline.com/loi/ipgm20 and PAINWeek 2020 abtract #54.**

(2)

In the years that followed, I taught hundreds of physicians and medical students how to do a fibrositic tender point exam and establish a diagnosis of fibromyalgia.

I provided all patient follow up visits.

PTSD was diagnostically established by independent, community psychiatric services - at that time DSM -IV diagnostic criteria was used.

Results:

* **In 40 out of 41(97.5%) consecutive patients there was observed a gradual symptomatic improvement in the SF over several weeks.**
***Subsequently there followed a global, symptomatic improvement in the features of the PTSD.**

(4)

Conclusions:

*** Currently there appears to be no appreciation of the clinical concept of SF nor that of its resulting associated "therapeutic clinical resistance".**
***An accurate diagnosis and precise treatment of SF lends to an improved likelihood for the successful psychiatric treatment of PTSD.**

This awareness can enable a single properly trained physician, working with a single community psychiatrist, the possibility to render effective therapy for an otherwise therapeutically resistant PTSD patient.

A lack of appreciation of the proper diagnosis/treatment of SF can result in the prolongation of the PTSD for years/decades.

*** In this series SF tends to be a constant feature of PTSD.**

(6)

Bibliography:

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J Musculoskeletal Pain – Myopain '04 -**Munich, Germany**-Supp #9, 2004. 12:51

1st "Encore Presentation" with permission - Fibromyalgia Workshop: The Next Advances **(Washington, D.C.) – NIH**, Nov 2004: 108

2nd "Encore Presentation" with permission – symposium Fibromyalgia and Sleep Disorders -**Portland, Oregon**, Oct 2-4,2008, abstract #5 pg 17

Sympathy Card-Therapy Impact is Profound

Dear Dr. Figueroa
I am truly going to miss you so (my doctor and my friend). It took me 28 years to find a doctor like you, and I am so grateful for the great care I recieved from you. The respect and kindness you showed toward me from my first appt. allowed me to trust you, something I don't do with people. Your special care led me to a psychologist who complimented your care and has helped me open closed doors of 60 yrs. of emotional pain I stuffed inside of me.

I've been so blessed to have found a doctor that not only was willing to treat my physical pain but showed me I had to treat my ptsd pain too, to be able to live a better life. When you & I talked about "Good and Evil" I have also seen and experienced both. I know when I was ready to give up, I found you, and that was good! – Then you led me to find and that was good. I was able to be part of my youngest son's wedding and that was good. I believe God is good and led me to you which has changed my life and I am so thankful and grateful for you. I also