Tower Bridge Hospital London

Tower Bridge Hospital London
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PATIENT INFORMATION · RHEUMATOLOGY AND PAIN

Fibromyalgia
real pain, from a real mechanism

Fibromyalgia causes widespread pain, profound fatigue and cognitive difficulty. Blood tests and scans are normal, which has led generations of patients to be told there is nothing wrong. In fact the mechanism is now reasonably well understood: the nervous system amplifies pain signals. The pain is not imagined; the volume control is set too high.

Seek assessment before assuming fibromyalgia if you have

- **joint swelling, redness or heat**, or morning stiffness lasting over an hour
- **fever, night sweats or unexplained weight loss**
- **muscle weakness** rather than pain — difficulty climbing stairs or lifting arms
- a **new rash**, mouth ulcers, or dry eyes and mouth
- **numbness, tingling or bladder and bowel changes**
- new widespread pain **over the age of 50**

Inflammatory arthritis, polymyalgia rheumatica, lupus, thyroid disease, vitamin D deficiency and some statin side effects all cause widespread pain and are treated entirely differently. A proper assessment excludes these before settling on fibromyalgia.

What it involves

- **Widespread pain** for more than three months, in multiple body regions
- **Fatigue**, often profound and not relieved by sleep
- **Unrefreshing sleep**, and difficulty getting to or staying asleep
- **Cognitive difficulty** — often called fibro fog
- Frequently alongside: headaches, IBS, bladder urgency, restless legs, temperature sensitivity, anxiety and low mood
- Symptoms fluctuate, often with weather, stress, activity and sleep

Why the tests are normal

Fibromyalgia is a disorder of pain processing rather than of tissue damage. Nerves carrying pain signals become sensitised and the brain's own pain-dampening systems work less effectively, so ordinary signals are experienced as painful. There is nothing to see on an X-ray or in a blood test because there is no inflammation or destruction — which is precisely why a normal scan should not be taken as evidence that nothing is wrong. Understanding this mechanism genuinely helps: it explains why treatments aimed at the nervous system work and anti-inflammatories largely do not.

What helps most

Exercise
the single most effective treatment

Sleep
improving it improves everything else

Pacing
steady beats boom and bust

- **Graded exercise, started very gently.** This has the strongest evidence of anything. Begin below what you think you can manage — five minutes of walking or water-based exercise — and increase by a small amount every week or two. It will hurt initially and that settles. Doing too much too soon is the commonest reason people stop.
- **Sleep** — a consistent schedule, and treating any sleep apnoea or restless legs.
- **Pacing** rather than pushing hard on good days and collapsing afterwards.
- **Psychological approaches** — CBT, acceptance and commitment therapy, mindfulness. These target the pain system, not your credibility.
- **Heat**, warm water exercise, and gentle massage for symptom relief.
- **Education about the mechanism**, which measurably reduces pain and disability in trials.

Medication

- **Amitriptyline** at low dose is the usual first choice, taken at night, helping pain and sleep together.
- **Duloxetine** has good evidence, and is particularly useful where low mood coexists.
- **Pregabalin** helps some people, with sedation and weight gain as common drawbacks.
- **Anti-inflammatories and paracetamol have little effect** in fibromyalgia, because there is no inflammation to treat.
- **Opioids should be avoided.** They do not work well for this type of pain, and long-term use worsens pain sensitivity, causes dependence and adds side effects. This is now a firm recommendation.
- Expect trial and error, several weeks per trial, and modest rather than dramatic benefit from any one drug.

Work and daily life

Fibromyalgia may meet the definition of a disability under the Equality Act 2010, allowing reasonable adjustments — flexible hours, seating, reduced physical demands, working from home. Many people remain in work with the right adjustments, and staying in work where possible is associated with better outcomes.

Why come to us. Fibromyalgia is diagnosed by exclusion and then usually abandoned. We offer unhurried appointments, the full exclusion panel in-house — inflammatory markers, thyroid, vitamin D, ferritin, autoimmune screening — with results explained face to face, and rheumatology and physiotherapy input under one roof. We prescribe and review medication properly rather than leaving you on something that is not working, and provide detailed letters for employers and benefit applications. Seven days a week.

Properly assessed, and taken seriously

Exclusion bloods in-house, rheumatology and physiotherapy on site.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

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Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE NG193 guidance on chronic pain, and EULAR recommendations for the management of fibromyalgia. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.