

## **Episode 183: Fibromyalgia as a Migraine Comorbidity Part 2**

### **Lindsay Weitzel**

Hello everyone, and welcome to Head Wise, the videocast and podcast of the National Headache Foundation. I'm doctor Lindsay Weitzel. I'm the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. I'm excited to tell you that I am here today with headache specialist Doctor Vincent Martin. Hi, doctor. Martin, how are you?

### **Vince Martin**

Good. How are you?

### **Lindsay Weitzel**

Good. Thank you for being here. Doctor Martin is the director of the Headache and Facial Pain Center at the University of Cincinnati. And he is the president of the National Headache Foundation. He is a repeat guest. And he was here just recently talking about fibromyalgia. And that episode was so popular, and our audience sent in so many questions.

You guys had so many questions, so many things that you wanted us to elaborate on, that we have decided to do what we're going to call sort of a fibromyalgia 2.0 migraine and fibromyalgia, headache and fibromyalgia. And we're going to do a deeper dive. So, we've asked Doctor Martin to come back on. And he was nice enough to be here again today.

And we have taken some of your questions. And we're going to do a lot more detail. So, anyone that liked that episode or that has more about fibromyalgia or thinks they might have it, listen in and we're going to give you all sorts of detail. So, let's start with we're going to, we're going to start kind of broad with an umbrella of sort of why might all this happen?

So, Doctor Martin, can you please talk about how various co-morbidities can work together with fibromyalgia and migraine to cause worse symptoms like depression, etc.? How does all this just sort of come about?

### **Vince Martin**

Well, first thing is probably defining what co-morbidities is. That's just basically a disease that's associated with another one by more than chance. So, there are a number of different comorbid illnesses that occur with fibromyalgia that can actually influence the way fibromyalgia presents. And the most obvious one would be depression and anxiety. And we know that anytime depression, particularly depression, exists in with it together with any pain disorder and moderates how one views their disease.

So, if you have depression and you have fibromyalgia, or you have depression and migraine, you perceive the pain as more, disabling, but also and more severe.

It influences kind of how you perceive your pain disorder and anxiety, I think has a number of different influences. I think when you get anxious with a pain disorder, it often makes you think that maybe when the pain's mild, it's going to get worse.

And it just kind of like builds one on another and could actually amplify the pain. So, the one thing that you want to do when you have a pain disorder is you want to distract yourself. You don't want to hyper focus on the pain, because what will happen is the pain will get worse. So that's anxiety and depression.

So those are very common comorbidities of fibromyalgia and also migraine. But in addition to that there's other disorders or something called a disorder known yet. And there's an autonomic nervous system that if you've probably all of heard of the fight or flight nervous system, where, you know, somebody gets in a dangerous situation and their heart rate, the heart races and they have superhuman strength and so forth.

Well, that's the autonomic nervous system. And sometimes that autonomic nervous system can be disease, and its commonly disease in people with migraine, and its commonly disease in people with fibromyalgia. And that can cause other symptoms, things like brain fog. It can cause intense fatigue it can cause, feelings of that. You're going to black out or feelings that your heart races.

And there's one in particular called pot syndrome, that can do that. So that can become morbid with both migraine and fibromyalgia. And then the third group was this entity of diseases called joint hypermobility syndrome, you know, or Hypermobile eds.

And that's basically where you've got a connective tissue problem. And if you actually look at fibromyalgia and it's associated with that disorder, it's like, you know, it's like, you know, seven times more likely to, you know, for a fibromyalgia patient to have EDS, a there's Daniels syndrome or this hypermobility than the general population.

And those people have pain all over their bodies as well. So, I think there's a lot of overlap between that particular syndrome and fibromyalgia. So those are just a few of the of the of the, you know, of diseases that can moderate a lot of the symptoms that we see with fibromyalgia.

### **Lindsay Weitzel**

Okay. So that's very interesting. We, we just to recap there, we, we touched on fibromyalgia and migraine, which is our, our main topics here. And then depression and anxiety pots eds and just autonomia and these are all things that we have covered, on headways before and that we are going to do some updated episodes on coming up soon. So have your eyes and ears out for that.

So, let's move on to some of the things that people ask to hear more about. A lot of people wanted to know why is exercise so important for people with fibromyalgia.

### **Vince Martin**

I think one of the big reasons is this this association with the disorder, it so the autonomic nervous system being so out of whack, one way to get the autonomic nervous system back. And you know, equilibrium is

through exercise. So, if you exercise, you're not going to get that racing heart rate, the low blood flow to your brain and the brain fog and all these other things.

