

# About Fibro Fact Sheets

## Information on Fibromyalgia Syndrome Fact Sheet 9

### How Is Fibro Treated?

#### Neurotransmitter Medications

This covers a vast range of medications that may be of use in managing Fibro symptoms.

Many of these medications are also used for the treatment of depression, as low levels of some neurotransmitters (chemicals involved in transmitting signals from nerve cells to other cells), such as serotonin, are found in patients with depression as well as Fibro patients. If a doctor prescribes an anti-depressant for Fibro, they are not saying that they think you are depressed, just that the medication might help regulate some of the abnormalities found in Fibro. The EULAR (European League Against Rheumatism) Guidelines on the Management of Fibro (the first such guidelines to be released) say that "antidepressants are recommended for the treatment of FMS because they decrease pain and often improve function."<sup>33</sup>



**Tricyclic antidepressants (TCAs)** are often the first medication tried in the treatment of Fibro<sup>3 13</sup>. They include **amitriptyline**, **nortriptyline** and **dosulepin**. TCAs are an old class of anti-depressant, but for Fibro they have the advantage that they work on both serotonin and norepinephrine levels as well as having pain relief and muscle relaxant effects. TCAs can also help with sleep. However, the risk of problematic side effects increases as the dose increases and some people have a problem with the effectiveness of these drugs wearing off over time. TCAs are usually used for Fibro at lower doses than would be used for depression. Research suggests that amitriptyline should only be used as a treatment for Fibro at low doses and for relatively short periods of time<sup>3 13 34</sup>.

**Trazodone** is an old anti-depressant that is chemically unrelated to TCAs or other classes of anti-depressants. It tends to have less side effects than the TCAs and is sometimes prescribed to help control the sleep issues of Fibro.

**Selective Serotonin Reuptake Inhibitors (SSRIs)** are a more modern type of antidepressant. They include **citalopram**, **fluoxetine** and **paroxetine**. They are used less often in treating Fibro because they work almost entirely on the levels of serotonin, but they can be better tolerated than TCAs in some people<sup>3 13 33</sup>.

**Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)** are an even more modern class of antidepressants and they work on both Serotonin and Norepinephrine levels, like the TCAs do. They include **venlafaxine** (which can also have a slight effect on dopamine levels), **duloxetine** and **milnacipran**<sup>3 13 33 35</sup>.

**Norepinephrine Reuptake Inhibitors (NRIs or NARIs)** are not often used in the treatment of Fibro, but one medication that can be considered a NARI but also works on dopamine levels is **Bupropion** (Wellbutrin), which has the advantage over many other antidepressants of not having weight gain as a side effect.

**Dopamine agonists** mimic the action of dopamine in the brain, fooling the body into thinking that it has more dopamine available than it actually has. Dopamine agonists were originally used for the treatment of Parkinsons Disease, but are also recognised as being a treatment for Restless Leg Syndrome. Their use in the treatment of Fibro is still being studied, but they have proved promising in trials so far<sup>3 13 35 36</sup>. **Pramipexole** (Mirapexin) is recommended for by the EULAR Guidelines for the Management of Fibro because it reduces pain<sup>33</sup>, but it can be problematic for some people because of side effects<sup>36</sup>.

**Acupan** (Nefopam Hydrochloride) is a non-opioid analgesic that is used for both the fast treatment of acute pain and the treatment of constant, chronic pain. How Acupan works is not well understood, but inhibition of serotonin, dopamine and noradrenaline reuptake is thought to be involved. It is of particular interest for the treatment of Fibro because of its effects on dopamine and it tends to have less severe side effects than Pramipexole.

References available online at: <http://www.fibroaction.org/Pages/About-Fibro-References.aspx>

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