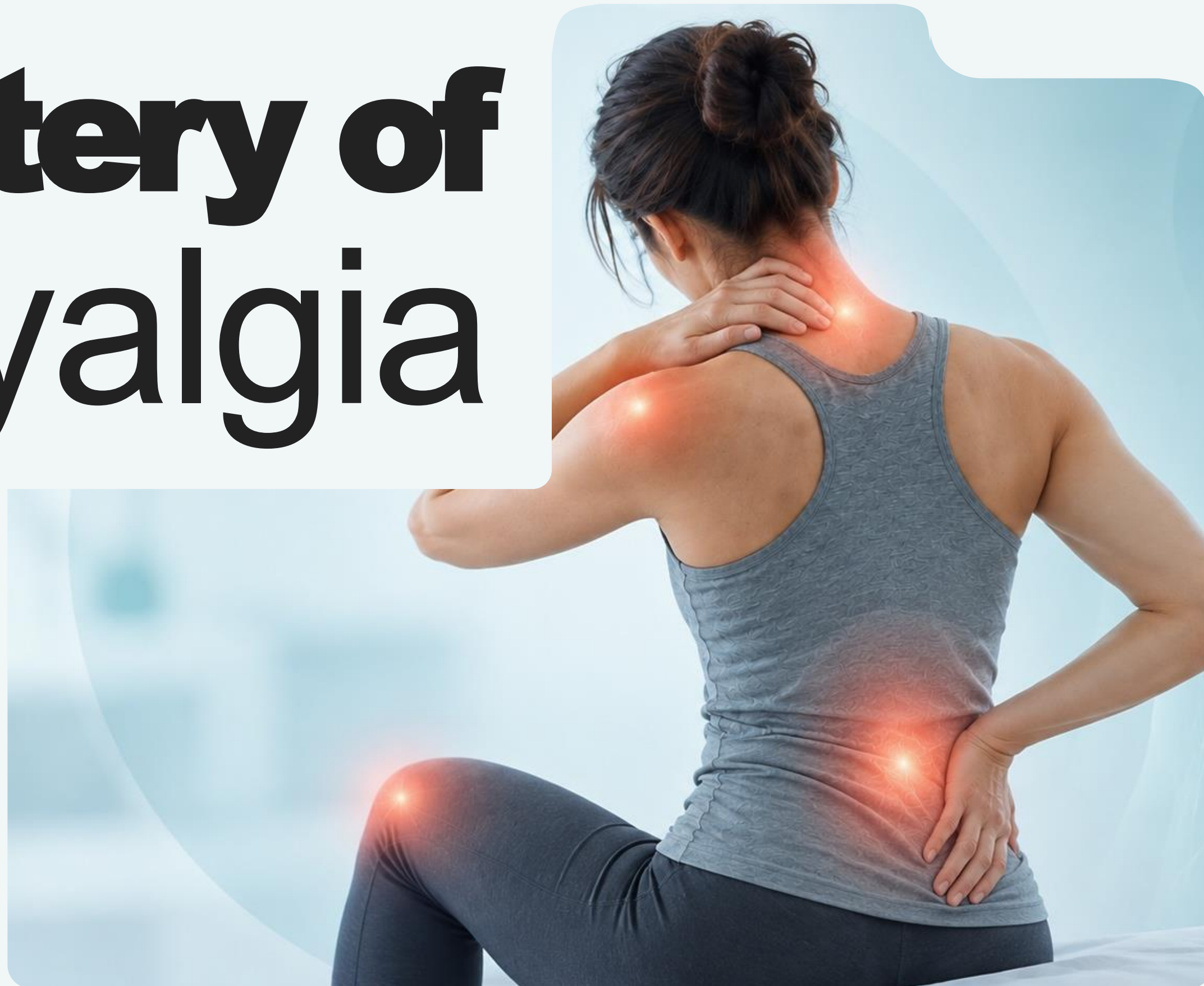


The Mystery of Fibromyalgia

Understanding the Biology
Behind the Pain

Prepared by: Ken Brandon II, PhD



EPIDEMIOLOGY

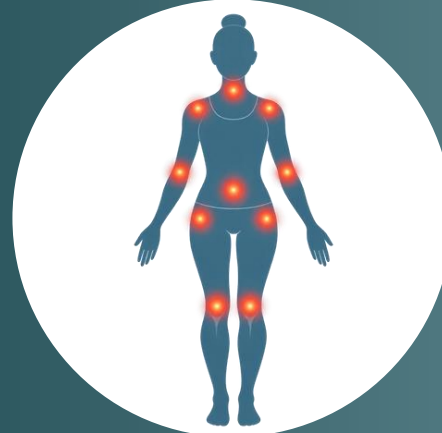
~2%

Estimated prevalence

♀ > ♂

More common in women

Widespread Pain



Pain across the body

Yet no identifiable pathology at painful muscle and joint sites

Where is the problem?