So, I think that's one thing. But the other thing is that exercise increases endorphins in your body. So those are like your natural pain-relieving chemicals that can be activated by exercise. So, I think those are probably the two predominant theories of why exercise helps with fibromyalgia.

And I would say another thing is the only therapy, the only therapy that's given like great abundance, which is the highest, is exercise in terms of treatment of fibromyalgia.

### **Lindsay Weitzel**

Right now. This is an important question. I think if you have an exercise in years and years, exercise is not your thing and you are in pain, you have fibromyalgia and maybe exercise. Some types of exercise trigger your migraine. It's going to be hard. And the last thing you want to do is maybe go to a gym and hire someone who lifts weights every day to help you and doesn't understand what fibromyalgia is.

So, people wanted to know, who do I go to? What? What is a good recommendation? And how do I find someone to help me exercise?

### **Vince Martin**

Well, one thing you could do is go to a physical therapist. So, you could be referred to a physical therapist, and they'll work you through the exercises, and nobody expects you to go out and run a marathon. It may just be as simple as going out for a walk, and maybe the walk may be very short on the very first time you get out there, but it's a gradual building up of your endurance and the exercise routines over a period of time.

Another possibility could be a physical trainer that's kind of savvy with, fibromyalgia too. So, I think any of those options would help with initiating and maintaining an exercise program, because probably the maintenance of the program is probably, in some cases, more difficult than its initiation.

### **Lindsay Weitzel**

so, another topic is, why is the pain in fibromyalgia so widespread? I think this is one of the things that kind of leads to the stigma in fibromyalgia. It's not it's not like, oh, I injured my neck here and the pains right here. It's kind of it's all over the place. Why is that?

### **Vince Martin**

Well, there's a number of different possibilities. One and one. The first thing is it suggests a disease that involves the entire body. Because how could you explain neck pain and low back pain and shoulder pain and head pain and all these different, pain disorders in a given person. So, it's suggested a widespread

peace process. One theory is that it involves the nervous system and that people with fibromyalgia develop something called a small fiber neuropathy.

And that's a neuropathy is a disease of the peripheral nerve. So, the peripheral nerves go to your arms, your face, your legs and so forth. And these nerves can be diseased, and they can lead to pain occurring in those particular nerves. You can sometimes have numbness in your extremities. And what's interesting is this pain, this neuropathy is not picked up by the conventional neurologic test called an EMG because that only picks up what's called a large fiber neuropathy.

So, one that involves the large nerve fibers, the ones that are small fiber would not be picked up by that test. So that's one thing is we could just be happy dealing with a nerve disease called a neuropathy to explain this widespread pain syndrome.

Another possibility is that it's in part a connective tissue problem. So if you believe it about that Hypermobile eds that we talked about, where all the joints are real, you know, or, you know, or the tendons are stretchy and, and they get dislocations of shoulders and elbows and hips and knees and so forth that, you know, that connective tissue disease that involves an entire body can lead, different joints and tendons to be, you know, stretched and damaged just in the routine physical activity that might account for that. And then there's a third theory.

I heard I saw one article written on a headache disorder called intracranial hypertension, which is where the spinal fluid pressures are high. And they postulated that that could play some role in the widespread pain that occurs with fibromyalgia.

### **Lindsay Weitzel**

and is that that's more common in, in EDS or is it more common in migraine? How does that fit into this spectrum?

### **Vince Martin**

Well, that happens. And then people that are a little bit overweight. Like elevate spinal fluid pressures. And you know that obviously that can occur either with migraine or with fibromyalgia as well.

And so, I think that that might be the common link, but I think there could also be genetic links, because we know that both Ehlers Danlos syndrome and, you know, and migraine and Ehlers-Danlos system, fibromyalgia is comorbid. So consequently, you know, you know, that might explain it too.

### **Lindsay Weitzel**

So okay, so this is a big one because, you know, especially if you have migraine and fibromyalgia, this is going to be so important. People wanted to know why people with fibromyalgia have cognitive dysfunction. Because if you also have migraine that causes brain fog. So, goodness, you know that's got to be rough. So why does fibromyalgia cause this.

**Vince Martin**

Well, we can only theorize it that I mean, one possibility is that we know that people, as I keep popping on this, this autonomic thing, this autonomic nervous system dysfunction, but that is a common complaint with a patient with that syndrome. So that's one possibility with alterations in blood flow to the brain.

