



Hotel Nhow Milano - Via Tortona 35, Milano

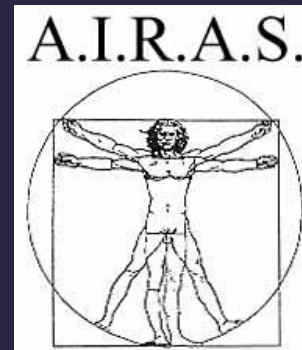
Venerdì 30 settembre 2022 Talk
Sabato 1 ottobre 2022 Workshop

Presidenti:

Salvatore D'Angelo

Fausto Salaffi

Piercarlo Sarzi Puttini



Le terapie complementari e/o alternative

Gianniantonio Cassisi

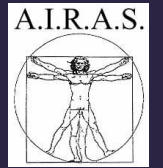
USD di Reumatologia
Poliambulatorio Specialistico - ASL 1 Belluno

Associazione Italiana
per la Ricerca e l'Aggiornamento Scientifico –
AIRAS - Padova



Mayo Clin Proc 2005

ORIGINAL ARTICLE



Use of Complementary and Alternative Medical Therapies by Patients Referred to a Fibromyalgia Treatment Program at a Tertiary Care Center

DIETLIND L. WAHNER-ROEDLER, MD; PETER L. ELKIN, MD; ANN VINCENT, MBBS, MD; JEFFREY M. THOMPSON, MD;
TERRY H. OH, MD; LAURA L. LOEHRER; JAYAWANT N. MANDREKAR, PhD; AND BRENT A. BAUER, MD

ESERCIZIO	48%
CURA SPIRITUALE	45%
MASSOTERAPIA	44%
CHIROPRACTICA	37%
VITAMIN C	35%
VITAMIN E	31%
MAGNESIUM	29%
VITAMIN B COMPLEX	25%
TÉ VERDE	24%
PROGRAMMI DI DIMAGRIMENTO	20%

83% USA ALMENO UNA VITAMINA

52% USA ALMENO UN SUPPLEMENTO DIETETICO

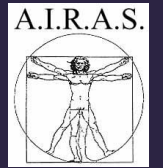
CAM THERAPIES FOR PATIENTS WITH FIBROMYALGIA

TABLE 1. Treatments and Techniques Used by Patients Referred to a Fibromyalgia Treatment Program, by Age Group*

Treatments and techniques	Age group (y)							All ages (N=289)
	18-24 (n=14)	25-34 (n=19)	35-44 (n=71)	45-54 (n=103)	55-64 (n=44)	65-74 (n=24)	≥75 (n=14)	
Exercise for a specific problem	50	42	42	54	48	38	50	48
Spiritual healing (prayers)	43	37	54	44	45	33	36	45
Massage therapy	64	47	52	42	39	29	36	44
Chiropractic treatment	64	37	48	37	27	17	14	37
Weight-loss programs	14	21	25	17	23	21	7	20
Relaxation therapy	14	21	17	17	20	13	7	17
Aromatherapy	21	5	25	14	11	8	0	15
Music therapy	0	5	20	12	11	8	14	12
Acupuncture	7	16	10	13	14	8	0	11
Self-help (support groups)	0	5	21	11	5	4	7	11
Homeopathy	0	16	10	13	14	4	0	10
Acupressure	14	11	11	9	18	4	0	10
Magnet or magnetic therapies	7	0	4	14	9	17	7	9
Reflexology	7	5	13	8	5	17	0	9
Energy healing	0	5	8	11	9	4	0	8
Biofeedback	29	5	4	10	5	8	0	8
Art therapy	0	0	6	4	11	0	7	5
Others	0	5	15	6	9	4	0	8
At least 1 treatment or technique	93	84	96	87	79	75	79	87

*Data are percentage of patients.

BMC Musculoskeletal Disorders



Research article

Open Access

An internet survey of 2,596 people with fibromyalgia

Robert M Bennett*¹, Jessie Jones², Dennis C Turk³, I Jon Russell⁴ and
Lynne Matallana⁵

2007

INTEGRATORI	68%
STRETCHING	62%
PREGHIERA	57%
RILASSAMENTO/MEDITAZIONE	47%
MASSAGGIO/RIFLESSOLOGIA	43%
ESERCIZIO AEROBICO	32%
CHIROPRACTICA	30%
ESERCIZIO NON-AEROBICO (YOGA, TAI-CHI)	24%

Table 6: Interventions used by the survey responders [in descending order of frequency]

Intervention	Frequency	Effectiveness [0-10 scale]
Resting	86%	6.3 ± 2.5
Distraction [reading, watching TV etc.]	80%	4.7 ± 2.5
Heat modalities [warm water, hot packs]	74%	6.3 ± 2.3
Nutritional supplements	68%	3.8 ± 2.8
OTC pain medications	67%	3.8 ± 2.3
Prescription pain medications	66%	6.3 ± 2.4
Gentle walking	64%	4.6 ± 2.6
Prescription antidepressants	63%	6.2 ± 2.8
Stretching	62%	5.4 ± 2.6
Prayer	57%	6.0 ± 2.9
Prescription sleep medications	52%	6.5 ± 2.7
Relaxation/meditation	47%	5.1 ± 5.5
Massage/reflexology	43%	6.1 ± 2.8
Aerobic exercise	32%	5.0 ± 3.0
Cold therapy [ice packs etc.]	30%	4.8 ± 2.8
Chiropractic manipulation	30%	5.1 ± 3.0
Counseling [psychologist, MSW, pastor]	29%	4.8 ± 3.0
Pool therapy	26%	6.0 ± 3.0
Non-aerobic exercise [stretching, yoga, Tai Chi]	24%	5.1 ± 2.9
Physical therapy	24%	4.7 ± 3.1
OTC sleep medications	22%	4.0 ± 2.9
TENS unit	21%	4.3 ± 2.9
Trigger point injections	21%	5.0 ± 3.3
Support groups	19%	4.6 ± 3.0
Strength training	18%	4.3 ± 2.9
Pain clinic	17%	4.8 ± 3.1
Acupuncture	15%	4.5 ± 3.5
Pilates	8%	4.6 ± 3.3
Cognitive behavioral therapy	8%	4.3 ± 3.2
Energy healing [e.g. Reiki]	7%	4.0 ± 3.2
Biofeedback	6%	2.9 ± 2.9
Spinal surgery	4%	3.4 ± 3.4
Hypnosis	3%	2.5 ± 2.9



HHS Public Access

Author manuscript

Pain Manag Nurs. Author manuscript; available in PMC 2021 December 01.

Published in final edited form as:

Pain Manag Nurs. 2020 December ; 21(6): 516–522. doi:10.1016/j.pmn.2020.07.003.

Use of Complementary and Alternative Medicine in Fibromyalgia: Results of an Online Survey

Andrea R. Pfalzgraf, PhD, MPH [Research Fellow].