The Clinical Mystery

Two questions guide the evidence:

01 Is the pain real?

02 What might cause the pain?

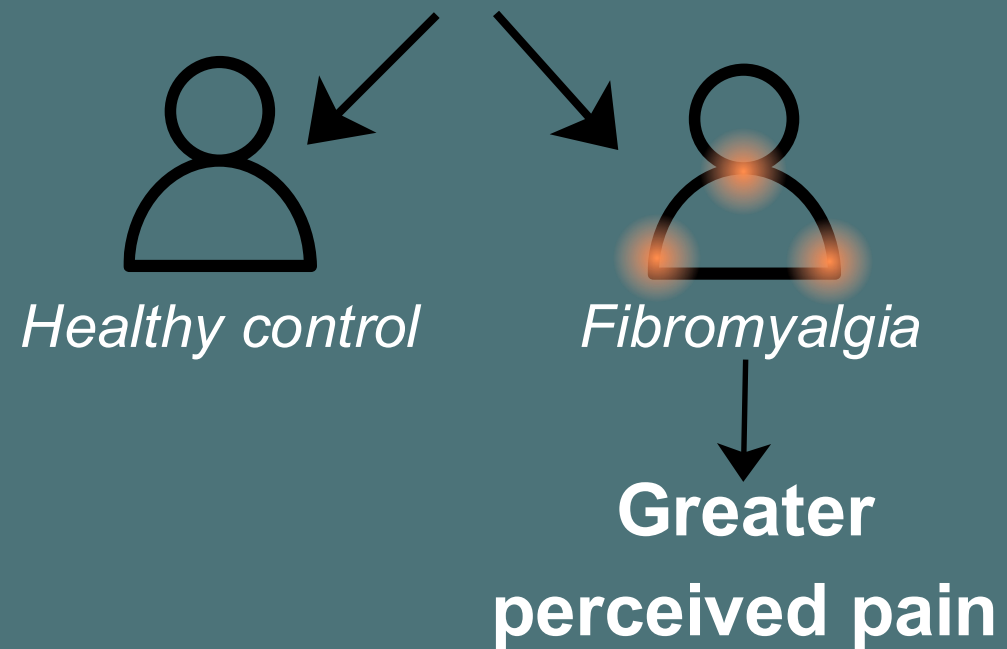
The pain is real

Pain processing is amplified in fibromyalgia.

Here's what the evidence shows:

