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.

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.

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.

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