

RIA, 53 Years Old, Fibromyalgia & Reflex Sympathetic Dystrophy

Ria had been treated for Reflex Sympathetic Dystrophy, a syndrome that causes a burning, excruciating pain difficult to relieve even with narcotic medication. Over the past five years, however, she had developed a new, clearly different kind of pain — a dull and aching sensation in the muscles of her arms, hands, legs, and back. In less than a year, the pain had grown to the point that Ria had difficulty walking and had begun using a cane.

Medical Condition:

Fibromyalgia, Reflex Sympathetic Dystrophy

Ria is an example of the improvement we sometimes witness in women with fibromyalgia when their hormone balance is restored.

Following an automobile accident eight years earlier, Ria developed Reflex Sympathetic Dystrophy (RSD), a syndrome that causes a burning, excruciating pain difficult to relieve even with narcotic medication. Ria had undergone extensive evaluation and treatment by physicians who were experienced in managing RSD.

Two years following her RSD treatment, as she was going through menopause, Ria was placed on a standard cyclic hormone therapy with conjugated equine estrogen (Premarin) and progestin (Provera). Her menopausal hot flashes ceased, and she was sleeping better. Ria felt relieved that her concerns were finally being addressed, even though the pains from RSD continued.

Over the past five years, however, she had developed a new kind of pain, clearly different from the burning pain of RSD. Now she had a dull and aching sensation located in the muscles of her arms, hands, legs, and back. Intermittent sharper pains were accompanied by stiffness in her joints. In the past year alone, the pain had grown to the point that Ria had difficulty walking and had begun using a cane.

Understandably, Ria was becoming more and more discouraged about her health. She observed that the new pain had developed when she began her hormone therapy, and since she met the criteria for fibromyalgia, it seemed reasonable ask her doctors if a hormonal connection could be causing the problem.

But Ria was told there was no way to conduct tests for hormone levels; anyway, her hormone dose was fine because she was no longer experiencing hot flashes. Her doctors recommended physical therapy and anti-inflammatory medication—to be added to the pain medicine she was already taking for RSD. Ria's pain problems only got worse.

A friend told Ria about the work I was doing with women with fibromyalgia. Ria scheduled an appointment to have her hormone levels checked along with the other blood tests.

Ria was also having problems with weight gain, loss of energy, diminished libido, and restless sleep. She said she just didn't feel "like [her] old self." Ria and I spent an hour going over all that she had been through, her lab results, and her treatment options.

Even though she was taking estrogen, Ria's FSH was still too high in the menopausal range, and her estradiol level was markedly low (less than 30 pg/ml). Her current hormone therapy was clearly not giving adequate levels of the estrogen she needed.

Since she had experienced breast enlargement on the conjugated equine estrogen, I did not want to increase her dosage. I suggested she change to the native human form of estradiol (brand name Estrace), and that she dissolve the estradiol under her tongue instead of swallowing the oral tablet. I knew this would give her a better ratio of estradiol (E2) to estrone (E1). I believed this would help reduce her breast enlargement and weight gain, and still provide optimal levels of estradiol to help diminish her other symptoms.

At her first follow-up visit about two months later, Ria said she felt more energetic, was sleeping well again, and had gone down a bra size. She reported that she did not feel as bloated, her joints were not as swollen and painful, and that she had a better range of movement. Also, to her surprise, her overall pain seemed less intense. When she asked if this improvement could be related to her hormones, I answered yes—that this was the response I had seen in most of my patients, and that there is an important hormonal connection. We agreed that Ria would continue taking the same amount of Estrace, and that she would come back in two months to be rechecked.

Four months later, Ria returned for a follow-up visit. I hardly recognized her when she walked through the door. She looked happy and cheerful, walked more briskly, did not need her cane (although she still carried it), and had more normal, fluid body movements. I commented that I had not seen her in such a long while. I had begun to wonder if she had given up on her new hormone replacement therapy. She laughed and said:

"No, I was just feeling so much better, I forgot to call and make an appointment! After about two weeks after my last appointment, I got up one morning and realized that my joint and muscle pain was completely gone. At first, I was afraid to believe it, but after a few more weeks, I realized that the resolution of that part of my pain was very real, and it has not come back. The RSD pain is still there, but I can cope with that now that I don't have my joints and muscles hurting so bad all the time. I am even using less pain medicine for the RSD now."

Ria's whole countenance just radiated with her newfound release from joint pain and her happiness that she could now do more of the things she enjoyed. Even I was surprised by the marked improvement in her appearance and movements.

Ria talked about the anger she felt towards other physicians who had not taken her seriously when she asked about her pain and the possible link to hormonal changes. She had spent years suffering needlessly, while her ideas and insights were ignored. This is one of the reasons she readily agreed to have her story told. Through tears of frustration, she said: "Maybe other women who read this won't have to go through what I did."