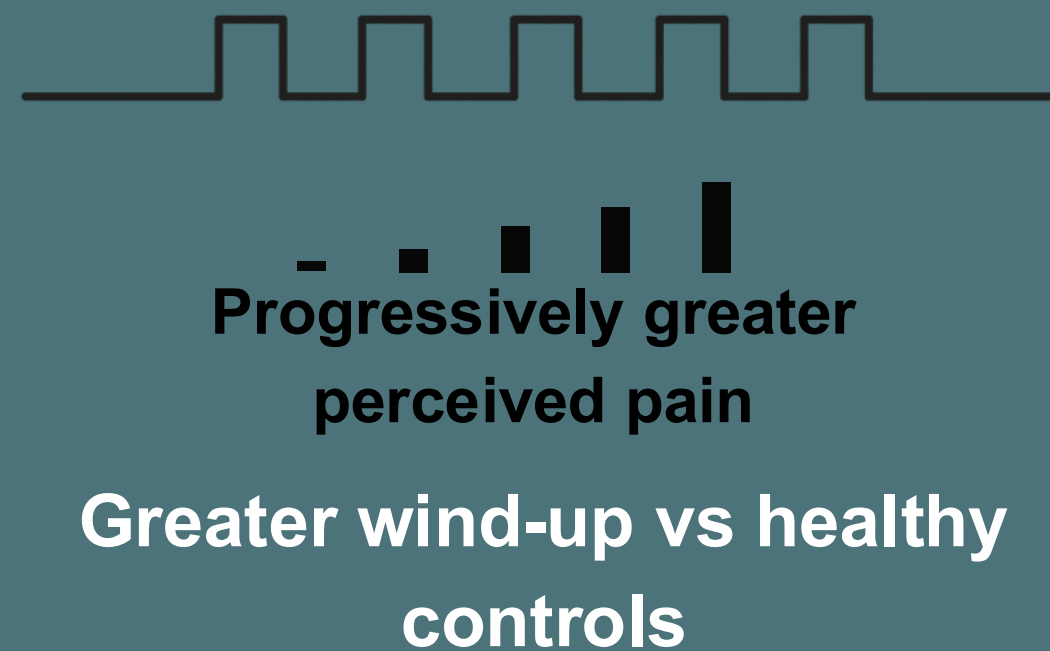
01 | HYPERALGESIA

Same Stimulus



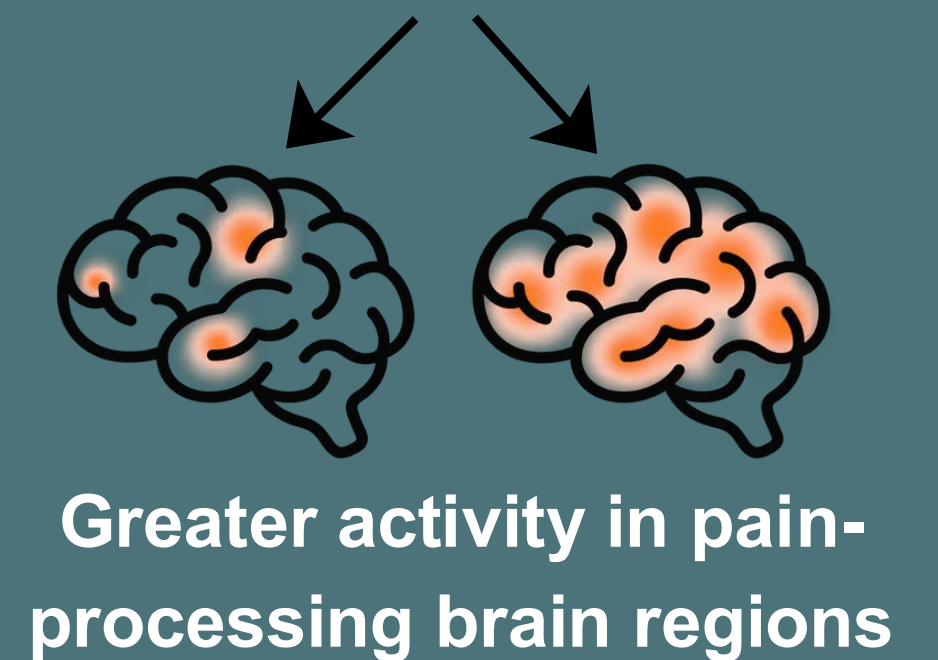
