Annals of the Rheumatic Diseases, 1985; 44, 752–753

Imipramine for the treatment of fibrositis: a therapeutic trial

A J WYSENBEEK, F MOR, Y LURIE, AND A WEINBERGER

From the Department of Internal Medicine B and the Rheumatology Unit, Beilinson Medical Center, Petah Tiqva and the Sackler Faculty of Medicine, University of Tel Aviv, Ramat Aviv, Israel

SUMMARY Twenty fibrositic patients were treated with imipramine 50–75 mg/day. Only two patients responded favourably. Nineteen patients stopped therapy during the initial three-month period: 14 of them due to lack of response, while two of these concomitantly disclosed side effects. The additional five patients stopped therapy mainly due to side effects, while only one of them improved with therapy. One patient, only, improved and adhered to therapy for more than three months.

Key word: tricyclic antidepressive agents

Fibrositis is a chronic disease characterised by muscular aches with local point tenderness, stiffness, disturbed sleep, and normal laboratory and radiological results. Disturbance in non-REM (rapid eye movement) sleep pattern has been postulated as the aetiology of the disease.

Various therapies have been suggested for fibrositis, such as reassurance and explanation, local heat and massage, local injections, therapy with non-steroidal anti-inflammatory drugs (NSAIDs), and therapy with phenothiazines and tricyclic antidepressants. These psychotrophic drugs are known to facilitate non-REM deep sleep pattern and thus were suggested as beneficial for the treatment of fibrositis. Moldofsky describes the use of chlorpromazine for treatment of fibrositis, and various other authors point out the use of tricyclic antidepressants for this disease. Yet we could not find a study detailing the efficacy of this therapy. Therefore, we decided to investigate the influence of imipramine, a tricyclic drug, on fibrositic patients.

Materials and methods

Patients were defined as having primary fibrositis according to the criteria described by Smythe. Patients had widespread aching and stiffness of

<table>
<thead>
<tr>
<th>Duration of therapy</th>
<th>No of patients</th>
<th>Lack of response</th>
<th>Side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 week</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>1-4 weeks</td>
<td>7</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>1-3 months</td>
<td>7</td>
<td>6</td>
<td>1+1*</td>
</tr>
<tr>
<td>&gt;3 months</td>
<td>1*</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

*Responded favourably to therapy.

Accepted for publication 9 April 1985.
Correspondence to Dr A J Wysenbeek, Beilinson Medical Center, Sackler School of Medicine, Tel-Aviv University, 49 100 Petah-Tiqva, Israel.

752
patients, one to five years in five patients, six to 10 years in eight patients, and more than 10 years in four patients. During the experiment only two patients described improvement with therapy. Fourteen of the patients (70%) stopped therapy due to lack of response. Of these, eight did not even complete one month of therapy. Seven patients (35%) described side effects (Table 1) consisting of: palpitations in two patients, abdominal discomfort in two patients, dryness of mouth, nervousness, and loss of balance, each in one patient. Of the two patients that reported improvement of symptoms with therapy, one omitted therapy due to adverse effects and one continued therapy for more than three months.

Discussion

Our study shows a lack of response of fibrositic patients to tricyclic therapy. Nineteen of our 20 patients stopped therapy due to either lack of response (70%), side effects (35%), or a combination of both. Actually only two patients described a favourable response, one of them stopped therapy due to side effects, and only one patient remained on therapy for more than three months.

Because of the open nature of our study it could be argued that some of the side effects are non-specific, secondary to a placebo effect. Yet, the fact that most patients did not improve with therapy is unrelated to the nature of our study.

Our results confirm previous impressions of poor compliance and response of fibrositic patients to therapy. A review of the literature shows that there is a discrepancy between the extensive evaluation of the presentation, symptoms, and signs of fibrositis\(^4\)\(^6\)\(^7\)\(^8\) and the relatively limited evaluation

**References**


**Book review**


The management of the rheumatic diseases may be the province of the rheumatologist, but he relies heavily on the skills of an increasing number of allied professions, including nurses, physiotherapists, occupational therapists, clinical metrologists, and medical social workers. This volume fulfills a clear need in that it reviews for the support specialist the whole field of rheumatic diseases and their management, covering all practical aspects and providing an integrated view of the work and specific skills of the various paramedical support specialists. The sections on clinical diseases and their investigation is brief but adequate, although the quality of some of the x-ray illustrations is poor. The chapters on treatment, nursing, and clinical assessment are excellent, clearly written, balanced in view, and practical. It is refreshing to find a section devoted to patient education. There is a useful index which, together with a detailed contents list, makes information retrieval easy. I would thoroughly recommend this book to any non-medical specialist working in the field of rheumatic diseases.

Consultant Physician/Rheumatologist.

Whipps Cross Hospital.
London.

D V DOYLE
Imipramine for the treatment of fibrositis: a therapeutic trial.

A J Wysenbeek, F Mor, Y Lurie and A Weinberger

Ann Rheum Dis 1985 44: 752-753
doi: 10.1136/ard.44.11.752

Updated information and services can be found at:
http://ard.bmj.com/content/44/11/752

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/