Table 3.

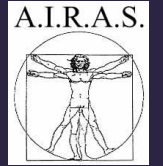
670 pts

Utilization and Perceived Effectiveness of Complementary and Alternative Treatments as Reported by Patients with Fibromyalgia for Treating Symptoms

Types of CAM therapy	Total respondents indicating use n(%)	Respondents indicating treatment "very effective" n(%)	Respondents indicating treatment "moderately effective" n(%)	Respondents indicating treatment "not at all effective" n(%)	Respondents indicating treatment "made symptoms worse" n(%)
Vitamin Supplements	386 (87.5)	75 (19.4)	224 (58.0)	86 (22.3)	1 (0.3)
Massage Therapy	346 (78.5)	167 (48.3)	129 (37.3)	18 (5.2)	32 (9.2)
Meditation	279 (63.3)	72 (25.8)	159 (57.0)	47 (16.8)	1 (0.4)
Aerobic Exercise	253 (57.4)	41 (16.2)	115 (45.5)	15 (5.9)	82 (32.4)
Acupuncture	175 (39.7)	51 (29.1)	67 (38.3)	49 (28.0)	8 (4.6)
Spa Therapy	178 (40.4)	62 (34.8)	86 (48.3)	28 (15.7)	2 (1.1)
Herbal Medicine	206 (46.7)	29 (14.1)	120 (58.3)	54 (26.2)	3 (1.5)
Cognitive Behavioral Treatment	156 (35.4)	31 (19.9)	82 (52.6)	41 (26.3)	2 (1.3)
Other	175 (39.7)	86 (49.1)	71 (40.6)	15 (8.6)	3 (1.7)

n = 441 (respondents indicating they utilized CAM treatments)

German Association of Medical Scientific Societies 2005



MEDICINE

CLINICAL PRACTICE GUIDELINE

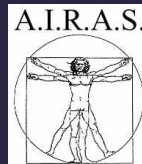
Fibromyalgia Syndrome

Classification, Diagnosis, and Treatment

Winfried Häuser, Wolfgang Eich, Markus Herrmann, Detlev O. Nutzinger,
Marcus Schiltenwolf, Peter Henningsen

Level 2

- Multimodal treatment (requirement for medical training therapy or other type of activating movement therapy coordinated with psychotherapeutic methods) (grade 1a evidence, grade A recommendation, strong consensus)
 - Mainly outpatient; (partly) inpatient, when outpatient treatment is inadequate or impossible
 - (Pain therapy or psychosomatic medicine ward in an acute hospital, or else a rheumatological or psychosomatic rehabilitation center)



American Pain Society 2005

Guideline Summary NGC-4342

Guideline Title

Guideline for the management of fibromyalgia syndrome pain in adults and children.

Bibliographic Source(s)

Buckhardt CS, Goldenberg D, Crofford L, Gerwin R, Gowens S, Jackson K, Kugel P, McCarberg W, Rudin N, Schanberg L, Taylor AG, Taylor J, Turk D. Guideline for the management of fibromyalgia syndrome pain in adults and children.

Interventions

7. Begin treatment of FMS by confirming the diagnosis of FMS and explaining what the condition is and what it is not. **(Panel consensus)** Patient education is critical to optimal management of FMS. **(B)**
8. Use multiple strategies and include both pharmacologic and nonpharmacologic therapies in the management of FMS. **(A)**

Raccomandazioni EULAR 2008

Recommendations

EXTENDED REPORT

EULAR revised recommendations for the management of fibromyalgia

G J Macfarlane,¹ C Kronisch,^{1,2} L E Dean,¹ F Atzeni,³ W Häuser,^{4,5} E Fluß,¹ E Choy,⁶
E Kosek,⁷ K Amris,⁸ J Branco,⁹ F Dincer,¹⁰ P Leino-Arjas,¹¹ K Longley,¹²
G M McCarthy,¹³ S Makri,¹⁴ S Perrot,¹⁵ P Sarzi-Puttini,¹⁶ A Taylor,¹⁷ G T Jones¹

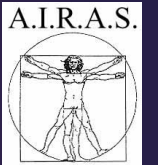


General

Full understanding of fibromyalgia requires <u>comprehensive assessment of pain, function, and psychosocial context</u> . Fibromyalgia should be recognised as a complex and heterogeneous condition where there is abnormal pain processing and other secondary features.	IV	D
Optimal treatment requires <u>a multidisciplinary approach with a combination of non-pharmacological and pharmacological treatment modalities</u> tailored according to pain intensity, function, associated features such as depression, fatigue and sleep disturbance in discussion with the patient.	IV	D



La terapia senza farmaci?



Il primo attore sei tu!



Il 50% della terapia è nelle tue mani!

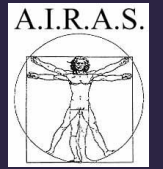


- Non attendere che qualcuno ti risolva il problema!
- Scegli le attività e le terapie che gradisci anche con consiglio del tuo medico
- Programma con decisione e serietà un impegno quotidiano!





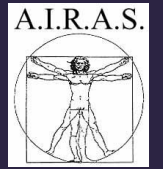
Trattamenti non farmacologici



- ▣ **terapia comportamentale**
 - **adeguare i propri comportamenti nella coscienza di malattia**
- ▣ **evitare situazioni sedentarie o ripetitive o compulsive**
- ▣ **supporto psicologico**
- ▣ **psicoterapia breve o tecniche cognitivo-comportamentali**



Trattamenti non farmacologici



- ▣ **svolgere attività di svago con regolarità**
- ▣ **svolgere attività motoria, aerobica, leggera, in maniera progressiva, compatibilmente con lo stato algico (attività sotto soglia)**
- ▣ **ginnastica dolce, anche in acqua (meglio se termale); nuoto e *cyclette***

Clinical and Experimental
RHEUMATOLOGY

Review

**Complementary and alternative medicine in fibromyalgia:
a practical clinical debate of agreements and contrasts**

G. Cassisi¹, F. Ceccherelli², F. Atzeni³, P. Sarzi-Puttini³

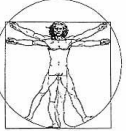
2013

Complementary and alternative medicine in FM / G. Cassisi et al.

Table II. Therapies analysed in this review.

