

AMTA Position Statement Proposal

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BACKGROUND INFORMATION:

"Fibromyalgia syndrome is a group of signs and symptoms that include chronic pain in muscles, tendons, ligaments and other soft tissues. It is one of a collection of chronic disorders that often go hand in hand. Fibromyalgia syndrome (FMS) is frequently seen with chronic fatigue syndrome, irritable bowel syndrome, migraine headaches, sleep disorders and several other chronic conditions."¹ According to the National Institutes of Health, "Scientists estimate that fibromyalgia affects 5 million Americans 18 or older. Between 80 and 90 percent of people diagnosed with fibromyalgia are women. However, men and children also can have the disorder."² A survey conducted with those who have FMS indicates that 98% of those surveyed used some form of complementary and alternative medicine (CAM) to help manage their disorder.³ In that study, the researchers found that of that 44% of those surveyed chose massage therapy.³

Although some sample sizes are small, research indicates that in respect to fibromyalgia syndrome massage can:

- reduce pain^{4, 5, 6, 8, 9}
- improve health status^{4, 5}
- improve quality of life⁴
- decrease anxiety^{5, 6, 9}
- decrease depression^{5, 6, 8, 9}
- increase sleep hours⁵
- increase quality of sleep^{5, 9}
- reduce tender points⁵
- decrease urinary CRF-LI (a biochemical marker of stress-related symptoms)⁶
- decrease use of analgesics⁸
- decrease cortisol levels^{9, 10}
- decrease stiffness⁹
- decrease fatigue⁹

RATIONALE:

Those patients who seek relief from fibromyalgia syndrome will benefit from massage therapy given by professional massage therapists working within their scope of practice.

The position statement supports the following AMTA Core Values:

- We are a diverse and nurturing community working with integrity, respect and dignity.

- We endorse professional standards.
- We believe in the benefits of massage

The position statement supports the 10-30 Year Vivid Descriptions of the AMTA:

- The public will view professional massage as an important contribution toward wellness, and will receive massage on a regular basis.
- People recognize the power of touch to affect the mind, body and spirit.
- AMTA is a trusted resource for information and current research about massage therapy.
- Massage therapy education and practice is evidence-informed.
- Massage therapy is an essential part of integrative health care
- The value of massage is recognized internationally and AMTA is viewed as a global resource for the massage therapy profession.

POSITION STATEMENT:

It is the position of the American Massage Therapy Association (AMTA) that massage therapy can be effective in managing fibromyalgia syndrome.

REFERENCES:

1. Werner, R. (2009). *Massage Therapist's Guide to Pathology: Fourth Edition*. Philadelphia, PA: Lippincott Williams & Wilkins.
2. What Is Fibromyalgia?: Fast Facts: An Easy-to-Read Series of Publications for the Public. (2009). Retrieved January 22, 2010 from National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) website: http://www.niams.nih.gov/Health_Info/Fibromyalgia/fibromyalgia_ff.pdf.
3. Wahner-Roedler, D.L., Elkin, P.L., Vincent, A., Thompson, J.M., Oh, T.H., Loehrer, L.L., Mandrekar, J.N., Bauer, B.A. (2005). Use of complementary and alternative medical therapies by patients referred to a fibromyalgia treatment program at a tertiary care center. *Mayo Clin Proc*, 80(1):55-60.

OBJECTIVE: To evaluate the frequency and pattern of complementary and alternative medicine (CAM) use in patients referred to a fibromyalgia treatment program at a tertiary care center.

PATIENTS AND METHODS: Patients referred to the Mayo Fibromyalgia Treatment Program between February 2003 and July 2003 were invited on their initial visit to participate in a survey regarding CAM use during the previous 6 months. An 85-question survey that addressed different CAM domains was used.

RESULTS: Of the 304 patients invited to participate, 289 (95%) completed the survey (263 women and 26 men). Ninety-eight percent of the patients had used some type of CAM therapy during the previous 6 months. The 10 most frequently used CAM treatments were exercise for a specific medical problem (48%), spiritual healing (prayers) (45%), massage therapy (44%), chiropractic treatments (37%), vitamin C (35%), vitamin E (31%), magnesium (29%), vitamin B complex (25%), green tea (24%), and weight-loss programs (20%).

CONCLUSION: CAM use is common in patients referred to a fibromyalgia treatment program.

