

New Patient Evaluation of Kathryn Denise Lomas BD 3/3/78
April 17, 2015

Reason for Visit: Kathryn has fibromyalgia. She would like my guidance on how to improve her quality of life.

Past Medical History:

1. Age 11—severe fatigue, all over body aches, weakness and joint pain and every joint in her body. Even though she did not have a history of tick exposure or rash Kathryn was diagnosed with Lyme disease and went on years of antibiotics, cortisone injections and anti-inflammatory medications without improvement in symptoms.
2. Asthma since childhood
3. Age 11-22—Kathryn received cortisone injections in the attempt to help with joint pain. She was unable to exercise due to symptoms and developed depression and gained a significant amount of weight. Fatigue, body aches and joint pains continue during that time. Multiple bladder infections.
4. Age 22—reached weight of 226 pounds and had a gastric bypass. All symptoms continued but she felt better with the weight-loss
5. Age 23—current day—all symptoms as mentioned above, however “trigger points” in neck, shoulders and arms are severe. At times other “trigger points” are painful throughout the body. Joints ache. Sensitive to light and sound. Multiple bladder infections. Brain fog and confusion. Problems vocalizing words – even though she knows them. Problems with suddenly forgetting a word or what she was going to say or where she’s parked. At times feeling isolated and depressed because of extreme fatigue and in too much pain to do anything more than having to get through her workday. Hormonal acne. Diagnosed with fibromyalgia by a rheumatologist and placed on Savella with a severe adverse reaction. Nuvigil also caused a severe reaction. Both medications were stopped. She takes Flexeril for severe widespread body pain but this leaves her sedated in the mornings. Since November Kathryn has noted increased ankle swelling and swollen joints (this past week).
6. History of Raynaud’s disease

Results of recent blood tests: to be forwarded to me

Sleep study (done approximately 6 months ago) showed no sleep apnea

Medications: Guaifenesin 300mg every 12 hours, Cyclobenzaprine 10mg po qhs, Epiduo gel, Tri-Sprintec

Supplements: Zyrtec-d 1 per day, Benedryl po qhs, Advil pm

Allergies: NKDA Kathryn has pollen allergies

Dietary restrictions: eats small meals throughout the day and limits sugar and foods that

do not “agree” with her

Habits: 2 bottles of 5 hour energy/day, denies alcohol, cigarettes or drug use

Significant weight change in the last year or so? Yes gained 20 pounds in the past 5 years

Work limitations? Yes, but Kathryn tries not to focus on her pain and fatigue and pushes through her workday. She states that brain fog is probably the worst to deal with because it's difficult to disguise — especially in meetings.

Exercise limitations? Yes, Kathryn states that the amount she exercises varies depends on how she's feeling. She's had times that she would exercise five times a week and then go months without exercising. She has had to cut down on exercise due to fibromyalgia symptoms and ankle and knee issues.

Family members diagnosed with fibromyalgia related conditions? Yes, Kathryn's mother has fibromyalgia

Current five most bothersome symptoms:

1. Trigger point/body pain—severe. Most intense pain in neck, shoulders and arms
2. Low energy
3. Joint pain
4. Brain fog

Answers to the fibromyalgia questionnaire: when Kathryn was asked questions regarding symptoms common in people with fibromyalgia, she answered “yes” having fatigue, nervousness, depression, non restorative sleep, impaired concentration and memory, anxiety, sugar craving, hunger tremors, history of possible panic attacks, sweating and palpitations when hungry, must eat frequently or becomes sweaty, nauseous, and has mental confusion, frontal headaches (about once/week), occasional dizziness, eye irritation, nasal congestion, leg cramps, nausea, gas, bloating after eating, dysuria, bladder infections, vulvodynia, weight changes, skin sensations (finger tips burning), sensitivities to bright lights and loud sounds, allergies, and widespread body pain.

Physical exam: Kathryn was alert and oriented throughout the entire physical exam. She had good skin color and tone. She had 49 nodules consistent with a diagnosis of fibromyalgia, using the mapping technique pioneered by fibromyalgia expert Dr. Paul St. Amand, Associate Professor at Harbor UCLA Medical Center. She had severe muscle spasm in her back. I noted slight edema of her hands and edema of her left lower leg. I did not appreciate any joint swelling, redness or tenderness. She had widespread tenderness to palpation.

