
Letter to the editor

USE OF COMPLEMENTARY METHODS IN THE TREATMENT OF FIBROMYALGIA

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Dear Editor:

We have read the interdisciplinary consensus document for the treatment of fibromyalgia with interest.¹ This article offers a series of general recommendations for all of the patients and also offers a series of specific pharmacological, psychological, and modification of the setting recommendations for each subgroup. The current gaps in knowledge regarding the etiology and pathophysiology of fibromyalgia favor symptomatic treatment, focused on relieving pain, reestablishing emotional balance, improving quality of sleep and asthenia.¹

Recently, it is thought that emotional or psychiatric alterations affect the nervous (NS), endocrine (ES) and immune (IS) systems and thus account for an unbalanced homeostasis that, mediated by the psychoneuroimmunological axis and resulting in dysautonomy and dysrhythmia, explains once and for all the alterations of the autonomic nervous system, circadian rhythm, sleep, hormonal and immune disorders in these patients.² Non-drug treatments capable of balancing this homeostatic triangle go from behavior therapy with a cognitive approach, hypnotherapy, electromyographic biofeedback methods, moderate physical exercise and acupuncture, without forgetting special attention to the re-establishment of the circadian rhythm and improvement of sleep quality. Even though the interdisciplinary consensus document does not recommend the use of any type of "alternative" therapies, the growing evidence regarding the utility of these techniques, within the vague frame of the alternative and complementary, should be mentioned.³ The systematic review of randomized trials on treatments of this type also suggest the utility of many of these techniques.⁴ Recently, Tai Chi demonstrated its efficacy as a beneficial therapy capable of improving quality of life in patients with fibromyalgia.⁵

The consideration of a psychophysiological self-regulation of the body explains the efficacy of many of these techniques aimed at regulating the homeostatic balance triangle made up by the NS, ES, and IS systems. The NS

receives the impact of environmental stimuli, such as psychosocial factors and different stressors, that act on the brain, initiating a series of chemical signals that reach the IS, either directly or through the ES. In the opposite sense, the IS detects infectious or inflammatory stressors and responds to them with secretion of different cytokines that reach the brain and modulate behavior. This dialogue is mediated by the neurotransmitters of the CNS, the hormones of the ES and the cytokines of the IS, true molecules of the information that, finally, link the psychic and soma, target of the action of many of these therapies that interact on this level, modifying the physiology.²

The consideration of fibromyalgia within the wider frame of central sensitization⁶ makes it necessary to pay attention to the combination of biochemical, electrophysiological neurovegetative, circadian rhythm and pharmacological dysfunctions suffered by the group of patients with chronic pain syndromes. The search for help by many of these patients outside of the usual medical channels, that show limited efficacy in the treatment to their disease, seems to suggest the convenience of considering the study and real impact of these complementary techniques⁷ that should form a part of the comprehensive approach to the patient with central sensitization.

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RESPONSE OF THE AUTHORS

We sincerely thank Dr. Alvaro and Dr. Traver for their comments regarding the importance of complementary

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therapies in the treatment of fibromyalgia. We totally agree that much is still unknown regarding the etiology of this disease, although there are increasing more studies that make it possible to improve the pathophysiological hypotheses. Thus, for example, some investigations on neuroimaging verify alterations of some neurotransmitters, such as glutamate, in the brain areas that make up the so-called "pain matrix."^{1, 2} These findings have led some investigators^{1,2} to suggest the use of N-Methyl-D-Aspartate receptor antagonists (such as memantine) in the etiological treatment of fibromyalgia.³

Until we discover the origin of the disease, the treatment must necessarily be symptomatic ones. Obviously, as suggested by Dr. Álvaro and Dr. Traber, some complementary treatments or medicines play a role in the treatment of fibromyalgia. However, not all of them can be recommended with the same level of evidence. For example, there are meta-analyses that show that acupuncture is not effective in the treatment of fibromyalgia,⁴ while other techniques, such as Yoga,⁵ meditation/mindfulness⁶ or Tai-chi⁷ seem to be effective in controlled randomized studies. The consensus document has given priority to the easily accessible treatments in our health care system and even in the primary care clinics, since they are professionals who commonly are responsible for the follow-up of fibromyalgia.

In a recent meta-analysis, we reviewed multiple treatments of the disease, many of them exotic and not very accessible in our system as, for example, bathing in the Dead Sea water.⁸ The study demonstrated that all the treatments show a middle-low effectiveness (with magnitudes of effect = 0.4-0.5) and that there were no differences regarding efficacy between the treatments available in primary care or in specialized care. The consensus, to be effective, must be easily applicable. For this reason, if the controlled randomized studies suggest that treatments as easy as basic health care education from primary care are effective,⁹ it does not make

sense to include other techniques, whether complementary or not, which having the same effectiveness are much less accessible.

* Alegre de Miquel C, García Campayo J, Tomás Flórez M, Gómez Arguelles J M, Blanco Tarrío E, Gobbo Montoya M.

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