02 | WIND-UP PAIN

Repeated stimulus



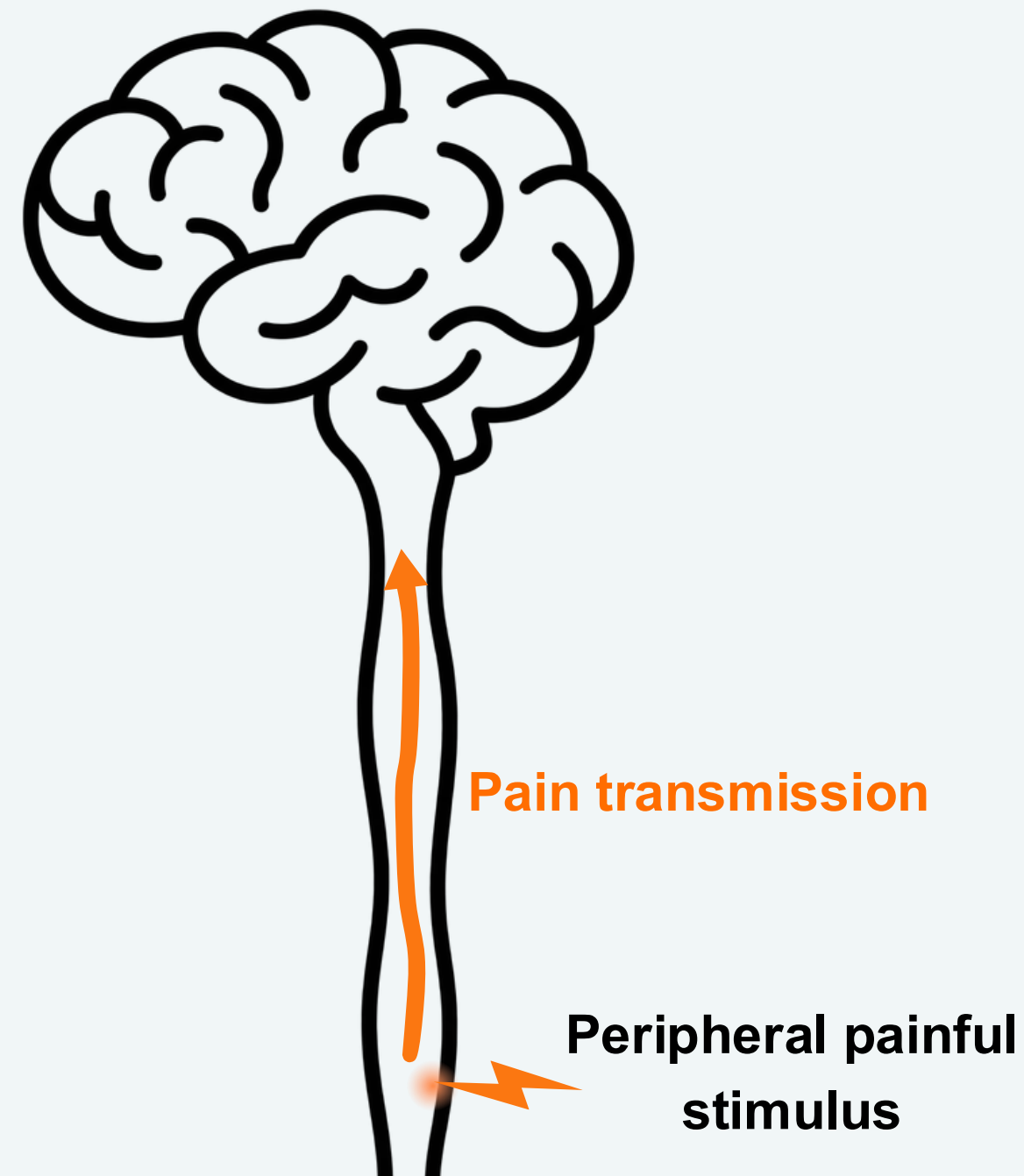