Another possibility would be that when you're in chronic pain, it actually changes the connectivity of nerve cells within your brain.

So, it's possible that you may be remodeling not only the pain pathways, but other pathways of your brain as well, which might lead to brain fog. And then finally, there are other comorbidities, things like, obstructive sleep apnea that can occur with both disorders. And people in that syndrome have their oxygen levels dip, you know, multiple times at night, and you may wake up and you feel kind of cloudy and so forth, but that might be from the falls and oxygen levels that occur at night. And that could occur with both fibromyalgia and migraine as well.

**Lindsay Weitzel**

Okay. So, this I think is an important question. because if it's happened to someone, they're going to remember it. but we're going to have to define it, possibly for people who don't know what it is.

Do you think that people with migraine and fibromyalgia are more likely to be diagnosed with a functional neurological disorder or a conversion disorder? And hopefully you can define those, for our audience.

**Vince Martin**

Our functional logic disorder is just a neurologic syndrome that just doesn't fit typical neurologic typical neurologic exam. And the symptoms don't fit a characteristic neurologic pattern that is recognized by disease.

And usually when that happens, people are thought to have a functional disorder, one that doesn't relate to a neurologic disorder per se but relates to a psychological process. And they're often referred for, you know, psychological therapies as treatment.

**Lindsay Weitzel**

Okay. So, do you think that people with fibromyalgia and or migraine are often more likely to be diagnosed with this type of disorder?

**Vince Martin**

I do, if particularly if they have a symptom that may not fit classic neurologic patterns, like, and like with migraine, it's not uncommon for patients to have,

neurologic symptoms on one side of their body, and they may not fit classic neurologic pattern. Sometimes we call it hemiplegia, migraine, but it has to fit a specific pattern. But if it's patchy or doesn't fit, like stroke like distribution pattern, oftentimes the neurologists will call it functional.

And so, I do think the same thing can happen with fibromyalgia if they have, you know, symptoms of numbness or weakness in limbs, then that may be maybe not real reproducible neurologic exam. They are often called, functional.

### **Lindsay Weitzel**

We're going to move on to another topic. We might someday do a podcast on that. We do get a lot of questions on that. We're going to move on to dry needling. You had mentioned dry needling in our last fibromyalgia, podcast, and there were a lot of people that were interested in it. People would like to know if dry needling helps with fibromyalgia symptoms and if so, what sort of specialist or provider do they go to get it.

### **Vince Martin**

When we refer people for dry needling, they have a myofascial pain syndrome, which usually means they have very distinct trigger points. And actually, if you feel these trigger points, the muscle is completely knotted up. And in fact, one time, I don't know, dry needling myself, but one time I put a needle directly into someone's shoulder because I was trying to,

I think I was trying to give a lidocaine injection, and I hit the muscle and all of a sudden it started to quiver like this.

And what was really interesting was that it just the muscle completely relaxed. I was in like, this really taut muscle, and I completely relaxed. That's kind of the principle of dry needling is, but you have to get it in the exact right place, to do that. And that can make a big difference in myofascial pain syndromes. And oftentimes there is a myofascial component to two fibromyalgia.

So, it might you might have these little balls of muscle. And in that trapezius muscles which are back in the shoulders here. Or it might be in the lower back, and you could get dry needling, usually from a physical therapist that's savvy and knows about that. Not all physical therapists do dry needling, but it's becoming much more common.

It used to be there'd be like 1 or 2 in an entire city. Now, with almost every physical therapy department, there's one person or two people that do dry needling. So, I think it can be very helpful for people that have these myofascial trigger points.

### **Lindsay Weitzel**

Okay. Now we also mentioned fatigue being a, really disabling symptom of fibromyalgia for some people. And I'm wondering what advice you have for those people, because I think a lot of them feel really misunderstood, like, oh gosh, you have two kids and a job. Of course you're tired sometimes is the answer

they get, and it can be pretty disabling for some people. So, I'm wondering what advice you have for them.

### **Vince Martin**

Well, that can be tough.

because as you said before, when you suffer from a pain syndrome all the time, it can be difficult to kind of get going. But I think exercise can help with fatigue. So, if you can get past that initial pain and just do gradually build up your exercise a little bit and you get that heart rate up and so forth and get your blood flow going up to up into your brain.

I think that that can help with, with, with your symptoms of fatigue, recognize there can be other disorders that might be contributing to it. So, like obstructive sleep apnea is one. So, if you snore at night, you have daytime somnolence. Oftentimes fatigue is occurring with that. And that can occur both with migraine and fibromyalgia. So, recognizing other diseases we talked about disorder Nomi.

