

TWO ROOTS

Fibromyalgia

Support Guide

Fibromyalgia Syndrome

A comprehensive guide to understanding, managing, and finding support for fibromyalgia in Canada

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This guide is for educational purposes and does not constitute medical advice. Please work with your healthcare team for personalized support.

1 — What is Fibromyalgia: Understanding the Mechanism

To understand why fibromyalgia responds to the approaches in this guide — and why it is so often misunderstood — it helps to understand what is actually happening in the nervous system.

A disorder of central sensitization

Fibromyalgia is now well understood to be a disorder of central sensitization — a state in which the central nervous system becomes dysregulated in a way that amplifies pain signals. The nervous system, in effect, learns to turn up the volume on pain. Stimuli that would not cause pain in most people become painful. Stimuli that are mildly painful become intensely so. This is not imagined pain and it is not a psychological disorder. It is a measurable neurophysiological change in how the brain and spinal cord process sensory signals.

The 2012 Canadian Fibromyalgia Guidelines, developed by a multidisciplinary team including researchers from McGill University and the University of Calgary, formally recognized fibromyalgia as a condition rooted in pain dysregulation — distinct from inflammatory or structural conditions like arthritis, but equally real and equally deserving of treatment.

What drives central sensitization

Central sensitization in fibromyalgia does not arise from nowhere. It typically develops through a combination of factors over time:

Trauma and adverse experiences

Physical trauma, emotional trauma, and adverse childhood experiences are strongly associated with fibromyalgia onset. The nervous system's long-term response to sustained stress or threat can permanently lower pain thresholds.

Chronic stress and nervous system dysregulation

Prolonged activation of the stress response alters the nervous system's baseline. The HPA axis — the body's stress regulation system — becomes dysregulated, affecting pain processing, sleep, mood, and immune function.

Sleep disruption

Disrupted deep sleep both causes and perpetuates fibromyalgia. Stage 4 sleep (deep, restorative sleep) is where pain processing is regulated and tissue repair occurs. People with fibromyalgia consistently show abnormal sleep architecture.

Inflammatory processes and immune activation

While fibromyalgia is not an inflammatory condition in the traditional sense, low-grade neuroinflammation and immune dysregulation are increasingly identified as contributors to central sensitization and symptom burden.

Gut microbiome disruption

Emerging research consistently identifies gut dysbiosis in fibromyalgia. The gut-brain axis — the bidirectional communication between gut microbiome and central nervous system — plays a significant role in pain regulation, mood, and immune function.

Viral and infectious triggers

In some people, fibromyalgia begins following a viral illness or infection. COVID-19 has brought significant new attention to post-infectious pain syndromes, with significant overlap between fibromyalgia and Long COVID presentations.

Why the whole person must be addressed

Because central sensitization involves the nervous system, the gut, the immune system, sleep, and the cumulative history of the person — managing fibromyalgia effectively requires attending to all of these dimensions.

Approaches that target only pain in isolation, or that treat the condition as primarily psychological, consistently underperform. This is why the multidisciplinary, whole-person approach has the strongest evidence in fibromyalgia care.

2 — Symptoms and Co-occurring Conditions

Fibromyalgia presents with a wide range of symptoms that vary between individuals and fluctuate over time. The Canadian diagnostic criteria recognize more than 200 associated symptoms.

Core and associated symptoms

Widespread pain Diffuse musculoskeletal pain that has been present for at least three months and affects multiple areas of the body. The pain may be described as aching, burning, stabbing, or throbbing and can shift in location and intensity.	Fatigue Profound, unrelenting fatigue that is not relieved by rest. Distinct from ordinary tiredness — often described as an exhaustion that goes to the bone.
Sleep disturbance Non-restorative sleep is a hallmark of fibromyalgia. People may sleep for many hours but wake feeling unrefreshed. Alpha wave intrusion into deep sleep stages disrupts restorative function.	Cognitive difficulties Often called fibro fog — difficulties with memory, concentration, word-finding, and processing speed. Can be as disabling as the physical pain for many people.
Mood disorders Anxiety and depression are common in fibromyalgia, both as co-occurring conditions and as downstream effects of living with chronic pain and disrupted sleep.	Headaches Migraines and tension headaches are significantly more common in people with fibromyalgia, related to the same central sensitization that drives pain amplification broadly.
Gut symptoms Irritable bowel syndrome co-occurs in a majority of people with fibromyalgia. Bloating, cramping, alternating bowel habits, and nausea are common.	Sensory sensitivities Heightened sensitivity to light, sound, smell, and temperature. These reflect the same central amplification of sensory signals that drives pain.