03 | IMAGING

Same Stimulus

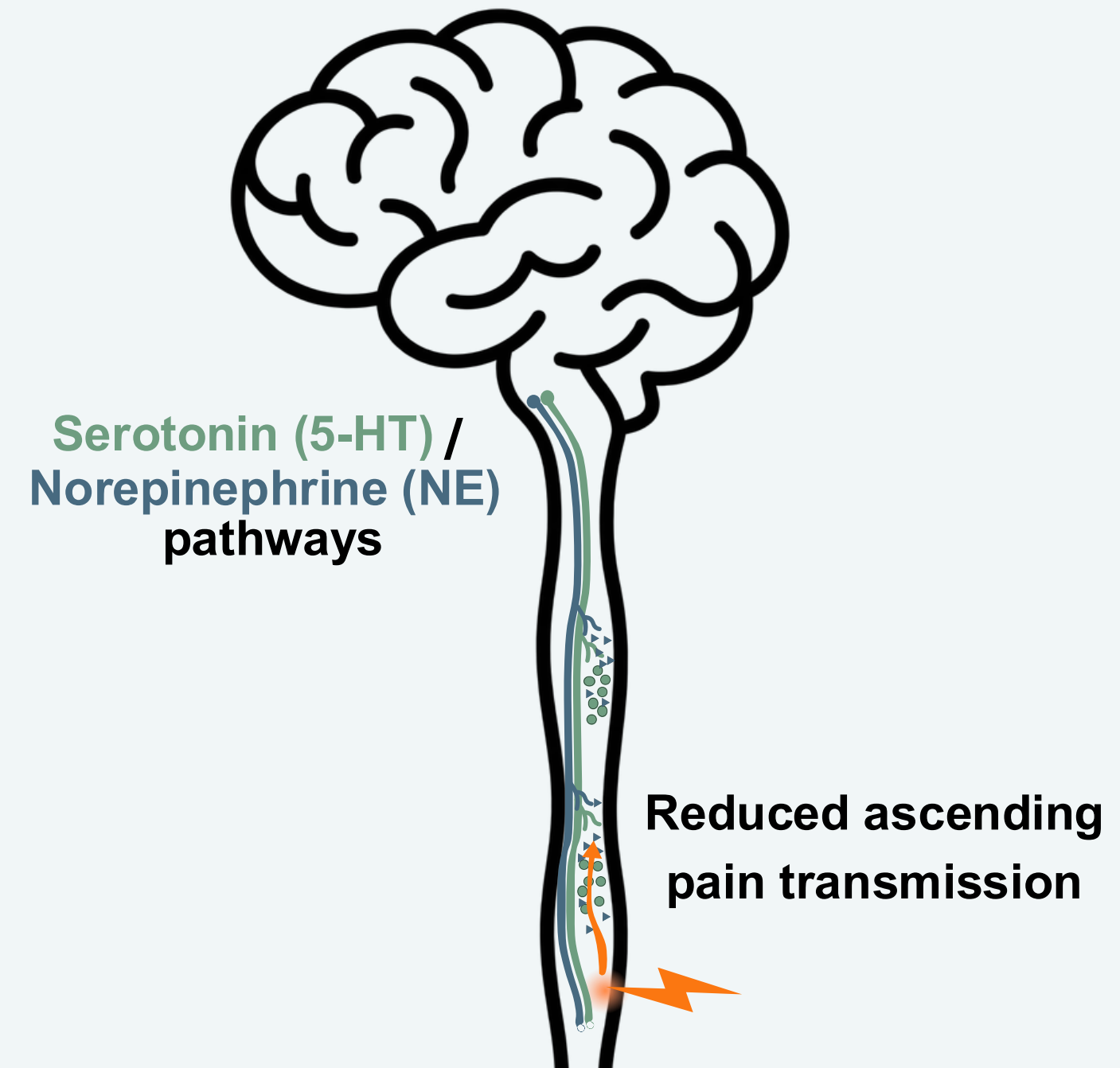


Pain processing has a “brake”

