



PATIENT FACT SHEET

Amplified Musculoskeletal Pain Syndrome (AMPS)



CONDITION DESCRIPTION

Amplified musculoskeletal pain syndrome (AMPS) is an umbrella term for non-inflammatory musculoskeletal pain. Other names you might hear are: juvenile fibromyalgia syndrome, chronic musculoskeletal pain [CMP], chronic widespread pain [CWP], reflex sympathetic dystrophy [RSD], reflex neurovascular dystrophy [RND] or myofascial pain. AMPS is most commonly seen in childhood and adolescence, and most commonly affects pre-adolescent and adolescent girls. Several studies have

noted an average age ranging from 11.5 to 15 years. AMPS is thought to be almost nonexistent in children under 4 years of age.

The exact cause of AMPS is not well understood; however, the most current research suggest that this chronic non-inflammatory pain condition is the result of malfunction or disordered response and over amplification of the pain signal by the central nervous system and peripheral nervous system.



SIGNS/ SYMPTOMS

Common symptoms may include, but are not limited to, headaches, abdominal pain, dizziness, arthralgias and tachycardia. About 70% of patients with AMPS may have allodynia, a painful sensation in response to non-painful touch. Patients may also face disproportional physical dysfunction, which may include the inability to bear weight or handle the touch of other people, clothing or bedding. Patients may feel fatigued, and may have difficulty falling asleep, or staying asleep, and wake up without any feeling of refreshment.

Anxiety and/or depression may be common, and should be considered in all newly diagnosed patients. Stress plays a role in triggering AMPS and stressors should be routinely evaluated. Some neurologic symptoms [symptoms involving the brain, spine or nerves] that are not explained by a physical disorder may occur. This can include shaking, paralysis, blindness, non-epileptic seizures and conversion gait.



COMMON TREATMENTS

The goal of AMPS treatment is to return the child to normal daily function by minimizing pain, restoring normal sleep and mood and decreasing any negative impact that the pain syndrome may have on health-related quality of life. In order to do this, diagnosis of the primary and secondary causes is important and may involve referral to other specialists, such as psychologists, and physical and occupational therapists. This team approach to pain management is an important part of AMPS treatment.

Treatment of AMPS consists of pain management without medications. Treatments may involve cognitive

behavioral therapy, physical and occupational therapy, regular aerobic (cardio) exercise and focusing on stress reduction. Since AMPS can often affect the entire family, family counseling is frequently recommended. As a pain management recommendation, gradually increase exercise programs, regular daily activity in the form of functional aerobic training, desensitization for allodynia and psychotherapy. There are in-patient and out-patient treatment centers around the country who work daily with patients who have severely debilitating AMPS; these therapy sessions can be up to six hours in duration.



CARE/ MANAGEMENT TIPS

Once a diagnosis of AMPS has been made, the child is recommended to participate in normal activities, attend therapy sessions and gradually return to a normal schedule. If your child is missing large amounts of school, work with your medical provider and the administration of your school to make sure that catch up material is provided and set up a plan for the return to a full day of school. Often, even if your child is not able to

absorb every word that is being taught, going to school, interacting with friends and gradually building endurance is a key component of returning to school.

Lastly, it is important to recognize that the pain that your child is experiencing, while not dangerous, it is very real. Validation of the pain is an important part of working to eliminate it and the child must recognize that he is an important part of the treatment team.