

Retraumatization Eliciting the Presentation of Fibromyalgia

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KEY WORDS: fibromyalgia syndrome, post-traumatic stress disorder (PTSD), retraumatization, stress

IMAJ 2013; 15: 123–124

Fibromyalgia is a commonly encountered disorder, occurring primarily in women. Fibromyalgia patients present with diffuse musculoskeletal pain, morning stiffness, sleep disturbance, fatigue and cognitive impairment. Mood disorders often coexist along with catastrophizing perceptions that impair patients' coping capacities [1]. The fibromyalgia syndrome has been documented around the world, in various countries, cultures and ethnic groups. The prevalence of fibromyalgia in the general population in the United States was reported to be as high as 3.4% in adult women and 0.5% in adult men [2].

Although the exact mechanism leading to disease development has not been deciphered, it is becoming more evident that various negative life events, mainly those with consequent traumatic aspects, lead to "central sensitization," enhancement of pain perception, and tenderness [2]. Physical and mental trauma are among the major contributors to the development of fibromyalgia, a concept that has been accepted by authors and editors of leading internal medicine and rheumatologic textbooks [3]. Motor vehicle accidents, cervical spine injuries, and sexual and mental

abuse have all been defined as significant factors in the emergence of the fibromyalgia syndrome [3]. A high incidence of the syndrome has been noted among subjects with a concurrent diagnosis of post-traumatic stress disorder. These studies have also shown that when PTSD and fibromyalgia coexist, each is more severe [2-4]. Among the traumatic events known to initiate a cascade that leads to the development of PTSD and fibromyalgia are perioperative complications [2-4].

In this report, we describe retraumatization as another phenomenon that leads to the development of fibromyalgia. Retraumatization is the process of re-experiencing a traumatic event or circumstances that elicit stressful conceptions, perceptions, or symptoms.

PATIENT DESCRIPTION

A 35 year old Israeli born Jewish woman of Yemenite, Syrian and Lebanese descent was seen at our clinic. She is divorced and has three children. She is a professional artist and supports a youth home that she established. She did not complete high school and her personal life was characterized as being unstable during her teenage years. Her parents led an alternative lifestyle, but she was never exposed to physical, sexual or emotional abuse or trauma. She emphasizes being content with her personal life.

The patient had no significant medical or psychiatric history; neither did

her family members. She completed her formal education and during her military service served as a teacher of delinquent youth. She later specialized in children's education and plastic arts.

She described a positive, full lifestyle until her third pregnancy. Due to complications, she underwent a pregnancy termination and curettage during the sixth week of gestation. During the procedure, a small uterine perforation occurred and a laparoscopic repair was performed. The patient was discharged with no postoperative complications.

A year later she was pregnant again and began experiencing, for the first time in her life, severe anxiety with delusions and false ideations regarding a recurrent uterine rupture and its possible consequences. At the same time, she noticed the emergence of diffuse pain, arthralgias, migraines, depressed mood, tiredness, fatigue, and a disturbed sleep pattern. She became more sensitive to stimulation and experienced symptoms of irritable bowel syndrome. The patient underwent a cesarean section to avoid a possible second uterine rupture; the procedure was uneventful for both mother and child. However, during the months following the procedure, her general condition worsened and premenstrual syndrome developed. Although divorced, she claims to have a good relationship with her ex-husband and defines the entire process as non-traumatic.

Following multiple consultations, she was diagnosed with fibromyalgia. Pregabalin and duloxetine were pre-

PTSD = post-traumatic stress disorder

scribed with minimal improvement. Medicinal use of marijuana was approved and the patient mentioned mild improvement in sleep and mild relief from pain. However, she continued to experience constant blunt pain and fatigue that affected her everyday activities. She complained that she changed from being an active, vibrant, contributing member of society to a helpless, disabled individual.

COMMENT

Fight or flight reactions are one of the basic coping mechanisms that have preserved human physical and mental health throughout the ages. However, modern life has diminished its efficacy. In the current era, stressful events occur frequently without a genuine option for an individual to modulate their consequences and outcomes. Therefore, as clinicians, we often encounter patients with a degree of helplessness and terror after experiencing or being exposed to stressful events.

Among individuals who respond to a traumatic experience with intense fear or horror, 15 to 35% will eventually develop a significant degree of dysfunction and distress for a considerable length of time. PTSD is defined as a pattern of symptoms and behavior that develops after a person experiences an event that may involve the threat of death or physical, sexual, or psychological integrity to one's self or to another [5].

The fibromyalgia syndrome frequently coexists with PTSD, reflecting a somatic form of the disorder. It presents as a diffuse pain syndrome with significant cognitive and mood impairment [2-4]. A

myriad of negative life events have often been described among patients with fibromyalgia. Increased rates of PTSD associated with childhood mental and sexual abuse, trauma and anxiety have all been reported [2-4]. Controversies regarding the origins of fibromyalgia – such as whether it is a reflection of a psychiatric illness or an illness on its own – are common and often intriguing. However, while 30–50% of fibromyalgia patients have psychiatric comorbidities, many do not [2-4].

Central sensitization, an increased perception of pain, is regarded as one of the mechanisms that translate a reaction to stressful events into somatic pain. This process is believed to be based on enhanced spontaneous nerve activity, expanded receptive fields (resulting in a larger distribution of pain), and augmented stimulus responses within the spinal cord. It involves triggering of the N-methyl-D-aspartate (NMDA) receptor, that is also involved with abnormal temporal summation of pain stimuli [2,3].

The uniqueness of this reported case lies in the unusual evolution of fibromyalgia in this patient. Prior to her third pregnancy, she led an active life and fulfilled multiple familial, vocational, social and even altruistic roles. Despite the described operative results, she coped successfully with an unpleasant stressful event (a miscarriage and a uterine perforation) and resumed her normal daily life activities. However, re-experiencing a similar event a year later in the form of a subsequent pregnancy triggered retraumatization that resulted in classic fibromyalgia manifestations. The aware-

ness of a significant threat to her body and to the integrity of her pregnancy generated numerous somatic, emotional and cognitive symptoms, which probably reflected decompensation of her personal resilience and defense mechanisms. As time passed, her symptoms become fixed and more incapacitating.

Although it is accepted that major traumatic events facilitate the emergence of fibromyalgia, the above mentioned case underlines the potential role retraumatization has on its development. Re-experiencing a traumatic event, at a specific time and in a personal setting in this case, triggered a cascade that led to the onset of fibromyalgia syndrome.

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“By three methods we may learn wisdom: First, by reflection, which is noblest; Second, by imitation, which is easiest; and third by experience, which is the bitterest”

Confucius (551-479 BCE), Chinese teacher, politician and philosopher, who emphasized personal and governmental morality, correctness of social relationships, justice and sincerity

“It is impossible to enjoy idling thoroughly unless one has plenty of work to do. There is no fun in doing nothing when you have nothing to do. Wasting time is merely an occupation then, and a most exhausting one. Idleness, like kisses, to be sweet must be stolen”

Jerome K. Jerome (1859-1927), British humorist and playwright