

Fibromyalgia

What you're feeling

Fibromyalgia is **widespread, long-term pain** – an ache, burning or soreness that can move around the body and seems to be felt almost everywhere rather than in one joint. Alongside the pain, most people are **deeply tired**, and sleep doesn't fix it: you can spend a full night in bed and still wake up feeling **unrefreshed**, as though you never really rested.

Many people also notice their thinking feels foggy – trouble **concentrating, finding words, or remembering things**. This is so common it has a name: “fibro fog”. On top of this, the body often becomes **more sensitive in general** – touch, pressure, light, sound or temperature can feel like too much, and a knock that wouldn't bother most people can really hurt. It is exhausting, and it is easy to feel that no one quite believes how much you are dealing with.

What's actually happening

Here is the important part: fibromyalgia is **not damage to your joints or muscles, and it is not inflammation**. That's why scans, X-rays and blood tests usually come back **normal** – there's nothing being “missed”, and a normal result does not mean the pain isn't real.

What's happening is in the way your **nervous system processes pain**. In fibromyalgia the system that carries pain signals becomes turned up too high – the volume is set louder than it should be. Normal sensations get amplified into pain, and real pain feels more intense. Doctors call this **central sensitisation**. It is a genuine, physical change in how the nerves and brain handle signals – **not something that is “in your head”, and not a sign of weakness**. Fibromyalgia is common, it is real, and it is recognised.

It also often travels with other conditions – things like irritable bowel, headaches, low mood or other long-term pain – and it can **amplify pain after an operation**. That last point is worth telling your surgical team about, because knowing you have fibromyalgia helps them plan your pain relief and recovery so you are better looked after.

What we can do about it

There is **no cure, but fibromyalgia is manageable**, and many people get their symptoms to a much more liveable level. The strongest, most reliable help doesn't come from a tablet – it comes from a few steady habits:

- **Gentle, graded movement.** Exercise is the single best-supported treatment. The trick is to start *very* small and build up slowly – walking, stretching, or water-based exercise are great starting points. Pushing too hard too soon flares the pain, so slow and steady wins.
- **Better sleep.** Because unrefreshing sleep feeds the pain and the fog, a regular routine and good sleep habits make a real difference.
- **Pacing.** Spreading activity through the day and week – rather than doing everything on a good day and crashing afterwards – keeps you steadier.
- **Stress management and psychological approaches.** Stress turns the volume up further. Techniques such as **CBT** (cognitive behavioural therapy), relaxation and mindfulness help calm an over-sensitive system.

Medicines can help some people, but the useful ones aren't painkillers in the ordinary sense – they are medicines that **calm the nervous system**. These include **amitriptyline, duloxetine and pregabalin**; you can read more on our **nerve-pain medicines** page. By contrast, ordinary **anti-inflammatories don't work** for fibromyalgia (because there's no inflammation to settle), and **opioids do not help and can cause real harm** – they tend to make things worse over time, not better. Our page on **managing pain and opioids after surgery** explains why we steer away from them.

What to expect

Fibromyalgia tends to be a **long-term condition that goes up and down** – better spells and flares, often triggered by stress, poor sleep, illness or overdoing it. That can feel discouraging, but the trajectory for most people who stick with the movement, sleep and pacing approach is **genuinely hopeful**: symptoms settle, flares become easier to ride out, and life opens back up.

The work is yours to lead, but you are **not meant to do it alone**. A supportive team – your GP, sometimes a physiotherapist or pain service – can help you build a plan, adjust it over time, and keep you moving in the right direction. Self-management is powerful precisely because *you* are the one who can turn the volume back down, day by day.

When to see someone

- **A new symptom, or a clear change in an old one** – don't assume everything new is “just the fibromyalgia”. Sudden or severe pain in one spot, swelling, fever, unexplained weight loss, or new weakness or numbness deserve a proper look, because they may be something separate.

- **Low mood, anxiety, or losing interest in things** you usually enjoy – these often go hand in hand with fibromyalgia, they are treatable, and help makes the pain easier to manage too. If you ever feel hopeless or unsafe, reach out promptly.
- **Symptoms taking over your daily life** despite your best efforts – that is the moment to ask your GP about more support, including a referral to a pain or rheumatology service.