

Does Your Child Have Fibromyalgia?

by Mark Pellegrino MD

Women do not have a monopoly on fibromyalgia. I see a number of children in my practice who have fibromyalgia (FMS). The youngest I have seen was a boy aged 3. I also see many teenagers, often children of a parent with fibromyalgia. As a man with FMS myself (who has been told he frequently acts child-like!), I can appreciate that the “minority” hurts and their lives are disrupted, too. Not everyone with fibromyalgia is affected the same and there are some unique differences among children that require different strategies.

RISK FACTORS

A child who has a parent or sibling with FMS or connective tissue disease is at risk. If this child at risk is involved in a competitive sport that stresses the muscles—tennis, dancing, gymnastics—the risk increases. Children can get post-traumatic fibromyalgia, especially those who have a hereditary vulnerability. A number of young female patients in my practice have been involved with dancing, gymnastics, or baton twirling for many years, requiring long hours of practice and competition. Symptoms of pain appear and ultimately fibromyalgia develops.

Other risk factors I've identified in children include the presence of scoliosis (curvature of the spine) or forward posturing (rounded shoulders). Postural changes cause more strain on the back muscles which over time can lead to traumatic changes that trigger fibromyalgia. Girls are more likely to have scoliosis than boys (genetic risk). I see many youngsters who have intermittent back strains related to postural changes, and some have gone on to develop “full blown” fibromyalgia. There is no way to predict who will develop clinical fibromyalgia in those who are at risk, especially in those who are completely symptom-free.

In children, girls still outnumber boys, but the gap is smaller, about 60% girls and 40% boys in a survey of FMS children in my practice. This is consistent with the research reported by Dan Buskila, M.D. Causes of FMS in children are similar to the causes in adults: genetics, trauma (either a major trauma such as a fall or car accident or cumulative type trauma as with certain competitive sports), infections such as mononucleosis or other viral infections, or infections secondary to another condition. Primary fibromyalgia is more common.

Many times when I see these children with various symptoms or associated conditions, I find they have numerous painful tender points and ropey muscles with localized spasms. The diagnosis of fibromyalgia may be made if the criteria are met.

SYMPTOMS

In children there may be generalized widespread pain, but usually there are some common initial symptoms that may be part of the prodromal state that can ultimately turn into fibromyalgia. These symptoms include:

- ◆ **Leg pains (may be called growing pains).**
This appears to be form of restless leg syndrome in children and is especially bothersome at night.
- ◆ **Fatigue.**
Episodic bouts with extreme fatigue may occur and the child will not want to do anything when this happens.



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Does Your Child Have Fibromyalgia?

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- ◆ **Sleep problems, such as difficulty falling asleep and frequent awakening.**
- ◆ **Headaches.**
Migraine or tension headaches may occur with neck and shoulder pain or even in the absence of any other pain. Allergies and dry eyes may be present and contribute to the headaches.
- ◆ **Abdominal pain, stomach aches and stomach pain, possibly accompanied by nausea.**
This may be early irritable bowel syndrome.
- ◆ **Cognitive difficulties.**
This can include difficulty with concentration and attention in school, focusing on a topic, struggling with reading and reading comprehension, and complaints about vision. School teachers will often notice these difficulties first and mention them to the parents.

FLARE-UPS

Certain aggravating factors may cause fibromyalgia to flare-up. I find that many children will experience increased pain or more widespread pain during growth spurts. Perhaps fibromyalgia is thrown “out of balance,” so to speak, as growth is occurring more rapidly than the fibromyalgia can adjust, hence the increased pain. The stress of growth may aggravate FMS symptoms, or perhaps the nerves grow at a slower pace than the rest of the body and they signal more nerve pain. Girls may notice increased pain when their menstrual cycles start, and they have exaggerated premenstrual symptoms from the very beginning. Children are not free from stresses, at school or home, particularly if there is marital discord between the parents. All of these factors can contribute to flare-ups of fibromyalgia in children.

TREATMENT: Let Kids be Kids

I will approach children (say under 16 years of age) with fibromyalgia a little differently than adults. I want to make sure there is no underlying problem other than FMS that could be causing symptoms. Usually I will obtain some lab work including blood counts, sedimentation rate, and possibly thyroid studies. If cognitive difficulties are a problem, I will consider neuropsychological testing to specifically test memory, auditory comprehension, reading comprehension, and other integrative skills of the brain.

