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## **Limb Pain Syndromes**

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### **2. Chronic Widespread Pain Syndrome (formerly called Juvenile Fibromyalgia Syndrome)**

#### **2.1 What is it?**

Fibromyalgia belongs to the "amplified musculoskeletal pain syndrome" group. Fibromyalgia is a syndrome characterised by long-term widespread musculoskeletal pain involving the upper or lower extremities as well as the back, abdomen, chest, neck and/or jaw for at least 3 months, combined with fatigue, unrefreshing sleep and problems of variable intensity in attention level, problem solving, reasoning or memory.

#### **2.2 How common is it?**

Fibromyalgia occurs mainly in adults. In paediatrics, it is reported predominantly in adolescents, with a frequency of about 1%. Females are more frequently affected than males. Children with this condition share many clinical characteristics with those affected by complex regional pain syndrome.

#### **2.3 What are the typical clinical characteristics?**

Patients complain of diffuse pain over limbs, although the severity of the pain may vary from child to child. The pain may affect any part of the body (upper and lower extremities, back, abdomen, chest, neck and jaw).

Children with this condition usually have sleep problems and the feeling of awakening from an unrefreshing, non-restorative sleep. Another main

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complaint is intense fatigue, accompanied by decreased physical capacity.

Patients with fibromyalgia frequently report headaches, limb swelling (there is a sensation of swelling although no swelling can be seen), numbness and, sometimes, bluish colour of the fingers. These symptoms cause anxiety, depression and many absences from school.

#### **2.4 How is it diagnosed?**

The history of generalized aching in at least 3 body areas, lasting more than 3 months, together with a variable degree of fatigue, unrefreshing sleep and cognitive symptoms (attention, learning, reasoning, memory, decision making and problem solving capacities) is diagnostic. Many patients present tender muscle points (trigger points) at certain locations although this finding is not required for diagnosis.

#### **2.5 How can we treat it?**

An important issue is to decrease the anxiety produced by this condition by explaining to the patients and their family that although the pain is severe and real, there is neither damage to the joints nor a serious physical disease.

The most important and effective approach is a progressive cardiovascular fitness training programme, and swimming is the best exercise. The second issue is to start a cognitive behavioural therapy, individually or in a group. Finally, some patients may need a drug therapy to improve sleep quality.

#### **2.6 What is the prognosis?**

Full recovery requires major efforts by the patient and essential support from the family. Generally, the outcome in children is much better than in adults and most of them will recover. Compliance with a regular physical exercise programme is very important. Psychological support, as well as medication for sleep, anxiety and depression may be indicated for adolescents.