ASCENDING PAIN TRANSMISSION

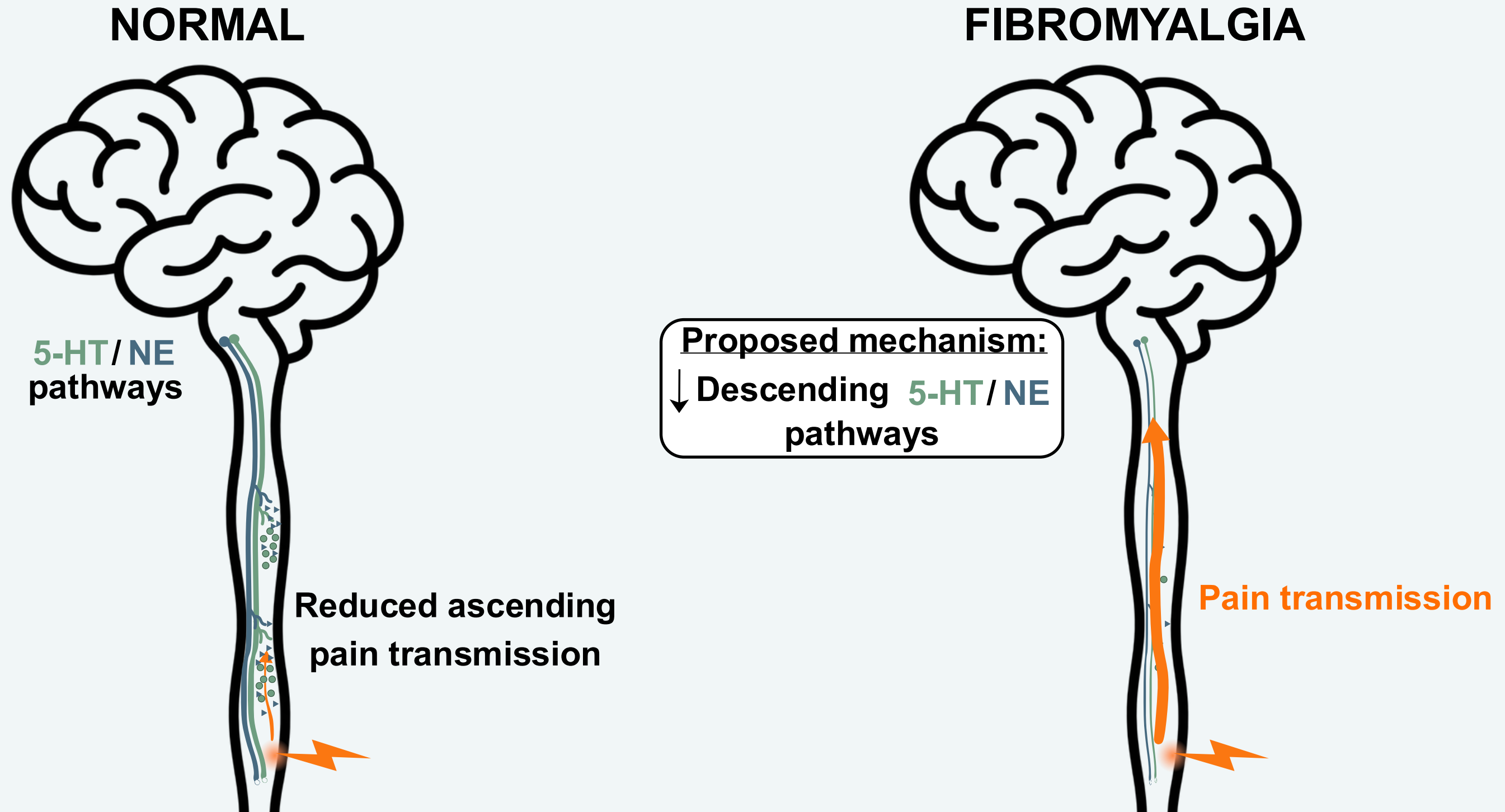


DESCENDING PAIN INHIBITION



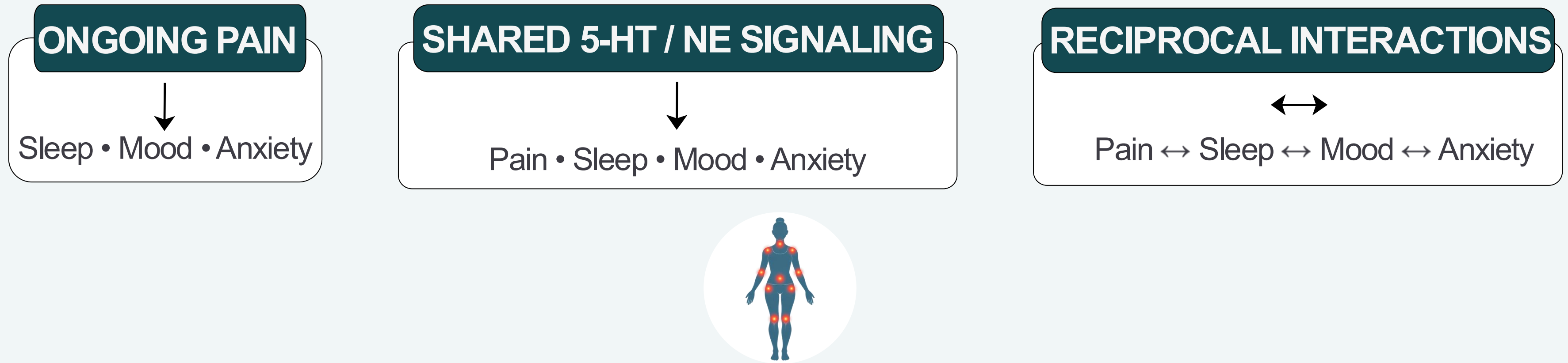
Descending 5-HT and NE pathways help regulate pain transmission at the spinal cord.