So, when you stand up your heart rate races maybe you have a disorder, Noma. And that might need to be treated because if you don't treat that and your pulse rate, if you get pots and your pulse rate goes from normal up to 120, when you stand up, it's like you're running a race every moment of your life, you know?

So that needs to be treated so. So, it's really a matter of, dealing with, with, comorbid illnesses and also the chronic pain syndromes too. If you're in chronic pain all the time, it's just going to drain you. It's it is very draining. There are some medications that have been used, but I'm not sure any have been, firmly established to improve fatigue.

But there are some that are use stimulants can sometimes be used with ethanol as another one. And so.

### **Lindsay Weitzel**

my next question, I sort of say for toward the end, in case people felt they got enough medication information from our first fibromyalgia and migraine episode. But I wanted if you could, because I felt like it was important and that I think most people don't get this maybe where they live from their physicians. So I think it might be important for them if you could maybe give, the list again, of medicines that maybe they should ask their doctors about if they have fibromyalgia and migraine and if there's anything on that list they haven't asked about that might be hugely informative to them.

So, what are those medications that are important for people with fibromyalgia and migraine?

### **Vince Martin**

Well, the first class of medications are antidepressants. So, you can try things like tricyclic antidepressants. those are, kind of older antidepressants. They've been around since the 70s. They're given at night. One is called amitriptyline.

The other one's called neuro lane. You can use some of the other antidepressants. We often use the ones called sunrise. And they basically block both reuptake of serotonin and norepinephrine. and nerve cells. And some examples of that would be duloxetine, Cymbalta or Venlafaxine or Effexor or commonly used some of the seizure meds.

The two the most commonly used one would be gabapentin and another one would be pregabalin, which is the trade name for that is Lyrica. And those can be very effective. The main side effects of those meds are sometimes fatigue, sleepiness and sometimes dizziness. with those.

And then there can be other there's one called naltrexone, which some people will use. I wouldn't say that that has great evidence. That would be used off label, but there are some other meds that are being used for, for patients with, with fibromyalgia.

Those are the primary ones.

### **Lindsay Weitzel**

Okay. That's awesome. I hope that anyone that needed that information found that helpful. Doctor Martin, is there anything you feel you would like to add on this topic before we go today?

### **Vince Martin**

Now, I would just say that if you have fibromyalgia, I think that there are lots of things that can be do, you can do. I would suggest that you find a health care provider that savvy with your disease though, because not everyone's going to know what to do with fibromyalgia.

So, I would suggest getting an appropriate, health care provider.

And it's going to be a multidisciplinary approach. So, one doctor probably can't handle all of your complaints. And you're going to there's probably going to be multiple doctors that handle different complaints. Maybe the disorder knows me or the sleep apnea or the, you know, the fibromyalgia treating fibromyalgia itself. So, you have to find the right team of health care providers to help you.

But I think there are many things that can be done. And I think there's, a lot of hope for fibromyalgia patients that never existed before.

### **Lindsay Weitzel**

On that note, there was a question someone did ask if you had any on advice because she felt she was having a hard time saying that she had fibromyalgia and migraine without being judged by doctors. She was having a hard time discussing, her diagnoses. do you have advice for a way to present that to doctors?



**Vince Martin**

Well, there's lots of different ways you could do, I think you I think you in any human relationship, you have to kind of feel out.

You know, how open that person is to your illnesses, you know, at. And if you have the right doctor, then or nurse practitioner or mid-level, whoever you're saying, and they're open, you know, to this and you can kind of get I can kind of get a feel for that.

But I don't think there's any problem with mentioning the word fibromyalgia. But if you had somebody who's close minded, it can be a real problem. So, I think the best advice I could say would be I don't I'm not sure is any one right way to bring this up.

I think fibromyalgia has gained more acceptance in recent years than probably ten years ago.

So, I don't think mentioning that would necessarily mean that you would be shunned. But I would say you have to find the right receptive person to discuss the topic with. And if they're not receptive, then you're right. You probably won't have a favorable response, right?

**Lindsay Weitzel**

I thank you for saying that. I think I think it was important for us once, once we started saying that, find the right practitioner. I was like, maybe we should go ahead and address that question. So, so I'm glad we did. And thank you so much for being here, Doctor Martin. And thank you everyone for joining us on this episode of Head Wise.

Please join us again for our next episode. Everyone, have a great night. Buh bye.