

# *Life Transitions Newsletter*

*August 2007*

## **Fibromyalgia**



*Dear Clients,*

*Hope your summer has brought you relaxation and time to rejuvenate your spirits.*

*This newsletter focuses on four topics: fibromyalgia – is it in your head or is it a real disease?; HPV Vaccination – should you get it and what does it protect you from?; the fainting game – what is it and is it dangerous?; and an update on treatments for insomnia. Hope you find these topics informative.*

*Don't forget that sign-ups for the teen groups "Becoming the Woman You Want To Be" begin this month. There will be two sessions offered one on Monday 4:30-6:00 p.m. and one on Wednesday 6:00-7:30 p.m. There are only 8 teens per group. Last year the group filled up quickly so sign up soon. Groups start the first week of October.*

*Sincerely,*

*Penny Blazej, LCSW, BCD*

Fibromyalgia has been getting a lot of press lately. This often-misunderstood condition of the central nervous system can be physically disabling. For a number of years the medical as well as the mental health field debated whether this disease was organic based or was somatic in nature. Though there are still a few misinformed professionals out there, the vast majority has concluded that this is NOT a mental illness but one of the central nervous system. Even our government recognizes this as a disease and does provide disability to those who are severely afflicted.

So why the controversy? Fibromyalgia is a difficult disease to diagnosis with many of its symptoms similar to clinical depression. By the time someone is diagnosed they have been through a wide variety of tests, many of them coming up negative. The self-doubt that their symptoms are "*all in their head*" is often times reinforced by uneducated comments by professionals. Generally it is a rheumatologist, who is experts in fibromyalgia that does the final diagnosis.

Like any other chronic disease, its limiting symptoms can and often do lead to depression. To prevent this from occurring, the following treatments may be beneficial:

### 1. Cognitive behavior therapy

Cognitive behavior therapy seeks to strengthen your belief in your abilities and teaches you methods for dealing with stressful situations. Therapy is provided through individual counseling, classes, and with tapes, CDs or DVDs, and may help you manage your fibromyalgia.

### 2. Self-care

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Self-care is critical in the management of fibromyalgia.

- A. Reduce stress. Develop a plan to avoid or limit overexertion and emotional stress. Allow yourself time each day to relax. That may mean learning how to say no without guilt. But try not to change your routine completely. People who quit work or drop all activity tend to do worse than those who remain active. Try stress management techniques, such as deep-breathing exercises yoga or meditation.
- B. Get enough sleep. Because fatigue is one of the main characteristics of fibromyalgia, getting sufficient sleep is essential. In addition to allotting enough time for sleep, practice good sleep habits, such as going to bed and getting up at the same time each day and limiting daytime napping.
- C. Exercise regularly. At first, exercise may increase your pain. But doing it regularly often decreases symptoms. Appropriate exercises may include walking, swimming, biking and water aerobics. A physical therapist can help you develop a home exercise program. Stretching, good posture and relaxation exercises also are helpful.
- D. Pace yourself. Keep your activity on an even level. If you do too much on your good days, you may have more bad days.
- E. Maintain a healthy lifestyle. Eat healthy foods. Limit your caffeine intake. Do something that you find enjoyable and fulfilling every day.

For more information go to:

<http://fibromyalgia.ncf.ca/dsmental.htm>

<http://www.fibroandfatigue.com/>

## **HPV Vaccination**

Human papillomavirus (HPV) has been getting a lot of press since the announcement of a vaccine that can prevent cervical cancer. Should we be getting this vaccine? Who should be taking it? And just what does it protect us from?

Before answering these questions a bit of education is needed. There are over 100 types of HPV's - it is a very common infection that occurs in over 80% of men and women. The viruses are divided in two major categories: high risk and low risk. There are about 15 high risk HPV that can lead to cervical cancer. The vaccine protects against **two** of the most aggressive types of high risk HPV.

The vaccine **does not** protect against all the high-risk viruses and the vaccine **does not** protect you for the low- risk viruses like the one that causes genital warts.

How are these viruses transmitted? Both males and females can be infected. It is transmitted by skin-to-skin contact, generally but not necessarily during sex. Condoms **will not** protect you from HPVs. You can become infected without having intercourse for example with just genital touching or oral sex.

It is not a life sentence if you get infected. Many develop immunity to the virus(es). In 20-30% of people the viruses go away without treatment. There are treatments for the viruses but it may take multiple treatments before someone will no longer

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transmit the viruses. You not only need a PAP test but also the test for HPV's.

To answer the question on whether you should get the vaccine is a bit more complex. Men, right now you are off the hook – the vaccine is for women only. It consists of a series of three shots. To decide whether you should have the vaccine, you need to discuss the benefits and risks with your physician. Just remember – the vaccine protects you from just two of the over 100 HPV.

If you want more about HPV there are two websites that I found helpful:

<http://www.cdc.gov/std/hpv/stdffact-hpv.htm>

<http://www.thehpvtest.com>

## **The Fainting Game**

Giving into peer pressure and searching for the "ultimate high," children as young as 9 and 10 years old have dabbled with a deadly game of making themselves pass out. Whether referring to this game as the fainting game, the passing out game or the choking game, the desired effects are still the same.

What to do? Keep yourself educated as well as your children. The message is a strong one: you can die from the fainting game – is the potential high really worth the risk? For more information:

<http://preteenagerstoday.com/articles/4021.php>

## **Cognitive Behavioral Therapy (CBT) vs. Medication for Insomnia**

The Journal of American Medical Association (JAMA), June 28, 2006 article Sivertsen et reported results that CBT was superior in treating 55+ year old insomnia patients vs. sleep medication. The National Institute on Aging (NIA) started a study in 2006 which is scheduled to end in 2011 – the preliminary results support Sivertsen's conclusions. Net: CBT is better than sleeping pills! For more information:

<http://jama.ama-assn.org/cgi/content/abstract/295/24/2851>

<http://www.healthandage.com/public/health-center/26/article/3135/CBT-Is-More-Effective-Than-Sleeping-Pills.html>

<http://psychiatry.jwatch.org/cgi/content/full/2006/711/1>

## **Your Comments**

Let me know if this newsletter was helpful for you. Just e-mail me at [pblazej@vcweb.org](mailto:pblazej@vcweb.org).