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New Fibromyalgia Findings: What are the Experts Saying?

Announcer:
You're listening to Conference Coverage on ReachMD, captured on location at the Congress of Clinical Rheumatology's Annual Meeting in Destin, Florida. Your host is Dr. Madelaine Feldman, Clinical Associate Professor of Medicine at Tulane University Medical School and Vice President of the Coalition of State Rheumatology Organizations.

Dr. Feldman:
This is Dr. Madelaine Feldman. I am here with Dr. James Lipstate at the Congress of Clinical Rheumatology, and he has just come out of the lecture: Microglia, New Targets in the Treatment of Fibromyalgia, given by Jarred Younger.

Dr. Lipstate, what are some of the pearls that you sort of took away from this lecture?

Dr. Lipstate:
Very interesting lecture, because we all struggle in understanding fibromyalgia, and Dr. Younger seems to be one of the first investigators I'm aware of who is actually investigating this on a scientific basis. His research suggests that one of the problems in fibromyalgia has to do with microglia in the brain.

Dr. Feldman:
What role did Dr. Younger suggest that the microglia play in fibromyalgia?

Dr. Lipstate:
Well, when they become hypersensitized, it can set up an inflammatory response in the brain. He had some research showing, for example, that the temperature in the brain goes up, and somebody asked him—their fibro patients complained about feeling cold all the time. He thought that might be a compensatory mechanism for an overheated brain. I thought that was fascinating.

Dr. Feldman:
Wow, that's really interesting.

Dr. Lipstate:
Then therapeutically, he presented research showing that low-dose naltrexone has effects on the microglia but without affecting the mu opioid system, which is important for endorphins in the brain to have a pain-relieving quality.

Dr. Feldman:
Isn't naltrexone in higher doses used for something else?

Dr. Lipstate:
Yes, it's used to block the effects of opioids, so that's why it has to be a compounded and basically a tenth of the dose that's typically used, for example, in somebody who's addicted to morphine to help them stay off the drug.

Dr. Feldman:
Thank you very much, Dr. Lipstate, for giving us the highlights of a very interesting talk.

Announcer:
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