ACUPUNCTURE	DIETOTHERAPY
ELECTRO-ACUPUNCTURE	DIETARY SUPPLEMENTS
HYDROTHERAPY	<ul style="list-style-type: none">• S-adenosylmethionine• Magnesium• Soy• 5-hydroxytryptophan• Melatonin• Anthocyanidins• Deutrosulfazyme• L-acetyl-carnitine• Chlorella pyrenoidosa
<ul style="list-style-type: none">• Balneotherapy• Thalassotherapy• Hydro-electric therapy	HOMOEOPATHY
THERMOTHERAPY	MISCELLANEA
<ul style="list-style-type: none">• Mud-bath treatment• Infra-red hyperthermia	<ul style="list-style-type: none">• Aromatherapy• Music therapy and vibration• Religiosity and spirituality• Hypnotherapy• Cannabis• Capsaicin• Vitamin D
BIOFEEDBACK	
MANUAL THERAPY	
<ul style="list-style-type: none">• Massage therapy• Chiropractic manipulation• Osteopathy	
BODY-MIND TECHNIQUE	
<ul style="list-style-type: none">• Meditation• Guided imagery• Autogenic training• Body awareness technique• Group therapy	
MAGNETIC FIELD TREATMENT	
ENERGY AND MOVEMENT THERAPY	
<ul style="list-style-type: none">• Qigong• Tai Chi• Reiki• Therapeutic touch• Yoga• Biodanza• Pilates	

A.I.R.A.S.

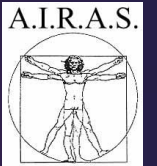


MEDICINE O TERAPIE COMPLEMENTARI

- vengono studiate e praticate secondo i principi della medicina scientifica
- non possono essere considerate alternative in quanto si basano sulle conoscenze tipiche di questo tipo di medicina
- non sostituiscono la terapia farmacologica o quella chirurgica ma le affiancano, comportandosi come terapie di appoggio o, a volte, in alcuni casi limitati, le sostituiscono

MEDICINA ALTERNATIVA

- insieme di conoscenze che si pongono al di fuori della medicina scientifica
- si basano su una visione non-scientifica del mondo (teoria dell'energia vitale, l'olismo, la biorisonanza e altre)
- non possono essere utilizzate a scopo diagnostico o terapeutico secondo il concetto di prova scientifica di efficacia
- ha come obiettivo quello di porsi in alternativa alla medicina scientifica e di richiedere un affidamento totale e acritico da parte del paziente



Terapie complementari ed alternative



capitolo 18

Le terapie complementari e alternative nella fibromialgia

Giannantonio Cassisi^{1*}, Francesco Ceccherelli^{2*}

¹Reumatologo, Branca di Reumatologia, ASL 1 Belluno

²Fisiopatologo del dolore, Padova

*A.I.R.A.S. Associazione Italiana per la Ricerca e l'Aggiornamento Scientifico, Padova

Terapie con la maggioranza o tutti gli studi a favore dell'efficacia

AGOPUNTURA ED ELETTROAGOPUNTURA, IDROTERAPIA, S-ADENOSILMETIONINA

Terapie con più evidenze scientifiche favorevoli che con assenza di efficacia, ma che lasciano dubbi sulla tecnica

BIOFEED-BACK, CAMPI MAGNETICI, OMEOPATIA, MASSAGGI

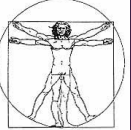
Terapie con alcuni studi di efficacia ma che necessitano di ulteriori conferme

TERMOTERAPIA, IMMAGINAZIONE GUIDATA, TERAPIA DI GRUPPO, MEDITAZIONE, QI GONG, TAI CHI, YOGA, MAGNESIO, IPNOSI

Terapie con contributi scientifici aneddotici ma incoraggianti

OSTEOPATIA, TOCCO TERAPEUTICO, TECNICHE ERIKSONIANE, BIODANZA, 5-IDROSSITRIPTOFANO, MELATONINA, DEUTROSULFAZIME, L-ACETILCARNITINA, CHLORELLA PYRENOIDOSA, MUSICOTERAPIA, TERAPIA DELLE VIBRAZIONI, PILATES, CANNABIS, VITAMINA D

A.I.R.A.S.

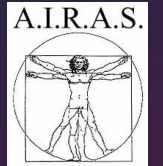


Comparison with 2007 EULAR recommendations

EXTENDED REPORT

EULAR revised recommendations for the management of fibromyalgia

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G M McCarthy,¹³ S Makri,¹⁴ S Perrot,¹⁵ P Sarzi-Puttini,¹⁶ A Taylor,¹⁷ G T Jones¹



- ▶ Despite the very large increase in the amount of trial data and summarised in meta-analyses, there are **no major changes to the approach of managing** patients with fibromyalgia, although we provide **new evidence in support for some additional nonpharmacological therapies**
- ▶ In addition, all **the recommendations are now firmly evidence based**
- ▶ We now recommend that **non-pharmacological therapy should be first-line therapy** and then if there is a lack of effect that there should be individualized therapy according to patient need, which may include pharmacological therapy

2016

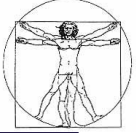
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2016

A.I.R.A.S.



Clinical and epidemiological research

Table 3 Recommendations

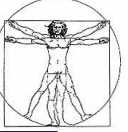
Recommendation	Level of evidence	Grade	Strength of recommendation	Agreement (%) ^a
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Specific recommendations

Non-pharmacological management

Aerobic and strengthening exercise	la	A	Strong for	100
Cognitive behavioural therapies	la	A	Weak for	100
Multicomponent therapies	la	A	Weak for	93
Defined physical therapies (acupuncture or hydrotherapy)	la	A	Weak for	93
Meditative movement therapies (qigong, yoga, tai chi) and mindfulness-based stress reduction	la	A	Weak for	71–73

These recommendations are underpinned by high-quality reviews and meta-analyses



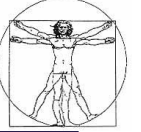
Idroterapia

- L'IDROTERAPIA UTILIZZA ACQUA NORMALE (PISCINA)
- LA BALNEOTERAPIA UTILIZZA ACQUA MINERALIZZATA (TERME, ACQUA SALATA)
- LA TALASSOTERAPIA VIENE ESEGUITA AL MARE



Idroterapia

A.I.R.A.S.



- POSITIVI I RISULTATI OTTENUTI NEL MAR MORTO IN UNO STUDIO SU 48 PAZIENTI, DOVE L'ACQUA È MOLTO SALATA E HA PROPRIETÀ TERAPEUTICHE NOTE FIN DALL'ANTICHITÀ

BUSKILA D 2001

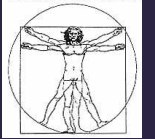
- BUONO IL BENEFICIO DIMOSTRATO ANCHE DAI BAGNI IN MARE ASSOCIATI AD ESERCIZI AEROBICI E A GRUPPI EDUCAZIONALI

ZIJLSTRA TR 2005

UNA REVISIONE COMPLETA DELLA LETTERATURA HA CONCLUSO FAVOREVOLMENTE PER L'IDROTERAPIA NELLE SUE VARIE FORME NON SOLO PER IL BENEFICIO SUL DOLORE, MA ANCHE SULLA STESSA DOLORABILITÀ (CONTA DEI PUNTI TENDER) E SULLO STATO DI BENESSERE GENERALE

MCVEIGH JG 2008

MOLTI AUTORI EVIDENZIANO LA DIFFICOLTÀ A COMPRENDERE BENE LA SUA REALE EFFICACIA ESSENDO SPESSO ASSOCIATA AD ALTRI TRATTAMENTI CONTEMPORANEAMENTE



Clinical researches on the efficacy of spa therapy in fibromyalgia. A systematic review

Antonio Fraioli^(a), † Marcello Grassi^(a), Gioacchino Mennuni^(a), Andrea Geraci^(d), Luisa Petraccia^(a), Mario Fontana^(b), Stefano Conte^(a) and Angelo Serio^(c)

- ▶ Therefore, on the basis of our review, mineral-water balneotherapy appears to offer proven efficacy for the treatment of fibromyalgia
- ▶ For patients with a disease like FMS, which has clear psychological components, spa therapy offer additional benefits that could be therapeutic, such as a pleasant climate, relaxing natural scenery, and clean air.

