

Sorting Out the Signs of Chronic Pain

Nothing can grind an active person's momentum to a halt quite like chronic pain. What sometimes makes the debilitating physical symptoms even harder to bear is the difficulty in getting a definitive diagnosis. Fibromyalgia and myofascial pain, two distinct, painful conditions, tend to look confoundingly similar to one another: both can cause pain in a limb, through the shoulders and neck or low back; both can cause the skin to become so sensitive even a simple touch hurts (sometimes the signs may even mimic a pinched nerve or migraine headache). What's critical for patients, according to neurologist and pain specialist Robert D. Gerwin, M.D., is having the condition diagnosed properly in order to proceed with an appropriate treatment plan.

Dr. Gerwin, founder and Medical Director of Pain and Rehabilitation Medicine, has had 20 years of experience treating pain and distinguishing between the two conditions. Fibromyalgia tends to be less common, though nearly 6 million Americans experience it a year, notes Dr. Gerwin, who is also an Assistant Professor of Neurology at the Johns Hopkins University School of Medicine. "Fibromyalgia-like syndromes can arise from many different medical conditions," he warns, "including hypothyroidism and nutritional deficiency states." When a person has a diminished level of pain-regulating chemicals in the body, the consequence can be widespread muscle sensitivity. Suddenly, merely pressing against the skin causes pain. Exercise—not to mention the basic activity of daily life—becomes excruciating. The chemical irregularity can also cause fatigue and restless sleep and other dysfunctions such as irritable bowel syndrome, cold intolerance, headaches and dysmenorrhea.

In order to differentiate between fibromyalgia and myofascial pain, Dr. Gerwin first examines patients' muscle tissue. He ascertains whether or not the pain is caused by pressure on particularly tender spots in the muscle known as "trigger points." The absence of sensitive trigger points suggests the condition is predominantly biochemical, and therefore most likely fibromyalgia. Once Dr. Gerwin has established a diagnosis of fibromyalgia, he focuses treatment on controlling the pain and improving patients' function.



Dr. Robert D. Gerwin with a patient.

Photography by Keith Weiler

He often begins by helping them get back to normal sleep and exercise. Anti-depressant medication can aid in promoting normal sleep patterns and reducing pain. However, because fibromyalgia can represent an underlying chemical imbalance, treatment also focuses on improving nutritional deficiencies to stabilize metabolism. Dr. Gerwin addresses such deficiencies as iron and magnesium and those created by hypothyroidism.

More often, however, the culprit is not fibromyalgia. "Myofascial pain syndrome is the most common cause of musculoskeletal pain that we see," says Dr. Gerwin. "As many as 80 percent of the population will experience the condition—aches from injuries, auto accidents, low back strains—in a lifetime." The condition often involves what's known as referred pain, that is, pain that appears in a part of the body distant from the source of the problem. A "trigger point," a tender spot within a tight muscular band in the back of the shoulder, for instance, can cause referred pain to shoot down the arm and into the hand. "Understanding the role

of referred pain is essential in the diagnosis and management of this common condition," attests spine specialist Justin H. Wasserman, M.D., board-certified in physical medicine and rehabilitation who serves as Associate Medical Director at the Bethesda-based practice.

In treating myofascial pain, doctors need to know the patterns in which trigger points send referred pain. "They must be trained in identifying the myofascial pain syndrome," states Dr. Gerwin, who was a student of the late Janet G. Travell, M.D., the first woman to serve as White House physician during the Kennedy administration and a pioneer in the study of myofascial pain. He has found that treatment of myofascial pain requires easing the offending trigger point and correcting the causes—such as abnormal and stressful body postures—that produced it.

The most successful treatment, he adds, requires the work of a multi-disciplinary team. In addition to

Dr. Gerwin and Dr. Wasserman, the group at Pain and Rehabilitative Medicine in Bethesda includes physical therapists, a licensed acupuncturist, a social worker and a licensed psychologist. Dr. Gerwin is also currently engaged in research on the treatment of myofascial pain by botulinum toxin, a substance that originates in the botulism bacteria that may offer pain relief by blocking nerve pathways to muscle. He and associates also are studying the role of myofascial trigger points in chronic headache and chronic whiplash conditions. "A combined treatment approach, addressing both the physical and emotional suffering, is the most effective treatment plan for chronic pain," says Dr. Gerwin.

If you would like to learn more, or for a physician referral, please call (301) 656-0220. ■



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