4. Ekici, G., Bakar, Y., Akbayrak, T., Yuksel, I. (2009). Comparison of manual lymph drainage therapy and connective tissue massage in women with fibromyalgia: a randomized controlled trial. *J Manipulative Physiol Ther*, 32(2):127-33.

OBJECTIVE: This study analyzed and compared the effects of manual lymph drainage therapy (MLDT) and connective tissue massage (CTM) in women with primary fibromyalgia (PFM).

METHODS: The study design was a randomized controlled trial. Fifty women with PFM completed the study. The patients were divided randomly into 2 groups. Whereas 25 of them received MLDT, the other 25 underwent CTM. The treatment program was carried out 5 times a week for 3 weeks in each group. Pain was evaluated by a visual analogue scale and algometry. The Fibromyalgia Impact Questionnaire (FIQ) and Nottingham Health Profile were used to describe health status and health-related quality of life (HRQoL). Wilcoxon signed rank test and Mann-Whitney U test were used to analyze the data.

RESULTS: In both groups, significant improvements were found regarding pain intensity, pain pressure threshold, and HRQoL ($P < .05$). However, the scores of FIQ-7 ($P = .006$), FIQ-9 ($P = .006$), and FIQ-total ($P = .010$) were significantly lower in the MLDT group than they were in the CTM group at the end of treatment.

CONCLUSIONS: For this particular group of patients, both MLDT and CTM appear to yield improvements in terms of pain, health status, and HRQoL. The results indicate that these manual therapy techniques might be used in the treatment of PFM. However, MLDT was found to be more effective than CTM according to some subitems of FIQ (morning tiredness and anxiety) and FIQ total score. Manual lymph drainage therapy might be preferred; however, further long-term follow-up studies are needed.

5. Field, T., Diego, M., Cullen, C., Hernandez-Reif, M., Sunshine, W., Douglas, S. (2002). Fibromyalgia pain and substance P decrease and sleep improves after massage therapy. *J Clin Rheumatol*, 8(2):72-6.

Massage therapy has been observed to be helpful in some patients with fibromyalgia. This study was designed to examine the effects of massage therapy versus relaxation therapy on sleep, substance P, and pain in fibromyalgia patients. Twenty-four adult fibromyalgia patients were assigned randomly to a massage therapy or relaxation therapy group. They received 30-minute treatments twice weekly for 5 weeks. Both groups showed a decrease in anxiety and depressed mood immediately after the first and last therapy sessions. However, across the course of the study, only the massage therapy group reported an increase in the number of sleep hours and a decrease in their sleep movements. In addition, substance P levels decreased, and the patients' physicians assigned lower disease and pain ratings and rated fewer tender points in the massage therapy group.

6. Lund, I., Lundeberg, T., Carleson, J., Sönnerrfors, H., Uhrlin, B., Svensson, E. (2006). Corticotropin releasing factor in urine--a possible biochemical marker of fibromyalgia. Responses to massage and guided relaxation. *Neurosci Lett*, 403(1-2):166-71.

The purpose of this preliminary study was to evaluate the relationship between a possible biochemical marker of stress, 24-h urinary concentrations of Corticotropin Releasing Factor-Like Immunoreactivity (CRF-LI), and ratings of stress-related symptoms like depression and anxiety, as well as to evaluate pain and emotional reactions in patients with fibromyalgia (FM). Another purpose was to study the effects of massage and guided relaxation, with respect to change in the same variables. Urine sampling and ratings were performed before treatments, after and 1 month after completed treatments. Concentrations of CRF-LI was analysed with radioimmunoassay technique. For the assessment of depression, anxiety and pain the CPRS-A questionnaire was used and for rated pain and emotional reactions the NHP questionnaire was used. The 24-h urinary concentration of the CRF-LI was found to be related to depression, mood and inability to take initiative. After treatment the urinary CRF-LI concentrations and the rated levels of pain and emotional reactions were found to have decreased. In conclusion, the 24-h urinary CRF-LI concentration may be used as a biochemical marker of stress-related symptoms such as depression in patients with FM and possibly also other conditions characterized by chronic pain. Therapies such as massage and guided relaxation may be tried for the amelioration of pain and stress but further studies are required.