More ubiquitous effects from non-pharmacologic than from pharmacologic treatments for fibromyalgia syndrome: A meta-analysis examining **six core symptoms**

S. Perrot¹, I.J. Russell²

¹ Service de Médecine Interne et Thérapeutique, Hôtel Dieu, Paris Descartes University, INSERM U 987, France

² Fibromyalgia Research and Consulting, Arthritis and Osteoporosis Center of South Texas, San Antonio, USA

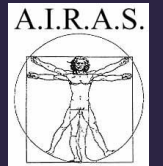


Table 2 Effect sizes of non-pharmacologic treatments on FM symptom domains.

Treatment	Pain effect size (95% CI)	Sleep disturbance effect size (95% CI)	Fatigue effect size (95% CI)	Affective symptoms effect size (95% CI)	Functional deficit effect size (95% CI)	Cognitive impairment effect size (95% CI)
Acupuncture	0.18 (-0.13, 0.49)	0.49 (-0.17, 1.15)	0.02 (-0.43, 0.46)	–	0.14 (-0.24, 0.53)	–
Balneotherapy	1.02 (0.34, 1.70)	–	–	1.65 (1.06, 2.23)	0.67 (0.39, 0.96)	–
Cognitive behaviour	0.53 (0.29, 0.77)	0.42 (0.12, 0.71)	0.96 (0.47, 1.45)	0.16 (-0.04, 0.36)	0.48 (0.24, 0.73)	0.40 (0.03, 0.77)
Exercise	0.50 (0.26, 0.74)	0.46 (0.22, 0.70)	0.45 (0.16, 0.74)	0.48 (0.26, 0.69)	0.52 (0.36, 0.69)	0.49 (0.16, 0.82)
Education	0.50 (0.12, 0.89)	0.14 (-0.29, 0.58)	0.36 (0.13, 0.59)	0.43 (0.10, 0.77)	0.36 (-0.00, 0.72)	–
Education/exercise combined	0.19 (-0.06, 0.44)	0.23 (-0.08, 0.54)	0.40 (0.20, 0.61)	0.07 (-0.32, 0.46)	0.20 (-0.13, 0.52)	–
Homeopathic	0.54 (0.26, 0.83)	–	0.38 (-0.08, 0.85)	0.25 (-0.03, 0.53)	0.37 (0.05, 0.69)	–
Magnetic cerebral stimulation	1.30 (0.11, 2.48)	0.53 (-0.02, 1.07)	1.19 (0.77, 1.62)	0.23 (-0.13, 0.59)	1.04 (0.23, 1.84)	–
Massage	0.53 (0.08, 0.98)	0.20 (-0.27, 0.68)	–	0.70 (0.31, 1.09)	0.39 (-0.10, 0.87)	–
Neurotherapy	0.44 (0.03, 0.86)	0.03 (-0.39, 0.44)	0.17 (-0.25, 0.58)	0.05 (-0.36, 0.46)	-0.03 (-0.45, 0.38)	0.14 (-0.27, 0.55)
Pool/water	0.79 (0.14, 1.44)	1.06 (0.15, 1.96)	1.05 (0.19, 1.90)	0.89 (0.37, 1.41)	0.69 (0.39, 0.99)	0.64 (-0.10, 1.39)
UV/bright light	0.50 (-0.10, 1.10)	0.48 (-0.02, 0.97)	0.39 (-0.21, 0.99)	0.11 (-1.05, 1.26)	0.39 (-0.45, 1.23)	–

Bolded values indicate effect sizes >0.5. CI, confidence interval; FM, fibromyalgia; UV, ultraviolet.

– The domain was not measured in the study or not enough information was provided to calculate effect size.

- ✓ Balneotherapy was an effective treatment 3 domains assessed, which included large effects on pain and affective symptoms and a medium effect on functional deficit.
- ✓ Pool therapy demonstrated significant effects on five symptom domains, and massage on two domains each.

Agopuntura ed elettroagopuntura

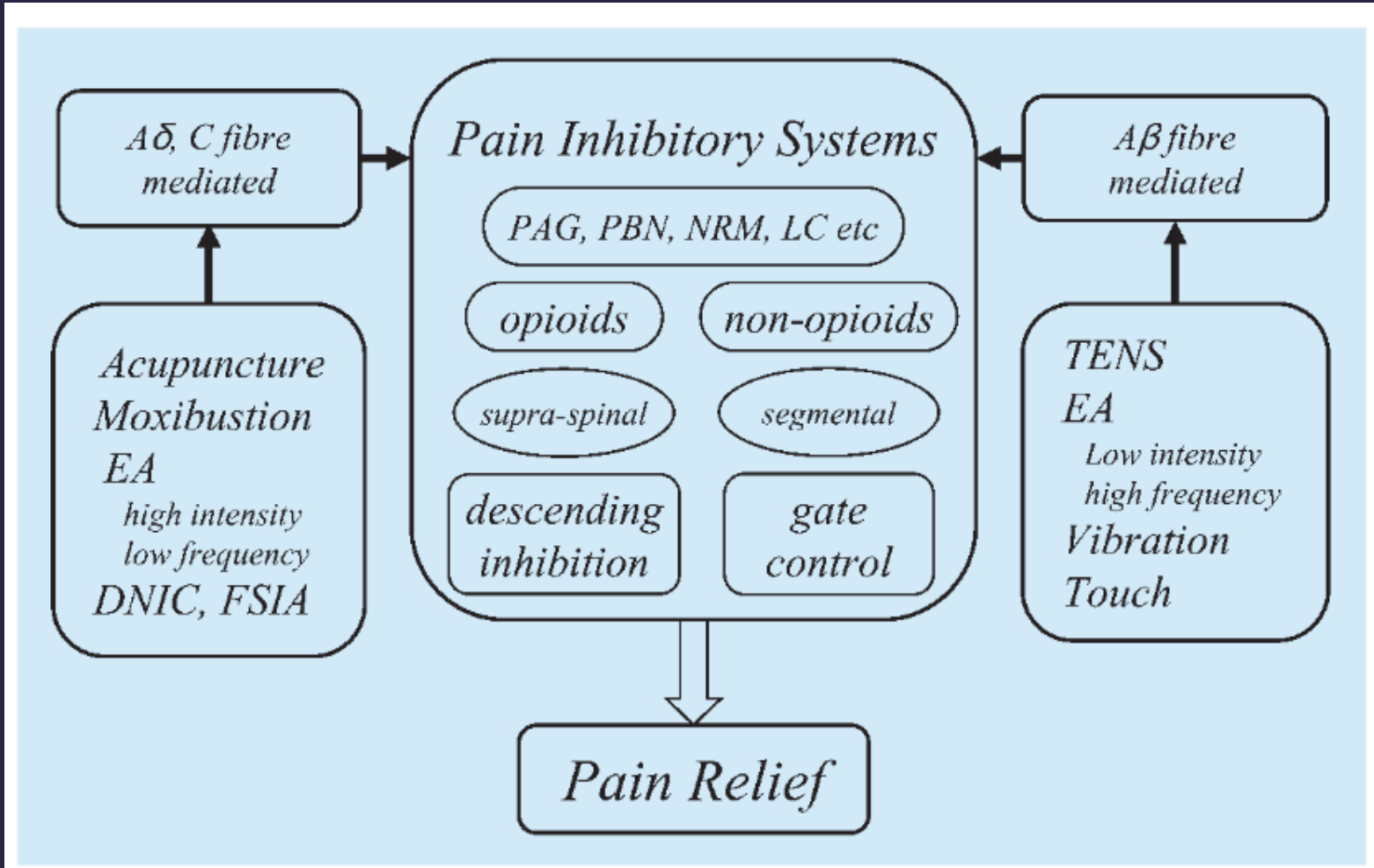
Come funziona sul dolore?