My treatment philosophy with children is mainly “let kids be kids.” Children are active, tend to sleep more, and they can be moody. Sometimes parents’ concerns are based more on the parents’ experience with fibromyalgia and fear that the child may be going through the same thing. I address these concerns and try to offer encouragement. I believe that minimal invasiveness is required. The main treatment may simply be a matter of reassuring the child and parent that there is no serious medical condition, but rather there is some evidence of FMS which can be handled with education, and tailoring an activity program to include stretches and specific exercises, nutritional approaches, and long-term monitoring. When using supplements to balance nutrition, the age of the child is a factor so choose age-appropriate supplements, e.g. children’s vitamins.

Top 10 Signs

That Your Child May Have Fibromyalgia

- 1 Has growing pains without actual growth
- 2 Says your perfume makes him “puke his guts out”
- 3 Says when she grows up, will consider numerous jobs as long as they are classified as sedentary
- 4 Only kid in the school history to flunk gym
- 5 Volunteers in school to be in a sleep study
- 6 For Christmas, all he wants is a hot tub
- 7 Selective memory loss (can’t remember a homework assignment)
- 8 Complains of constant hairballs in her throat
- 9 Gets upset if you don’t park exactly between the lines, get completely embarrassed and refuses to get out of car if you straddle a line
- 10 Spends more time in the bathroom than the classroom



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If there is a functional impairment as a result of fibromyalgia, such as the child is missing school or important school activities, or is unable to participate in sports because of pain and fatigue, I will treat more aggressively. Treatments could include specific, prescribed medicines or herbs for sleep or mild pain. I may prescribe a therapy program to try to find out what works and to develop a successful home program. Nutritional strategies, education, manual therapy and stress management are other treatments to consider.

Sometimes it is necessary to temporarily remove the child from school and use a home tutor. If the process of getting to and from school is extremely difficult because of pain and fatigue, this may be a reluctant but necessary option.

I review the physical risks on an individual basis, too. If we determine that a certain athletic activity or a competition is the culprit in causing and aggravating fibromyalgia, I advise the child athlete on ways to modify or avoid the offending activity altogether. Several of my female patients were interested in a dancing major in college, but they developed FMS along the way that was made worse by repetitive dancing. I advise them about changing their major to one that was more realistic and did not involve activities that aggravate FMS. Dancing could still be pursued as a recreation. But fibromyalgia would probably not allow it as a career.

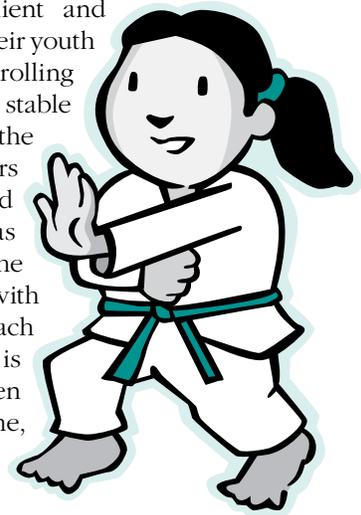
School modifications such as the following may be necessary on a temporary or ongoing basis.

- 1 Rescheduling student classes so the student may be able to arrive later and leave earlier and have a study hall or rest in the middle of the day.
- 2 Physical adaptation, such as using a back pack or luggage cart, avoiding steps and using the elevator, and having another locker on another floor to decrease the need to carry a lot of books at any given time.
- 3 Excuse from school gym for the time being.

If gymnastics, tennis, or any other competitive sport activity appears to be a major factor in the cause of fibromyalgia and of flare-ups, I will tell the young athlete to think about a different competitive sport. First, they will back off from the activity, get their FMS under the best control possible, and then see what happens when the activity is resumed. If the fibromyalgia flares up quickly, it is a good indicator that the continued activity will not be tolerated well. We need to look at this honestly and realistically.

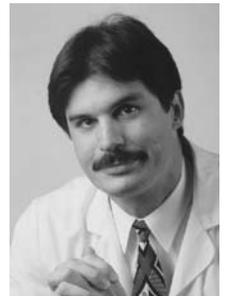
FINAL NOTE

I find that kids are more resilient and adaptable to change than adults. Their youth gives them a better chance at controlling the fibromyalgia and maintaining a stable baseline or remission. I remind the parents not to project their fears onto their child, because each child is unique and the fibromyalgia has a unique identity as well. Even if the mother is having a difficult time with her fibromyalgia, the child can reach a stage where the fibromyalgia is hardly a bother. Most of the children I've seen have done better over time, and I am hopeful that they will continue to do well.



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Dr. Pellegrino is Board Certified in Physical Medicine and Rehabilitation and Electrodiagnostic Medicine and is one of the nation's leading experts on fibromyalgia. Dr. Pellegrino is the author of numerous books and articles on fibromyalgia and despite having FMS himself, he maintains an active medical practice in Ohio with over 15,000 patients cared for.



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