Assessment:

1. Fibromyalgia—with chronic widespread pain, non-restorative sleep, fatigue, and a number of other symptoms such as leg cramps, dizziness, intestinal issues, and chronic headaches, Kathryn easily meets the diagnostic criteria for fibromyalgia. Her fibromyalgia symptoms are severe and progressive despite medical management. Her long hours at work (on the computer and in meetings) are taxing her overstressed system.
2. Carbohydrate intolerance—it is well known that fluctuating blood sugar is a medical condition that affects many people, but Dr. St. Amand the first to discover increased incidence of this condition in people with fibromyalgia. Dr. St. Amand found that 40% of patients with fibromyalgia have a tendency for fluctuating blood sugar when they eat certain types and certain amounts of carbohydrates. When these patients eat certain of carbohydrates in a vain attempt to increase energy, the blood sugar initially rises, then falls dramatically due to an exaggerated insulin response. This dramatic decrease in blood sugar can trigger the release of adrenaline causing such acute symptoms as anxiety, severe sleep disturbance, tremors, faintness, and frontal headache for pressure. The chronic

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affects of this abnormal blood sugar response includes fatigue, insomnia, nervousness, depression, numbness, ringing ears, gas, abdominal cramps, diarrhea, impaired memory and concentration, and a host of other symptoms. The symptoms caused by fluctuating blood sugar add to the symptoms of fibromyalgia making these "the sickest of our patients. For them dietary modification is not merely a good idea, it's mandatory."1 Kathryn has the classic signs and symptoms of carbohydrate intolerance with a history of sugar craving, weight gain, sweating, palpitations and panic attacks when hungry, needing to eat frequently, and symptoms of sweating/nausea/mental confusion when very hungry.

Plan:

1. Fibromyalgia—I recommend Kathryn reduce her work to half time for 6 month in order to stop the downward spiral of her severe fibromyalgia symptoms, and give her time to institute the following medical treatments. If she does not improve in these 6 months she may need to go on medical leave. Kathryn has read What Your Doctor May Not Tell You About Fibromyalgia by Dr. Paul St. Amand, my favorite general review of fibromyalgia and it's various treatments. She has started on the guaifenesin protocol. This safe over the counter medication has been used successfully to decrease fibromyalgia symptoms in thousands of patients over the past 25 years. I recommend Kathryn continue on 300mg every 12 hours and follow up with me in 2 months. In my experience patients who make good progress on the guaifenesin protocol can expect to feel markedly better after one year of treatment.
2. Carbohydrate Intolerance—Dr. St. Amand has designed a food plan that helps keep the blood sugar steady in fibromyalgia patients with carbohydrate intolerance. This is the only food plan designed specifically for the fibromyalgia patients based on foods that help relieve their symptoms. I provided Kathryn with a handout of foods allowed and not allowed on the diet. I recommend she read chapter 6 of Dr. St. Amand's book, slowly wean off the 5 Hour Energy and begin the liberal hypoglycemic diet. It is not unusual for patients to have increased symptoms during the first week of the diet but after two weeks most patients have decreased pain, increased energy, more stable mood, and slightly improved sleep – all without supplements and medications! It is important that Kathryn have a high-protein/fat snack (such as nuts, meat or cheese) before she goes to bed in order to keep her blood sugar steady throughout the night. Caffeine is a major problem, because not only does it cause increased insulin release, which drives the blood sugar down even farther, but caffeine binds to adenosine receptors in the brain (adenosine is a natural sedative that increases restful sleep) preventing natural adenosine release. Once Kathryn is off caffeine the HG foods she will be eating will give her energy naturally.

In my experience the three "game changers" in fibromyalgia recovery are 1) eating foods that help you feel well – the HG diet in Kathryn's case 2) clearing well on the guaifenesin protocol—which Kathryn has already started and 3) getting consistent aerobic exercise—I have advised Kathryn to slowly start an exercise program building up to getting 20 minutes of aerobic activity at least four times a week.

Kathryn might also consider decreasing her dose of Flexeril at bedtime to decrease morning sedation (she should wait until she has been on the HG diet for 2 weeks before attempting this), and see if she can switch to Zyrtec without the decongestant as decongestants can cause drowsiness.

Kathryn is to forward her lab results to me: CBC (to check for anemia), metabolic panel (to check liver and kidney function), thyroid function tests (to check thyroid function), vitamin D and vitamin B12 levels, sed rate/CRP. I also recommend Kathryn have an IGeneX panel to make sure she does not currently have Lyme disease.

It was a pleasure to meet this bright hard working young woman and I look forward to helping her on the road to improved health.

Sincerely,

Melissa Congdon MD

1What Your Doctor May Not Tell You About Fibromyalgia, Paul St. Amand, May 2012,
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