Common co-occurring conditions

Fibromyalgia rarely occurs in isolation. The following conditions frequently co-occur and require attention alongside fibromyalgia management:

- Irritable bowel syndrome (IBS) — present in the majority of people with fibromyalgia
- Chronic fatigue syndrome / ME-CFS — significant symptom overlap; some researchers consider them part of a spectrum
- MCAS (Mast Cell Activation Syndrome) — increasingly recognized as a co-occurring condition
- POTS and dysautonomia — autonomic nervous system dysregulation frequently accompanies fibromyalgia
- Temporomandibular joint (TMJ) disorder
- Restless legs syndrome

- Anxiety and depression
- Migraine
- Interstitial cystitis / bladder pain syndrome
- Endometriosis — fibromyalgia is more common in people with endometriosis

3 — Seeking a Diagnosis in Canada

The good news about fibromyalgia diagnosis in Canada is that it does not require specialist confirmation and does not depend on laboratory tests. Canadian guidelines, developed in partnership between the Canadian Pain Society and the Canadian Rheumatology Association, explicitly recommend that fibromyalgia be diagnosed by primary care physicians based on clinical assessment — making the diagnostic pathway more accessible than for many other complex conditions.

How fibromyalgia is diagnosed

Fibromyalgia is diagnosed clinically — through a thorough history and physical examination — without any confirmatory laboratory test. The Canadian guidelines recommend diagnosis when:

- Diffuse body pain has been present for at least three months
- Pain affects multiple areas of the body
- Other conditions that could explain the symptoms have been reasonably excluded
- Symptoms of fatigue, sleep disturbance, cognitive changes, and mood difficulties are commonly present alongside pain
- Physical examination is within normal limits except for soft tissue tenderness — specific tender point counts are no longer required under the updated 2010 ACR criteria

Importantly, the Canadian guidelines recommend that fibromyalgia be treated as a positive clinical diagnosis — not a diagnosis of exclusion arrived at only after everything else has been ruled out. This represents a significant shift from older approaches that left many patients waiting years for a name for their experience.

Which specialists to seek

GP or primary care physician — your starting point

Canadian guidelines specifically recommend that fibromyalgia be diagnosed and managed primarily in primary care, not by specialists. Your GP can diagnose fibromyalgia, order relevant bloodwork to rule out other conditions, and coordinate your multidisciplinary care team. Begin here and bring a written symptom summary to your appointment.

Rheumatologist

A referral to a rheumatologist may be helpful if there is genuine uncertainty about whether an inflammatory condition such as rheumatoid arthritis or lupus is present. In Alberta, rheumatology referrals go through your GP. Alberta Rheumatology has clinics in Edmonton and Calgary with experience in fibromyalgia. Note that rheumatologists are no longer considered the primary managers of fibromyalgia — your GP and a pain specialist are often more appropriate.

Pain specialist / chronic pain clinic

Multidisciplinary chronic pain programs have some of the strongest evidence for fibromyalgia management. The Calgary Chronic Pain Centre is one of the largest in Canada. In Edmonton, the Chronic Pain Centre at the University of Alberta Hospital offers assessment and multidisciplinary programs. Referrals typically go through your GP and wait times can be significant — ask your GP to refer early.

Physiatrist (Physical Medicine and Rehabilitation)

Physiatrists specialize in function and rehabilitation and have significant expertise in fibromyalgia. They can coordinate physical therapy, occupational therapy, and functional rehabilitation. Available through referral in major Alberta centres.

Psychologist or psychiatrist

Psychological support is not because fibromyalgia is psychological, but because the nervous system dysregulation at its root is meaningfully addressed through mind-body approaches. Cognitive behavioural therapy adapted for chronic pain and acceptance and commitment therapy have good evidence. Available through referral or directly.

Sleep specialist

Given the central role of sleep disruption in fibromyalgia, assessment for sleep disorders — particularly sleep apnea, which can mimic and worsen fibromyalgia symptoms — is worthwhile. A sleep study can be ordered by your GP.

Bloodwork to rule out other conditions

The Canadian guidelines recommend the following blood tests to rule out conditions that can present similarly to fibromyalgia. Normal results on these tests, in the context of typical fibromyalgia symptoms, support rather than undermine the diagnosis:

Full blood count (CBC)

Rules out anaemia and blood disorders that can cause fatigue and pain.

Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP)

Inflammatory markers. Normal results help distinguish fibromyalgia from inflammatory arthritis.

Creatine kinase (CK)

Rules out muscle disease (myopathy) as a cause of muscle pain.

Thyroid stimulating hormone (TSH)

Rules out hypothyroidism, which can cause widespread pain, fatigue, and cognitive symptoms very similar to fibromyalgia.

Vitamin D

Not a diagnostic test for fibromyalgia, but vitamin D deficiency is extremely common in Canada and causes musculoskeletal pain and fatigue that compounds fibromyalgia symptoms.

Antinuclear antibody (ANA) — if warranted

Ordered if autoimmune conditions such as lupus are clinically suspected. Not routinely needed for fibromyalgia diagnosis.

