Fibromyalgia can cause widespread pain, tiredness and problems with sleep, memory or concentration. Symptoms may come and go, and they can affect everyday life in ways that are not always visible to other people. There is no single treatment that works for everyone, and there is currently no cure. NHS care usually aims to help you manage symptoms, stay as active as you can and improve your quality of life.

Treatment may include regular exercise, support to manage the effects of pain, and sometimes medicines. Some people may also be offered acupuncture in certain circumstances. The right plan depends on your symptoms, health and preferences, so it is worth discussing options with a GP or another health professional.

What is fibromyalgia?

Fibromyalgia is a long-term condition associated with widespread pain and increased sensitivity to pain. People may also experience fatigue, unrefreshing sleep, headaches, stiffness, low mood, anxiety or “fibro fog” — difficulties with concentration and memory. Symptoms vary between people and may change over time.

There is no single test that confirms fibromyalgia. A clinician will usually ask about your symptoms, examine you and may arrange tests to check for other possible causes. This matters because pain and fatigue can have many explanations, and having one condition does not automatically rule out another.

Women are more likely than men to be diagnosed with fibromyalgia, and women also experience chronic pain from many other causes. That does not mean pain should be dismissed as “just hormones” or assumed to be fibromyalgia. It is important to look at the full picture, especially if symptoms are new, changing or affecting your ability to function.

Why other causes of pain should be considered

Endometriosis and delays in diagnosis

Endometriosis can cause pelvic pain, painful periods, pain during or after sex, and bowel or bladder symptoms. It can take a long time for some people to get a diagnosis. A delay may mean years of managing pain without the right support, and the effects can reach beyond physical symptoms — including work, relationships, sleep and mental wellbeing.

Some people with endometriosis may also have widespread pain or fatigue. These symptoms deserve attention in their own right. If pelvic pain or period-related symptoms are a significant part of your experience, tell your GP rather than assuming they are explained by fibromyalgia. You can also ask what the next step is if symptoms continue or initial treatment does not help.

Menopause symptoms are not only hot flushes

Menopause and perimenopause can involve sleep problems, low mood, anxiety, joint or muscle aches, changes in concentration, and fatigue — as well as hot flushes and night sweats. These symptoms can overlap with fibromyalgia, and both may be present at the same time.

If you think menopause could be contributing, mention it during an appointment. A clinician can talk through symptom management and whether menopause-related care is appropriate. Avoid stopping or starting

prescribed treatments without getting advice, particularly if you take other medicines or have health conditions.

NHS first-line approaches to fibromyalgia

NHS treatment is usually tailored rather than following a strict step-by-step pathway. A GP may help coordinate your care, discuss self-management and consider whether you would benefit from other services. You may need to try different approaches, and improvements can be gradual.

Approach What it may involve Points to discuss Exercise and activity Gentle, regular movement, built up at a manageable pace Start small and adapt the activity to your symptoms and ability Talking therapies Support such as CBT or acceptance and commitment therapy (ACT) These aim to help with the impact of pain, not to suggest pain is imaginary Medicines A clinician may discuss options for particular symptoms Benefits and side effects vary; review is important Acupuncture in some cases A time-limited course may be considered for chronic primary pain Suitability and local availability vary; ask about evidence and cost

Regular exercise for fibromyalgia

Regular exercise is one of the main approaches recommended for fibromyalgia. It may help with fitness, mobility, sleep and general wellbeing. Exercise does not mean pushing through severe pain or aiming for a particular level of performance. The aim is to find movement you can repeat and gradually adapt.

If you have been inactive or are worried that movement will trigger a flare, begin gently. That might mean a short walk, simple stretches or a few minutes of low-impact activity. Increase duration or intensity slowly, and allow time to recover. Some people find that pacing — balancing activity with rest and avoiding the “do everything on a good day” cycle — helps them keep a steadier routine.

There is no one best exercise for everyone. Walking, cycling, water-based activity, mobility exercises or a tailored programme may suit different people. A GP or physiotherapist can help you think about a safe starting point, particularly if you have another condition or movement is difficult. If an activity causes a marked or prolonged increase in symptoms, adjust the plan and seek advice rather than assuming you have failed.

Talking therapies: CBT and acceptance and commitment therapy

Cognitive behavioural therapy (CBT) and acceptance and commitment therapy (ACT) may be offered as part of support for ongoing pain. ACT can help people make room for difficult thoughts and feelings while taking steps medical cannabis uk towards activities and values that matter to them. CBT may help identify unhelpful patterns and develop practical ways to cope.

