

## Myofascial Pain Syndrome Questions and Answers ©

### What is myofascial pain syndrome (MFPS)?

MFPS is a condition where you develop one or more **trigger points**. A trigger point is an area in your muscle where the muscle is tight or shortened. Pressing on the point usually produces pain both at the site and at areas away from the site (referred pain). MFPS can cause or be present in conditions such as:

- ❖ Facial pain including: TMJ pain, Tooth pain, Sinus pain
- ❖ Headache pain
- ❖ Neck pain
- ❖ "Whiplash"
- ❖ Shoulder pain
- ❖ Low back pain

### What causes MFPS?

The exact cause of MFPS is still not clear. It appears that in response to acute trauma or chronic movements or positions that anatomic or physiologic changes may occur in your muscles leading to formation of a trigger point. It is also possible that there may be changes in your central nervous system leading to or contributing to the trigger point.

### Are there any tests for MFPS?

There are no diagnostic tests for MFPS. This is a clinical diagnosis based on your symptoms or your doctor's examination. Your doctor may wish to do tests to rule out other causes of your symptoms.

### What drugs are useful in MFPS?

- **Antidepressants**
  - ✓ The older anti-depressants such as *amitryptiline*, *nortryptiline*, *desipramine*, *clomipramine* or *doxepin* have been shown to be effective in MFPS. These drugs are usually given in smaller doses than were formerly used to treat depression. You will usually take them once a day before bed time so they will help you sleep. These drugs have side effects of *drowsiness*, *dizziness*, *constipation* and *a dry mouth*. These side effects often become more tolerable with time. If one drug doesn't work or has intolerable side effects, it is usually worthwhile trialling one or more other drugs. The newer antidepressants are much less effective in the treatment of MFPS.
  - ✓ Just because you are prescribed anti-depressants does not mean your doctor feels you are depressed or it is all in your head.
- **Cyclobenzaprine (Flexeril R)**
  - ✓ Cyclobenzaprine is chemically similar to the amitryptiline and other drugs and have a similar mechanism of action and effect in MFPS.
- **Non steroidal anti-inflammatories**
  - ✓ Drugs such as ibuprofen, Naprosyn and similar drugs may be useful for exacerbations but should not be used daily for prolonged periods.
  - ✓ Acetaminophen may be useful for acute flare-up but should not be used for prolonged periods.
  - ✓ COX2 Inhibitors such as Celebrex should probably be only used for acute flare-ups.
- **Tizanidine (Zanaflex R)**
  - ✓ Tizanidine has been shown in some studies to be effective for the treatment of MFPS.
  - ✓ Tizanidine has side effects of drowsiness, and dry mouth.
- **Narcotics**
  - ✓ Experience in some pain clinic suggests that narcotics can be a useful part of a treatment program for MFPS. They prefer to prescribe long preparations of medications. Methadone which is a narcotic may also be useful.
  - ✓ Pain clinics experience with addiction to narcotics when prescribed for chronic pain is rare.

## How is MFPS related to fibromyalgia?

While MFPS appears to be a different disease from fibromyalgia, observation of patients in pain clinics over time suggests that in some cases the localized pain of MFPS may become the more generalized pain seen in fibromyalgia. Some scientific data supports the idea that similar processes may be at work in MFPS and fibromyalgia. Certainly many of the treatments, (exercise, stretching and antidepressants) are the same.

## What is the treatment for MFPS?

- The primary treatments for MFPS are **exercise** and **stretching**.
  - ✓ *Exercise* remains the primary treatment for MFPS. Many patients have allowed themselves to become deconditioned due to their pain. Exercise should start with the maximum amount tolerated and gradually increase each day. An intense exercise session that leaves you on the couch for several days is of no help. It may be worthwhile dividing your exercise into several brief sessions every day. *Walking* is the best exercise. *Swimming or aquacise* can be useful. Exercise should not be limited to the painful area of the body.
  - ✓ *Stretching* can be done by itself or in conjunction with an exercise program. There are many good books on stretching available.
  - ✓ Therapies such as *yoga* or *Tai Chi* may be appropriate.
  - ✓ The *GET SET* program offered at the Edmonton General Hospital and the Gerald Zetter Centre is useful in MFPS.
- **Proper sleep**
  - ✓ Many MFPS sufferers complain of problems sleeping, so it makes sense to try to improve your sleep. Our clinic has a handout available on proper sleep hygiene.
- **Psychology**
  - ✓ You can be taught *relaxation and coping skills* that you will be able to use on a daily basis
  - ✓ You may benefit from a formal *pain management* group such as the *Life Despite Pain* program or other similar programs.
- **Trigger point injections**
  - ✓ Trigger point injections can be useful in MFPS. In trigger point injections, dilute local anaesthetic is injected into your trigger points. They are often combined with stretching or massage. Steroids are usually not injected. Many patients get 3-4 weeks relief with trigger point injection with some cumulative benefit.
  - ✓ In certain circumstances injection of Botulinum toxin may produce prolonged relief.
  - ✓ Trigger point injection is generally safe. There may be a temporary exacerbation of your pain. There is a very small risk of a punctured lung when doing injections into neck muscles (e.g. the trapezius muscle).
- **Acupuncture**
  - ✓ Despite little experimental evidence that acupuncture is effective in MFPS, some patients report it to be effective.
  - ✓ Intramuscular stimulation (IMS) which uses acupuncture needles may also be effective.