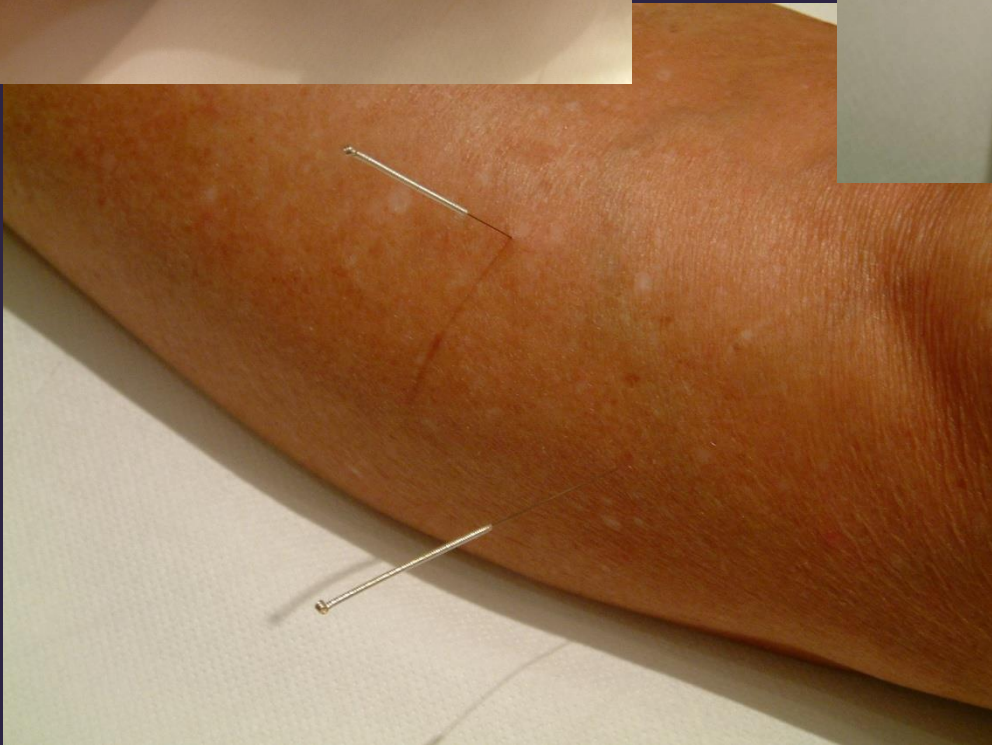
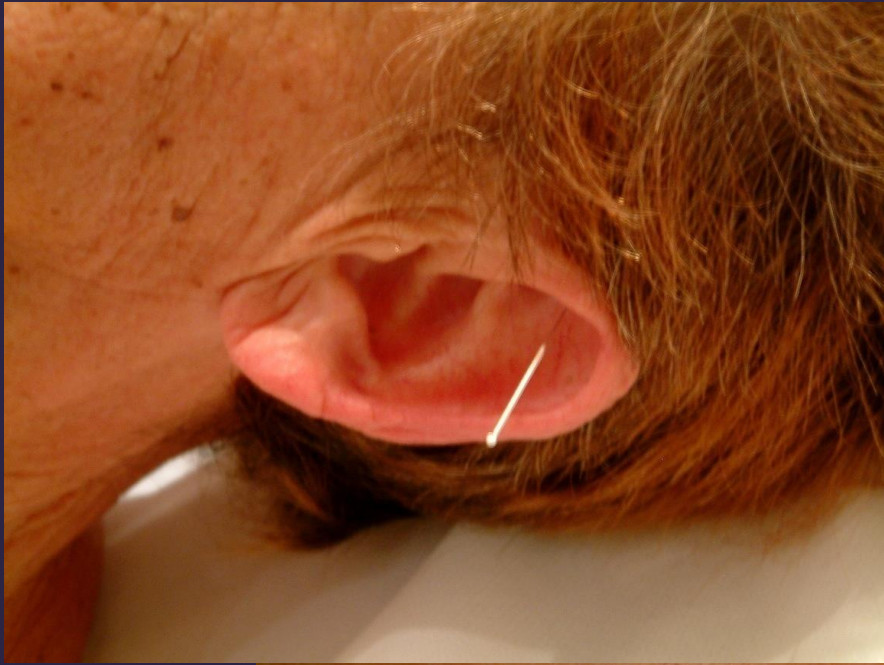
- ▶ Il sistema di controllo del dolore è fatto di vie che conducono il dolore, vie che lo facilitano, vie che lo inibiscono
 - ▶ Il "farmaco" agopuntura agisce sulle fasi di
 - ▶ Ricezione
 - ▶ Conduzione
 - ▶ Percezione
 - ▶ regolazione
- del dolore**



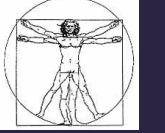
Come funziona sul dolore?

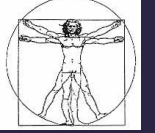
- ▶ L'agopuntura può
 - ▶ bloccare la trasmissione alla prima stazione
 - ▶ indurre la produzione di sostanze endogene che bloccano il trasferimento del segnale-dolore ai centri del cervello
- ▶ Nel trattamento del dolore cronico l'agopuntura riduce le aree sensibili al segnale-dolore e ne limita l'amplificazione





A.I.R.A.S.





