

# Fibromyalgia

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## Condition

Fibromyalgia is a disorder of unknown etiology characterized by widespread pain, abnormal pain processing, sleep disturbance, fatigue and often psychological distress. People with fibromyalgia may also have other symptoms; such as, morning stiffness, tingling or numbness in hands and feet, headaches, irritable bowel syndrome, sleep disturbance, cognitive problems with thinking and memory, painful menstrual periods and other pain syndromes. Causes and/or risk factors for fibromyalgia are unknown, but some things have been loosely associated with disease onset: stressful or traumatic events, such as car accidents, post traumatic stress disorder, repetitive injuries, illness (e.g. viral infections), certain diseases (i.e., SLE, RA, chronic fatigue syndrome), genetic predisposition, obesity, neurotransmitter disorders and genetic metabolic disorder. People with fibromyalgia react strongly (abnormal pain perception processing) to things that other people would not find painful.

## Individual at risk

Donor / Recipient

## Guidance at RECRUITMENT for adult volunteer donor and maternal donor (cord blood donation)

DEFER

## Guidance at CT/WORK-UP

DEFER FOR BONE MARROW AND PBSC

## Justification for guidance

Due to the fact that the disease does not have a well defined etiology donor as well as recipient may be at risk during or after stem cell donation. The tendency of patients to react strongly to things that other people would not find painful is another justification for deferral for donation.

## References

Fibromyalgia Case Definition. Centre for Disease Control, November 7th 2012, retrieved February 2nd 2013

Smith HS, Harris R, Clauw D. Fibromyalgia: an afferent processing disorder leading to a complex pain generalized syndrome. Pain Physician 2011;14 (2):E217-45.

Neumann L, Buskila D. Epidemiology of fibromyalgia. Curr Pain Headache Rep 2003;7(5):362–368.

Arnold LM, Hudson JI, Hess EV, Ware AE, Fritz DA, Auchenbach MB, Starck LO, Keck PE. Family study of fibromyalgia. Arthritis Rheum 2004;50(3): 944-952.

Mork PJ, Vasseljen O, Nilsen TI. Association between physical exercise, body mass index, and risk of fibromyalgia: longitudinal data from the Norwegian Nord-Trøndelag Health Study. *Arthritis Care Res (Hoboken)*. 2010; May;62(5):611-7. ed syndrome. *Pain Physician* 2011;14(2):E217-45.