

SOLUTIONS FOR WELLNESS

FIBROMYALGIA PROGRAM

If the problem is hypersensitivity, then the solution is hardiness.

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Introducing a new coordinated, behavioral, multidisciplinary, community-based, model for the treatment of fibromyalgia syndrome (FMS) that addresses sleep disturbance and cognitive impairment as well as pain and fatigue. **It is designed to help patients fully recover from fibromyalgia.**

I have been developing and refining this program since 1981, including seven years applying it in an outpatient, hospital-based, rehabilitation model at Cedar-Sinai Medical Center. The effectiveness of this approach has been documented with reliable outcome assessments and has been presented at national scientific conferences. Now this approach is being offered in a private practice, community-based model through alliances with personally recommended physical therapists, psychotherapists, pool and fitness programs in the patient's community.

The key to getting well with FMS is correcting the sleep disorder behaviorally, without medications.

Fibromyalgia is not necessarily caused by a sleep disorder; but once sleep is profoundly disturbed by pain, stress, and depression, the sleep problem appears to become the major perpetuating factor in the disorder. A sleep disorder can cause such a profound biochemical imbalance that it can prevent progress in physical therapy and psychotherapy. (Drugs cannot correct sleep disorders)

Fibromyalgia is an imbalance of the central nervous system that results in hypersensitivity throughout the entire body. Normal sensations like light touch feel painful (central sensitization). **The four behaviors that are effective for changing the brain chemistry and improving physiologic hardiness are: restorative sleep, exercise, nutrition, and coping skills.**

"Central Sensitization" can be viewed as a pain-promoting, neurochemistry that lies on top of the original injury. It can easily account for 50% or more of the patient's pain-score rating. Using behavior instead of medication to reduce this central sensitization process can result not only in the reduction of pain and the elimination of drug side-effects but also in the promotion of an enduring improvement in overall health. **Bringing the central nervous system back into balance is of central importance to getting positive results.**

People with FMS are very sensitive to medications consequently they often have severe side-effects to even the drugs that have been approved for FMS (Cymbalta, Milnacipran and Savella). Any drug that increases anxiety, fatigue or causes difficulty thinking or sleeping will make it impossible for the person with FMS to get well.

The Program:

- *A comprehensive behavioral pain assessment is performed to determine what is preventing the patient from making progress or recovering.*

Common barriers to recovery include: severe sleep disturbances or nonrestorative sleep, poor coping skills, cognitive impairment, poor understanding of FMS and its management, medications that are disturbing sleep, increasing fatigue, impairing thinking (especially pain medications) and severe depression or anxiety.

- A treatment plan is recommended that incorporates the patient's current clinicians and also, when possible, recommends clinicians in the patient's community who practice behavioral (non-drug) treatment.
- Patients learn how sleep, exercise, nutrition, and positive coping can change their brain chemistry and reduce their pain, fatigue, anxiety, and other symptoms. This is done through a behavioral process called "self-management training." Studies have documented the effectiveness of this approach for FMS.
- Your heart and the brain control your basic nervous system. Learning how to control your nervous system is called "self-regulation". I use a biofeedback system called HeartMath to teach people how to calm their heart and nervous system. This has been invaluable for helping people reduce anxiety, handle stress and improve sleep.
- Fibromyalgia that starts after an accident or surgery causes amplification of the pain signals from the original injury or surgery site. This is now called "central sensitization." **Fibromyalgia is a layer of pain amplification on top of the pain chemistry related to the original injury. Patients heal in the reverse order.** In most cases, the fibromyalgia can be resolved or controlled even though there is an underlying injury. It is much easier for the patient to cope with the primary injury if he/she does not have widespread pain, fatigue, foggy thinking, hypersensitivity and anxiety. When this occurs accurate assessment and effective treatment of the primary injury becomes possible.
- This treatment is not mystical. Patients are able to see their response to the techniques taught. A simple, ten-point rating system (Symptom-Disability Score) is used that allows patients to see their improvement in all symptoms, such as fatigue, anxiety, irritable bowel syndrome, thinking ability, etc., *not just pain*. This has been an invaluable clinical tool for documenting progress and demonstrating to patients that their efforts to get healthy are paying off.

Medical insurance coverage:

My services are covered under your benefits for occupational therapy by most PPO plans, private insurance policies, and Medicare. I am contracted with the UCLA Medical Group to provide "behavioral treatment of chronic pain, sleep disorders and fatigue" The Medicare cap for outpatient therapy are separate for occupational therapy and do not interfere with physical therapy coverage or psychology coverage. A physician's referral is necessary for insurance coverage. I am not part of other HMO plans or a Medical provider.

Length of treatment:

A typical plan for a patient who is *not* on problematic drugs would be treatment one time a week for six-eight weeks, followed by reevaluation, and if needed, a reduced treatment schedule, e.g.: one time every two weeks for 3-4 more sessions. Patients with Medicare are seen 1-2 times a week. People with severe disability and medical problems need 2 hours a week the first six weeks, then a reduced schedule for another 6-12 weeks.

Results (Outcomes):

In my experience using this approach, patients typically achieve a 30-50% reduction in their ten worst symptoms in 6-8 weeks; and when they continue their self-management program, they get about 10% better each month (based on the Symptom-Disability Score).

Summary:

Behavioral (non-drug) treatment empowers patients to be effective self-managers of their health and symptoms instead of becoming dependent on clinical treatment or drugs. This achieves real change that actually corrects the underlying problem. ***It is not "symptomatic treatment."*** This results in decreased need for healthcare services. Consequently, this approach is very cost-effective for patients and insurance companies. In addition, it reduces travel and treatment time for the patient.

Please call if you have any questions: 310-306-4247
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