L'agopuntura e la fibromialgia

- ▶ L'agopuntura e, soprattutto, l'elettroagopuntura sono tra le tecniche complementari quelle più efficaci per curare il dolore tipico della fibromialgia
 - ▶ Terhorst L 2011; Goldenberg DL 2004
- ▶ sono considerate terapie stimolanti e riflesse, a spiccata azione antalgica
 - ▶ innalzano la soglia del dolore
 - ▶ riducono il numero e la dolorabilità dei tender points
 - ▶ possono migliorare la qualità del sonno e indurre il rilassamento

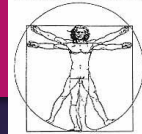
L'agopuntura e la fibromialgia

- ▶ In uno studio di elettroagopuntura sono stati valutati 70 pazienti assegnati casualmente a gruppo terapeutico e di controllo (falsa agopuntura) con buon beneficio globale in particolare per la soglia del dolore

▶ DELUZE C 1992

- ▶ In uno studio di agopuntura sono stati valutati 42 pazienti assegnati casualmente a 3 gruppi (agopuntura, mianserina, agopuntura + mianserina) con buon beneficio per tutti ma con l'agopuntura soprattutto per il dolore

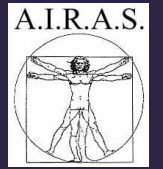
▶ CASSISI G 1994



AGOPUNTURA e FIBROMIALGIA





VAS J 2016

- 164 pz divisi in 2 gruppi casualmente
- 1 volta a settimana per 20' per 10 settimane
 - Agopuntura individualizzata
 - Sham agopuntura
- È stato mantenuto il trattamento in atto
- L'AGOPUNTURA È STATA PIÙ EFFICACE DELLA «FALSA AGOPUNTURA» FINO A UN ANNO SOPRATTUTTO SUL DOLORE
- MA ANCHE
 - Stato di salute, depressione, conta dei punti tender, soglia pressoria del dolore



Review Article

Comparing Verum and Sham Acupuncture in Fibromyalgia Syndrome: A Systematic Review and Meta-Analysis

Jiwon Kim ¹, Su-Ryun Kim ¹, Hyangsook Lee ² and Dong-Hyun Nam ¹

Revisione di letteratura su agopuntura vera e falsa

- ▶ 10 studi randomizzati e controllati per 690 partecipanti
- ▶ La AP vera è più efficace della AP falsa su
 - ▶ Dolore
 - ▶ Stato generale di benessere
 - ▶ sonno
- ▶ Nessuna efficacia sulla stanchezza

Per quali problemi è indicata l'agopuntura nella fibromialgia?

- ▶ Dolore
- ▶ Sonno
- ▶ Ansia
- ▶ Depressione
- ▶ Cefalea
- ▶ Colon irritabile
- ▶ Tensione muscolare

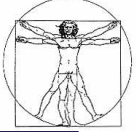
EXTENDED REPORT

EULAR revised recommendations for the management of fibromyalgia

G J Macfarlane,¹ C Kronisch,^{1,2} L E Dean,¹ F Atzeni,³ W Häuser,^{4,5} E Fluß,¹ E Choy,⁶
E Kosek,⁷ K Amris,⁸ J Branco,⁹ F Dincer,¹⁰ P Leino-Arjas,¹¹ K Longley,¹²
G M McCarthy,¹³ S Makri,¹⁴ S Perrot,¹⁵ P Sarzi-Puttini,¹⁶ A Taylor,¹⁷ G T Jones¹

2016

A.I.R.A.S.



Clinical and epidemiological research

Table 3 Recommendations

Recommendation	Level of evidence	Grade	Strength of recommendation	Agreement (%)*
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Specific recommendations

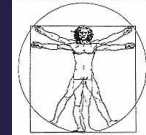
Non-pharmacological management

Aerobic and strengthening exercise	la	A	Strong for	100
Cognitive behavioural therapies	la	A	Weak for	100
Multicomponent therapies	la	A	Weak for	93
Defined physical therapies: acupuncture or hydrotherapy	la	A	Weak for	93
Meditative movement therapies (qigong, yoga, tai chi) and mindfulness-based stress reduction	la	A	Weak for	71–73

These recommendations are underpinned by high-quality reviews and meta-analyses

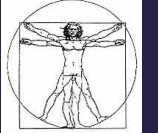
Terapia del movimento

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Terapia del movimento

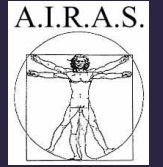
A.I.R.A.S.



TAI CHI, QI GONG E GLI EQUIVALENTI OCCIDENTALI DI YOGA, REIKI, MEDITAZIONE TRASCENDENTALE, BIO-DANZA E PILATES

- TECNICHE IN CUI IL RECUPERO DELLE PROPRIE ENERGIE E IL RIEQUILIBRIO INTERIORE ED ESTERIORE, PASSANTI O MENO DALLA PRESENZA DI UN MAESTRO FACILITATORE, DIVENTA UN SISTEMA TERAPEUTICO DI CONTROLLO DELLE PROPRIE SOFFERENZE

QI CONG e fibromialgia



Lynch et al. *Arthritis Research & Therapy* 2012, **14**:R178
<http://arthritis-research.com/content/14/4/R178>



RESEARCH ARTICLE **Open Access**

A randomized controlled trial of qigong for fibromyalgia

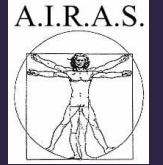
Mary Lynch¹, Jana Sawynok^{2*}, Chok Hiew³ and Dana Marcon⁴

- ▶ uno studio con Qi Gong ha dimostrato su un gruppo di terapia controllato di 100 pazienti una buona efficacia per il dolore, il sonno, la funzione fisica e mentale, dopo otto settimane e a 6 mesi dal termine della terapia

Lynch m 2012



medicines



Review

Qigong and Fibromyalgia circa 2017

Jana Sawynok ^{1,*} and Mary E. Lynch ²

¹ Departments of Pharmacology, Anesthesiology and Pain Management, Dalhousie University, Halifax, NS B3H 4R2, Canada

² Departments of Anesthesiology, Pain Management and Perioperative Medicine, Psychiatry, Pharmacology, Dalhousie University and QEII Health Sciences Centre, Halifax, NS B3H 2Y9, Canada; mary.lynch@dal.ca

* Correspondence: jana.sawynok@dal.ca

Academic Editors: Wen Liu and Gerhard Litscher

Received: 4 April 2017; Accepted: 1 June 2017; Published: 6 June 2017

4. Summary and Conclusions

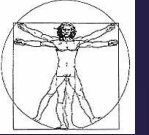
This manuscript summarizes beneficial effects of qigong in FM as reported in six RCTs and a further nine reports using diverse approaches. Benefits in many domains are statistically related to amount of practice [21], and this factor provides a lens through which to view the additional reports. Individual cases involving extensive practice report remarkable outcomes, both in core domains of FM

Tai Chi e fibromialgia

- ▶ In un gruppo di 66 pazienti suddivisi casualmente in gruppi terapeutico e di controllo (stretching ed educazione) si sono ottenuti buoni risultati su dolore e qualità di vita
 - ▶ Wang C 2010
- ▶ in un gruppo di 101 pazienti suddivisi in gruppi terapeutico e di controllo si sono ottenuti buoni risultati dopo 12 settimane di terapia sulla severità del dolore e sull'impatto globale della fibromialgia
 - ▶ Jones KD 2012

TAI CHI E FIBROMIALGIA

A.I.R.A.S.