A key point: normal bloodwork does not mean there is nothing wrong. In fibromyalgia, normal laboratory results are expected — and expected normal results in the presence of typical fibromyalgia symptoms should be understood as consistent with the diagnosis, not evidence against it. If you are being told that normal results mean you do not have a real condition, bring the Canadian Fibromyalgia Guidelines to your next appointment.

4 — Conventional Management

The Canadian guidelines and international evidence consistently show that fibromyalgia is best managed with a combination of non-pharmacological and pharmacological approaches. Non-pharmacological approaches — particularly exercise, sleep support, and psychological interventions — have the strongest evidence and should be the foundation of any management plan.

Non-pharmacological approaches — first line

Graduated aerobic exercise

The single most evidence-supported intervention for fibromyalgia. Low-impact aerobic exercise — swimming, walking, aqua therapy, cycling — has strong evidence for reducing pain, improving sleep, and lifting mood. The key is gradual progression: starting too intensely reliably worsens symptoms. Begin with as little as five to ten minutes and build very slowly over weeks and months.

Sleep hygiene and sleep support

Addressing sleep is often the highest-leverage intervention. Consistent sleep and wake times, a cool and dark sleep environment, limiting screens before bed, and avoiding caffeine in the afternoon are foundational. Where sleep disorders are suspected — particularly sleep apnea — assessment and treatment can dramatically improve fibromyalgia symptoms.

Multidisciplinary pain programs

Programs that combine medical management, physiotherapy, occupational therapy, psychology, and education have the strongest overall evidence in fibromyalgia. Calgary Chronic Pain Centre and the University of Alberta Chronic Pain Centre offer these programs. Ask your GP for a referral early — wait lists can be long.

Cognitive behavioural therapy for chronic pain (CBT-CP)

CBT adapted for chronic pain has good evidence for reducing pain severity and improving function in fibromyalgia. It addresses the thought patterns, behaviours, and nervous system responses that perpetuate pain. Available through psychologists and some pain programs.

Pacing and energy management

Learning to work within your current capacity — stopping before you feel you need to, resting proactively — is a skill that takes time but significantly reduces flare frequency and severity. Boom-and-bust activity patterns reliably worsen fibromyalgia over time.

Pharmacological approaches

Medications used in fibromyalgia management primarily address sleep, pain amplification, and mood. They are most effective when used alongside non-pharmacological approaches. No medication cures fibromyalgia or works for everyone.

Low-dose tricyclic antidepressants — amitriptyline

Amitriptyline at low doses (10-25mg at bedtime) is commonly prescribed for fibromyalgia to improve sleep quality and reduce pain. Often the first pharmaceutical tried and reasonably well tolerated at low doses. Available by prescription through your GP.

SNRIs — duloxetine (Cymbalta)

Duloxetine is the only Health Canada-approved medication specifically indicated for fibromyalgia. It addresses pain amplification and mood. Can cause nausea and other side effects, particularly at initiation. Available by prescription.

Pregabalin (Lyrica)

An anticonvulsant medication used for neuropathic pain that also has evidence in fibromyalgia. Helps reduce pain amplification. Side effects include drowsiness and weight gain. Available by prescription.

Cyclobenzaprine

A muscle relaxant used at low doses for sleep and pain. Has evidence in fibromyalgia, particularly for sleep quality improvement. Available by prescription.

Tramadol

A weak opioid sometimes used for fibromyalgia pain. Standard opioids are generally not recommended for fibromyalgia as they can worsen central sensitization over time.

5 — Self-Management Approaches

Fibromyalgia management is genuinely participatory — what you do daily has more impact on your symptoms than any single treatment. The approaches below complement medical management and build the nervous system resilience that underlies lasting improvement.

Nervous system and lifestyle

Nervous system regulation

Because fibromyalgia is rooted in nervous system dysregulation, practices that directly support nervous system regulation are among the most impactful self-management tools available. Slow diaphragmatic breathing, vagal toning practices (humming, cold water exposure, yoga), somatic therapies, and time in nature all have meaningful evidence for reducing central sensitization over time.

Heat therapy

Warm baths, hot water bottles, heating pads, and saunas provide meaningful pain relief for fibromyalgia. Epsom salt baths, which provide transdermal magnesium absorption, are widely used and often helpful. Heat relaxes muscle tension and supports sleep when used before bed.

Gentle movement practices

Tai chi, qi gong, yoga, and aqua therapy have specific evidence in fibromyalgia — stronger than for most chronic pain conditions. These practices combine gentle movement with nervous system calming and breathwork, addressing multiple mechanisms simultaneously.

Stress management

Chronic stress perpetuates central sensitization. Stress management is not a luxury in fibromyalgia — it is a clinical priority. Mindfulness-based stress reduction (MBSR) has specific evidence for fibromyalgia and is available online and in many Canadian cities.