7. Melillo, N., Corrado, A., Quarta, L., D'Onofrio, F., Trotta, A., Cantatore, F.P. (2005). [Fibromyalgic syndrome: new perspectives in rehabilitation and management. A review] *Minerva Med*, 96(6):417-23.

Fibromyalgia is a chronic syndrome, characterized by widespread body pain and pain at specific tender points, whose etiology and pathogenesis is still unknown. Patient can also exhibit a range of other symptoms including irritable bowel syndrome, chest pain, anxiety, fatigue, sleep disturbance, headache. The prevalence of fibromyalgia ranges from 1-3% in the general population, and the condition is more common among female than males. Contrary to the situation a few years ago, the most widely accepted hypothesis now evoke central nervous system mechanisms, whose local functions could influence also periferical microvascular activity at tender points. There are many findings supporting the hypothesis of different endogenic and exogenic factors

that lead to chronic local hypoxia in muscle tissue. Currently, therapy is polipragmatic and is aimed at reducing the pain. A range of medical treatment had been used to treat fibromyalgia. Pharmacological therapy aims to enhance the pain threshold and to support sleep. Nonpharmaceutical treatment modalities, such as exercise, massage, idrotherapy can be helpful. Future studies should investigate the possible benefits of new strategies that may combine the effects of hot pool water, stretching exercises, massage and relaxation benefits of balneotherapy.

8. Brattberg, G. (1999). Connective tissue massage in the treatment of fibromyalgia. *Eur J Pain*, 3(3):235-244.

The aim of this study was to investigate the effect of connective tissue massage in the treatment of individuals with fibromyalgia. The results of this random study of 48 individuals diagnosed with fibromyalgia (23 in the treatment group and 25 in the reference group) show that a series of 15 treatments with connective tissue massage conveys a pain relieving effect of 37%, reduces depression and the use of analgesics, and positively effects quality of life. The treatment effects appeared gradually during the 10-week treatment period. Three months after the treatment period about 30% of the pain relieving effect was gone, and 6 months after the treatment period pain was back to about 90% of the basic value. As long as there is a lack of effective medical treatment for individuals with fibromyalgia, they ought to be offered treatments with connective tissue massage. However, further studies are needed in the mechanisms behind the treatment effects. Copyright 1999 European Federation of Chapters of the International Association for the Study of Pain.

9. Sunshine, W., Field, T.M., Quintino, O., Fierro, K., Kuhn, C., Burman, I., Schanberg, S. 1996). Fibromyalgia benefits from massage therapy and transcutaneous electrical stimulation. *J Clin Rheumatol*, 2(1):18-22.

Thirty adult fibromyalgia syndrome subjects were randomly assigned to a massage therapy, a transcutaneous electrical stimulation (TENS), or a transcutaneous electrical stimulation no-current group (Sham TENS) for 30-minute treatment sessions two times per week for 5 weeks. The massage therapy subjects reported lower anxiety and depression, and their cortisol levels were lower immediately after the therapy sessions on the first and last days of the study. The TENS group showed similar changes, but only after therapy on the last day of the study. The massage therapy group improved on the dolorimeter measure of pain. They also reported less pain the last week, less stiffness and fatigue, and fewer nights of difficult sleeping. Thus, massage therapy was the most effective therapy with these fibromyalgia patients.

10. Field, T., Hernandez-Reif, M., Diego, M., Schanberg, S., Kuhn, C. (2005). Cortisol decreases and serotonin and dopamine increase following massage therapy. *Int J Neurosci*. 115(10):1397-413.

In this article the positive effects of massage therapy on biochemistry are reviewed including decreased levels of cortisol and increased levels of serotonin and dopamine. The research reviewed includes studies on depression (including sex abuse and eating disorder studies), pain syndrome studies, research on auto-immune conditions (including asthma and chronic fatigue), immune studies (including HIV and breast cancer), and studies on the reduction of stress on the job, the stress of aging, and pregnancy stress. In studies in which cortisol was assayed either in saliva or in urine, significant decreases were noted in cortisol levels (averaging decreases 31%). In studies in which the activating neurotransmitters (serotonin and dopamine) were assayed in urine, an average increase of 28% was noted for serotonin and an average increase of 31% was noted for dopamine. These studies combined suggest the stress-alleviating effects (decreased cortisol) and the activating effects (increased serotonin and dopamine) of massage therapy on a variety of medical conditions and stressful experiences.