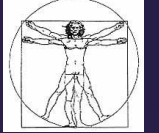
MADDALI BONGI 2016

- Tai Chi Quan Style: 44 pz (due gruppi a confronto)
 - 2 volte a settimana per 16 settimane
 - 22 Tai Chi, 22 corso educativo
- Trattamento efficace solo con Tai Chi
- Miglioramento di
 - Attività fisica
 - Dolore
 - Salute generale
 - Vitalità ed emozionalità
 - Sonno
 - Ansia



YOGA E FIBROMIALGIA

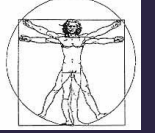
A.I.R.A.S.



CARSON 2012

- Yoga della consapevolezza: 39 pz per 8 settimane (due gruppi consecutivi messi a confronto)
- Trattamento efficace: 31.9% miglioramento sul test FIQ revised
- Miglioramento di sintomi, deficit funzionali, adattamento
- Efficacia mantenuta anche a 3 mesi





MINDFULNESS

- ▶ un'attitudine che si coltiva attraverso una pratica di meditazione sviluppata a partire dai precetti del buddhismo (ma scevra dalla componente religiosa) e volta a portare l'attenzione del soggetto in maniera non giudicante verso il momento presente
- ▶ Consapevolezza, attenzione, attenzione sollecita, o piena consapevolezza mentale sono qualità dell'essere che possono venire coltivate attraverso la meditazione



U.S. Department of Veterans Affairs

Public Access Author manuscript

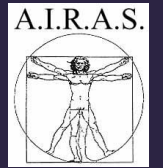
Ann Behav Med. Author manuscript; available in PMC 2016 June 01.

Published in final edited form as:

Ann Behav Med. 2015 June ; 49(3): 319–330. doi:10.1007/s12160-014-9665-0.

Mindfulness Meditation Alleviates Fibromyalgia Symptoms in Women: Results of a Randomized Clinical Trial

Elizabeth Cash, Ph.D.^{1,2,3}, Paul Salmon, Ph.D.³, Inka Weissbecker, Ph.D., M.P.H.⁴, Whitney N. Rebholz, M.A.³, Rene Bayley-Veloso, B.A.³, Lauren Zimmaro, B.A.³, Andrea Floyd, Ph.D.⁵, Eric Dedert, Ph.D.^{6,7}, and Sandra E. Sephton, Ph.D.^{2,3,*}



- ▶ 91 donne con FM: treatment group 51, control group 40

DISCUSSION

Results of this randomized prospective trial show that the 8-week MBSR Program reduced perceived stress and lessened the severity of fibromyalgia symptoms. These gains were maintained at a follow-up two months after the conclusion of the intervention. These findings persisted in secondary analyses. MBSR may be particularly well suited as a complementary intervention for fibromyalgia patients, given that they frequently report that major life stressors preceded the onset of their illness, and psychological distress worsens their symptoms.

2019

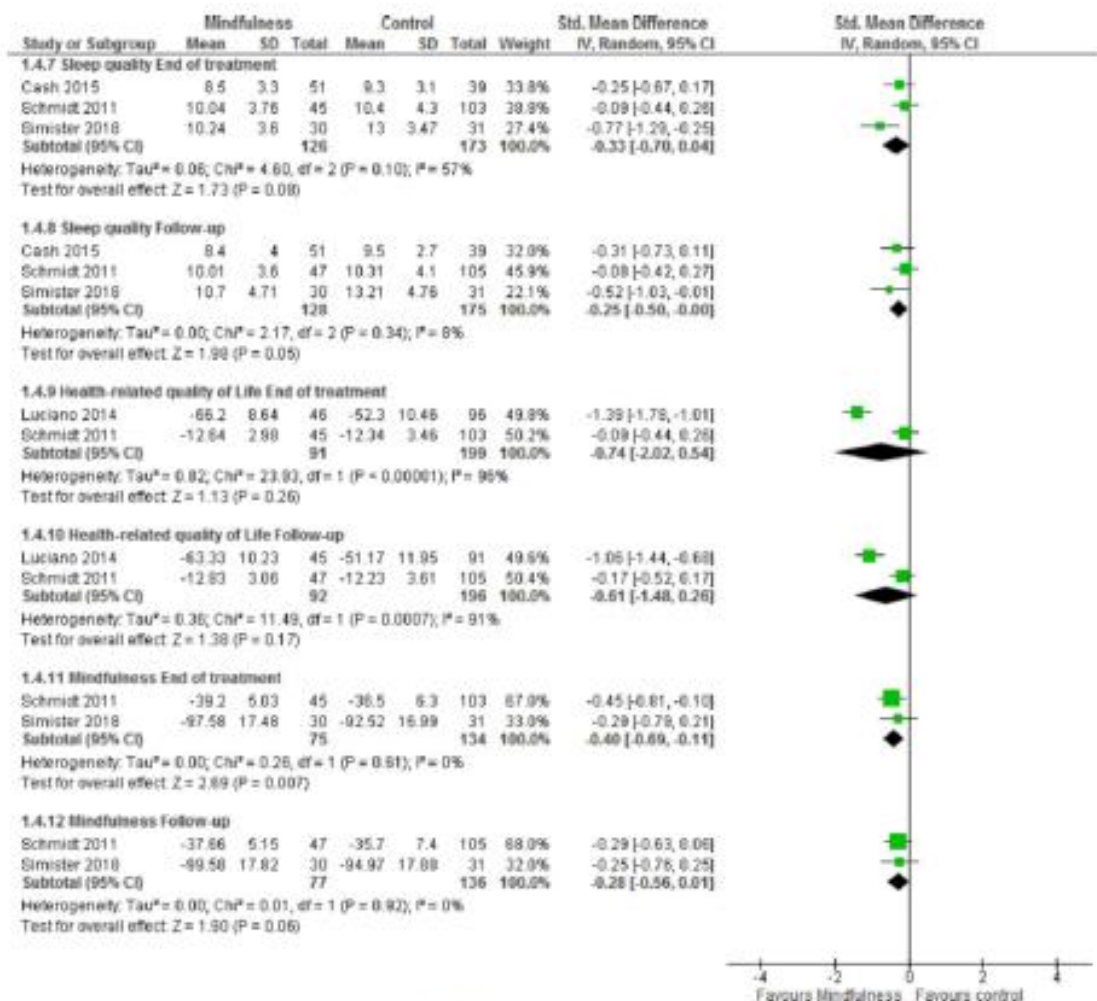


Fig 3. Forest plot for meta-analysis of effects of mindfulness- and acceptance-based interventions. Random-effects meta-analysis of effects of mindfulness- and acceptance-based interventions on sleep quality, health-related quality of life and mindfulness at end of treatment (8-weeks) and follow-up (2-6 months).