Dietary support

An anti-inflammatory whole foods diet reduces systemic inflammation and gut dysbiosis, both of which contribute to fibromyalgia symptom burden. Some people with fibromyalgia find meaningful benefit in reducing or eliminating gluten, refined sugar, and processed foods — responses are individual and elimination should be systematic.

Tracking symptoms and triggers

Understanding your personal pattern of flares — what triggers them, what eases them, how they progress — gives you power over the condition. Apps such as Bearable or a simple written diary both work well.

6 — Nutritional Supplements

The following supplements are commonly used in fibromyalgia management and have varying levels of evidence. Introduce new supplements one at a time and monitor carefully. Inform all of your healthcare practitioners of everything you are taking.

Most commonly used and evidenced

Magnesium glycinate or malate

Magnesium deficiency is commonly found in fibromyalgia and plays a role in muscle function, nervous system regulation, and sleep. Magnesium glycinate is well absorbed and gentler on the gut. Magnesium malate is preferred by some for its specific support of muscle energy production. Start with 200-300mg at bedtime.

Vitamin D

Deficiency is common in Canada and causes musculoskeletal pain and fatigue that worsens fibromyalgia. Have your level tested — optimal for pain and immune function is generally 100-150 nmol/L. Supplementation of 2000-4000 IU daily is commonly needed to reach optimal levels in northern climates.

Coenzyme Q10 (CoQ10)

Has evidence for reducing fatigue and pain in fibromyalgia, likely through its role in mitochondrial energy production. Deficiency has been found in fibromyalgia patients. Ubiquinol form is better absorbed.

Omega-3 fatty acids

Anti-inflammatory and important for nervous system function. Fish oil or algal omega-3. Some evidence for pain reduction in fibromyalgia. Choose molecularly distilled, fresh products to minimize oxidation.

B vitamins — B12 and folate

Support nervous system function and energy metabolism. Methylated forms (methylcobalamin, methylfolate) are better absorbed by many people, particularly those with MTHFR gene variants which are more common in fibromyalgia.

5-HTP (5-hydroxytryptophan)

A precursor to serotonin with some evidence for improving sleep, pain, and mood in fibromyalgia. Use with caution if taking antidepressants — discuss with your physician or pharmacist before using.

Melatonin

Has evidence for improving sleep quality and reducing pain in fibromyalgia beyond its role in sleep onset. Start low (0.5-1mg) — higher doses are not more effective for most people and can disrupt natural melatonin production.

7 — Tracking, Care Coordination, and Trusted Resources

Working with your care team

Fibromyalgia is best managed by a coordinated team. Ideally this includes your GP, a pain specialist or physiatrist, a physiotherapist, a psychologist, and where appropriate a rheumatologist and sleep specialist. Always share your full medication and supplement list with all practitioners. Ask your GP to coordinate communication between your team.

Bring the Canadian Fibromyalgia Guidelines (fmguidelines.ca) to appointments where you feel your diagnosis or care is being questioned. These are peer-reviewed, evidence-based Canadian clinical guidelines — they are a legitimate tool for self-advocacy.

Trusted resources

Fibromyalgia Association Canada (FAC)

Canada's primary patient organization for fibromyalgia. Provides patient education fact sheets, information on federal benefit programs available to Canadians with fibromyalgia, support group directories, and advocacy resources. Strongly recommended for Canadian patients.

fibrocanada.ca

Canadian Fibromyalgia Guidelines

The official Canadian clinical guidelines for diagnosis and management of fibromyalgia, developed by a multidisciplinary team including researchers from McGill University and the University of Calgary. Essential reading for both patients and practitioners.

fmguidelines.ca

Fibromyalgia Support Network (FSN)

A volunteer-driven peer support organization with national and international reach. Offers community connection for people with fibromyalgia in Canada, the USA, and UK.

fibrosupportnetwork.ca

National ME/FM Action Network

A Canadian charitable organization dedicated to both ME-CFS and fibromyalgia. Provides advocacy, research summaries, and patient education resources including downloadable information sheets.

mefmaction.com

Alberta Rheumatology — Fibromyalgia

Alberta-specific information on fibromyalgia from Alberta Rheumatology, including details on the Edmonton Fibromyalgia Education Program.

albertarheumatology.com/fibromyalgia

Bearable App

A symptom tracking app well suited to complex, fluctuating conditions like fibromyalgia. Allows logging of pain, fatigue, sleep, mood, food, and medications with pattern analysis.

bearable.app

Two Roots offers clinical herbal medicine and homeopathic support for people navigating fibromyalgia and other complex chronic conditions. Consultations are available in person in Perryvale, Alberta, and by telehealth across Canada. Custom formulations are prepared and shipped nationally. If you would like to explore what an integrative approach can offer for your specific picture, visit tworoots.ca or reach out to Natalie directly.

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