What happens when the “brake” is weakened?

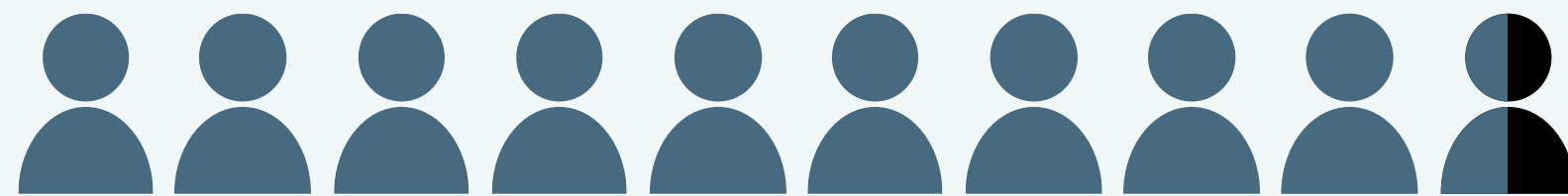


Reduced pain inhibition, a weaker “brake,” may amplify pain.

Fibromyalgia extends beyond pain



These mechanisms may overlap.



95% of patients with
fibromyalgia are women.



Suggesting a possible **sex-
related** predisposition

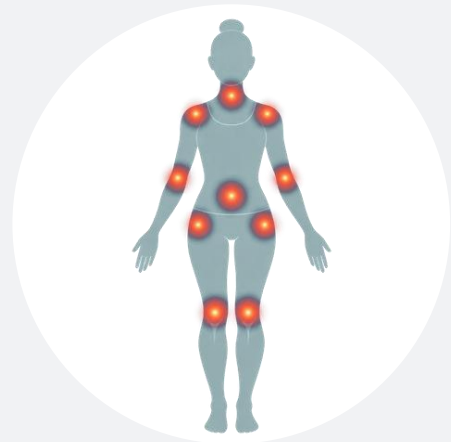
Reframing fibromyalgia

From a misunderstood condition to a biologically grounded explanation

1

NOT SIMPLY

“Pain without pathology”



Pain can be real even without identifiable pathology at painful muscle and joint sites.

2

EVIDENCE SHOWS

Pain processing is amplified



Hyperalgesia



Wind-up pain

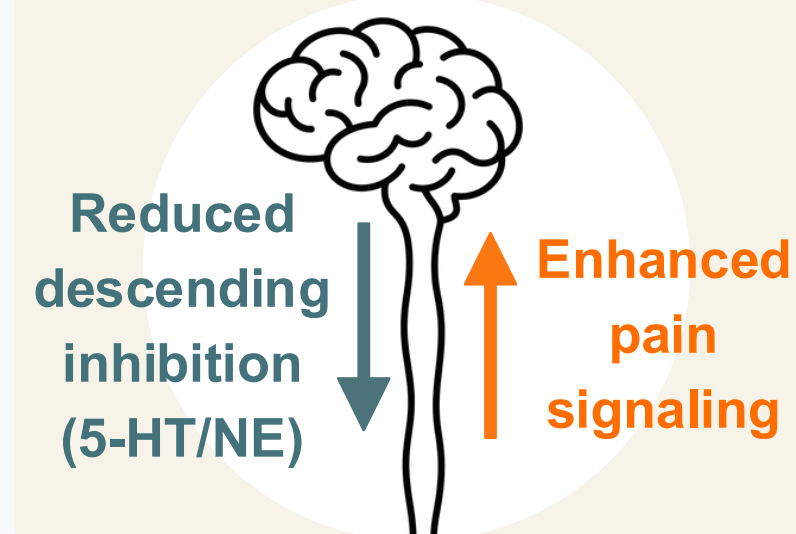


Altered brain activity

3

CURRENT EVIDENCE SUGGESTS

Reduced inhibition may amplify pain signals



4

THIS MAY HELP EXPLAIN

Symptoms beyond pain



Pain



Sleep disturbances



Mood symptoms



Anxiety symptoms

Shared pathways may connect these symptoms.



KEY TAKEAWAY

Fibromyalgia pain is **real**, and the problem may lie in **how pain is processed**, not where it is felt.