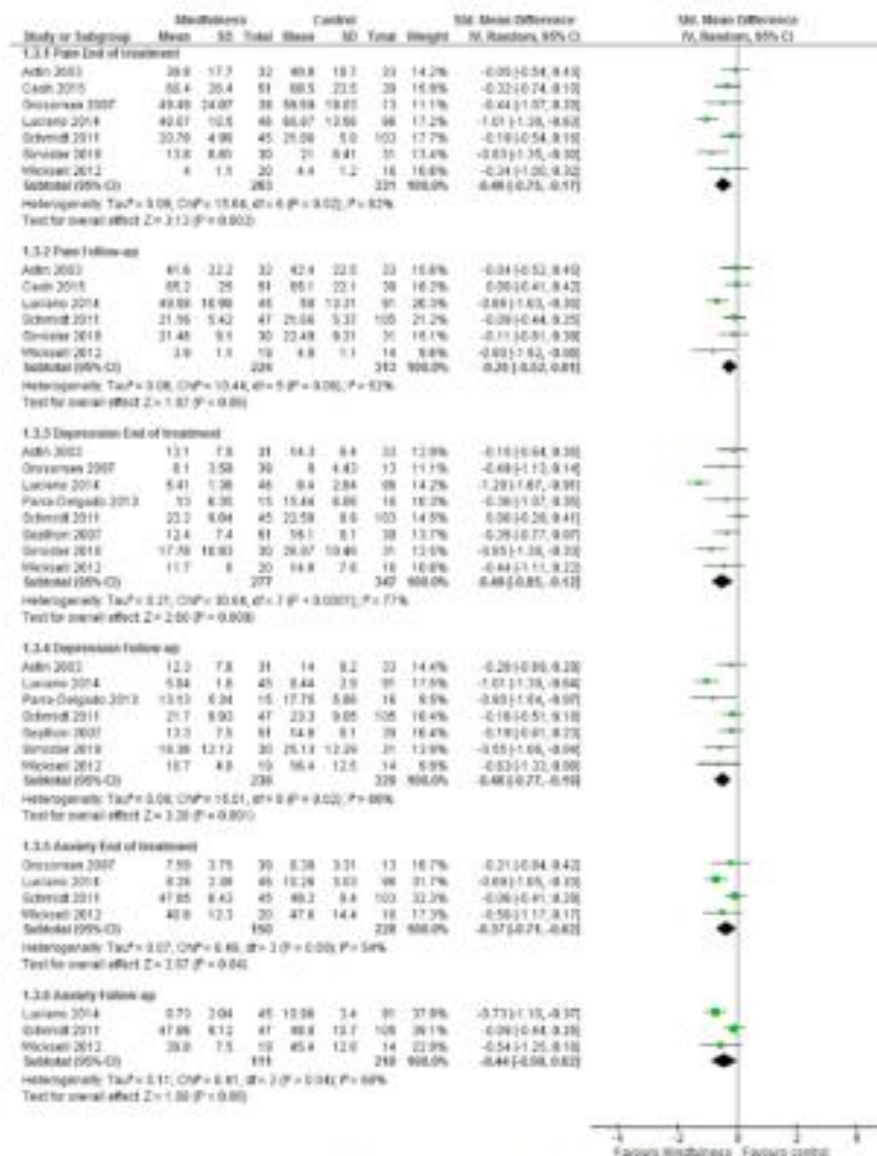


Fig 2. Forest plot for meta-analysis of effects of mindfulness- and acceptance-based interventions. Random-effects meta-analysis of effects of mindfulness- and acceptance-based interventions on pain, depression and anxiety at end of treatment (8-weeks) and follow-up (2-6 months).

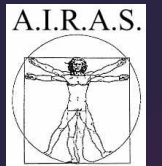
A randomized controlled efficacy trial of mindfulness-based stress reduction compared with an active control group and usual care for fibromyalgia

the EUDAIMON study

Pérez-Aranda, Adrián^{a,b,c,d}; Feliu-Soler, Albert^{a,b,c,*}; Montero-Marín, Jesús^e; García-Campayo, Javier^{c,f}; Andrés-Rodríguez, Laura^{a,b,c}; Borràs, Xavier^g; Rozadilla-Sacanell, Antoni^h; Peñarrubia-Maria, Maria T.^{i,j,k}; Angarita-Osorio, Natalia^{a,b,g}; McCracken, Lance M.^l; Luciano, Juan V.^{a,b,c}

PAIN: August 13, 2019 - Volume Articles in Press - Issue - p
doi: 10.1097/j.pain.0000000000001655

PAIN[®]
The Journal of the International Association for the Study of Pain



225 participants with FM were randomized into 3 study arms: MBSR plus treatment-as-usual (TAU), FibroQoL (multicomponent intervention for FM) plus TAU, and TAU alone.

- ▶ **The primary endpoint** was functional impact (measured with the FIQ Revised), and secondary outcomes included “fibromyalginess,” anxiety and depression, pain catastrophising, perceived stress, and cognitive dysfunction
- ▶ Mindfulness-based stress reduction was superior to TAU both at post-treatment (large effect sizes) and at follow-up (medium to large effect sizes)
- ▶ MBSR was also superior to FibroQoL post-treatment (medium to large effect sizes), but in the long term, it was only modestly better (significant differences only in pain catastrophising and fibromyalginess)

La fibromialgia si può curare!

- Il malato deve prendere coscienza della malattia
- Il medico deve programmare progetti terapeutici fattibili
- Il medico deve esporre le reali aspettative e condividerle con sincerità
- Collaborare insieme



Piccoli utili messaggi



- ❖ L'integrazione tra i vari trattamenti farmacologici e non-farmacologici deve assolutamente divenire un'opportunità allo scopo di raggiungere il miglior risultato possibile
- ❖ l'utilizzo di terapie complementari e alternative è frequente, ma solo per alcune esistono prove scientifiche di un certo interesse; il ricorso ad esse deve essere sempre attento ed adeguatamente valutato
- ❖ nel caso un paziente riferisca un beneficio da uno di questi trattamenti, la ripetizione ciclica può essere sempre consigliata



GRAZIE PER L'ATTENZIONE