These therapies do not mean that pain is “all in your head”, nor do they replace medical care. Pain is real. Psychological support can be one part of a broader plan to reduce the way symptoms disrupt daily life. Access may be through NHS services, including local psychological therapies or pain services, depending on the area and your needs.



Medicines: what might be discussed?

There is no medicine that cures fibromyalgia. A clinician may discuss medicines to help with particular symptoms, such as pain, sleep or mood. Options sometimes used include certain antidepressants or medicines that affect nerve pain. The choice depends on your circumstances, other medicines and possible side effects.

Medicines do not work for everyone, and some can cause problems such as drowsiness, dizziness or other unwanted effects. If a medicine is offered, ask what it is intended to help, how long to try it, what side effects to look out for and when it should be reviewed. Do not stop a regular medicine suddenly without checking with the prescriber or pharmacist.

Strong painkillers, including opioids, are not a straightforward long-term answer for fibromyalgia. If you are taking them, or are considering them, ask for a careful review of the benefits, risks and alternatives. Your GP or pain team can help you make changes safely if needed.

Acupuncture in some cases

Acupuncture may be considered in some cases for chronic primary pain. NICE guidance says a single course can be considered, taking account of the person's preferences and circumstances. Whether it is available through the NHS can vary locally, and it is not a guaranteed treatment or a cure for fibromyalgia.

If you are thinking about acupuncture, ask a clinician whether it is suitable for you and what to expect. If you choose a practitioner privately, check their qualifications and hygiene standards, and discuss any relevant health conditions or medicines beforehand.

What referral pathways might look like

Many people start by speaking to a GP. The GP may review symptoms and possible causes, arrange tests where appropriate, discuss treatment and help coordinate follow-up. Depending on local services and your needs, they may suggest physiotherapy, a pain management service, psychological support or another specialist.

A referral is not always necessary to begin self-management or exercise support, and not everyone with fibromyalgia needs to see a specialist. But if the diagnosis is uncertain, symptoms are changing, treatment has not helped, or another condition may be involved, ask what further assessment is appropriate. You can ask for the reason behind a referral decision and what to do if your symptoms worsen while waiting.

Preparing for a GP appointment

It can be hard to explain fluctuating symptoms in a short appointment. A brief symptom record may help you and the clinician spot patterns and identify what matters most. You could note pain, sleep, fatigue, activities that help or worsen symptoms, and any period, pelvic or menopause-related symptoms.

- Write down your main concerns and the change you would most like help with.
- List medicines and supplements you take, including how often you use them.
- Describe how symptoms affect work, caring responsibilities, sleep or daily tasks.
- Ask what the proposed treatment is for, when it will be reviewed and what to do if it does not help.
- If you feel your concerns have not been addressed, ask for the next steps or arrange a follow-up.

Online eligibility check and private video consultation

An **online eligibility check** can be a convenient way to see whether a service may be relevant to you. It is not a diagnosis and cannot replace an assessment by a qualified clinician. Check what information is collected, how it is used and whether the service is suitable for your symptoms before continuing.



A **private video consultation** may offer another way to speak with a clinician, particularly if getting to an appointment is difficult. Before booking, check the clinician's registration, the consultation fee, what follow-up is included and how the service works with your NHS care. A video appointment may not be suitable for every concern, and a clinician may still recommend an in-person examination or NHS assessment.

When to seek urgent help

Fibromyalgia can cause difficult symptoms, but new or severe symptoms should not automatically be attributed to it. Seek urgent medical advice for sudden severe pain, new weakness, loss of sensation, chest pain, breathing difficulty, or other symptoms that feel alarming or rapidly worsen. Call 999 for a life-threatening emergency. For urgent concerns that are not life-threatening, contact NHS 111 or your GP practice for advice.

The takeaway

NHS approaches to fibromyalgia commonly include regular exercise, support with pacing and self-management, and talking therapies such as CBT or acceptance and commitment therapy. Medicines may be discussed for specific symptoms, while acupuncture in some cases may be an option for chronic primary pain. The best plan is individual, and it is reasonable to ask for review if symptoms persist or your needs change.

Finally, widespread pain should not prevent clinicians from considering other explanations. Endometriosis, menopause symptoms and fibromyalgia can overlap, and more than one issue may be affecting your wellbeing. Share the full picture with a health professional and ask how your care will be followed up.