



BeyondDuty+

Chronic Pain / Fibromyalgia

Chronic widespread pain (CWP), including **fibromyalgia**, is an increasingly recognised condition among UK veterans, particularly in those with complex **mental health histories** (e.g. **PTSD, depression, or chronic insomnia**). These conditions may emerge or worsen after military service, deployment-related trauma, or during the transition to civilian life.

What is Fibromyalgia

A **central sensitisation disorder** characterised by:

- **Widespread musculoskeletal pain**
- **Fatigue**
- **Sleep disturbance**
- **Cognitive issues (“fibro fog”)**
- **Heightened sensitivity to touch, temperature, or sound**

In veterans, fibromyalgia can be triggered or amplified by:

- **Chronic stress**
- **Blast exposure / mild TBI**
- **Poor sleep quality from hypervigilance or nightmares**
- **Comorbid depression or anxiety**
- **Prolonged pain after musculoskeletal injury**

Fibromyalgia may be underdiagnosed or mislabelled as “non-specific pain” or “psychosomatic” in general practice—particularly when overlapping with PTSD or combat stress.



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**VETERANS
WELFARE GROUP**

Veteran-Specific Risk Factors

Contributing Factor

PTSD / trauma history

Sleep disruption

Chronic MSK injury

High pain tolerance culture

Isolation or loss of routine
post-discharge

Impact

Increases risk of central pain syndromes

Core symptom and aggravator

Previous injury can lead to sensitisation

Veterans may delay reporting symptoms

Can exacerbate symptoms

Management (Multidisciplinary)

Diagnosis

- Based on clinical history and symptom patterns
- No specific lab or imaging test, but used to **rule out other causes** (e.g. autoimmune, thyroid)
- Referral to **rheumatology** or **pain management** may be needed

Treatment Approach (Non-Pharmacological First-Line)

1. Patient Education

- Fibromyalgia is **real**, treatable, and **not “in the head”**
- Set **realistic goals** for functional improvement, not cure

2. Exercise Therapy

- Gentle aerobic activity (walking, cycling, swimming)
- Start with **low intensity, short duration**, build up slowly
- Avoid boom-bust cycles – pacing is key

3. Sleep & Stress Management

- CBT for insomnia (CBT-I), breathing techniques
- Address nightmares or hypervigilance if PTSD is present

4. Psychological Therapies

- Cognitive Behavioural Therapy (CBT)
- Eye Movement Desensitisation and Reprocessing (EMDR) if PTSD is co-occurring
- Mindfulness-Based Stress Reduction (MBSR)

5. Medication (Second-Line)

- Low-dose amitriptyline or duloxetine (SNRIs)
- Gabapentinoids (e.g. pregabalin) – use cautiously due to side effects
- Avoid long-term opioids – limited benefit and dependency risk

Additional Help Strategies

- Peer-led exercise groups
- Hydrotherapy (low-impact, soothing)
- Adaptive pacing: balancing activity and rest
- Trauma-aware physiotherapy
- Goal-setting around daily function, not symptom elimination

Pacing & Movement Guide

Supports: Chronic Widespread Pain, Fatigue, PTSD-Linked Pain Syndromes

Use alongside support from professionals

Why Movement Matters

Veterans with fibromyalgia may avoid activity due to pain or fatigue. However, long-term inactivity increases **pain sensitivity**, worsens fatigue, and reduces confidence.

Goal: Find your “baseline” and gradually expand it through **consistent, low-impact activity** and **structured pacing**.

What is Pacing?

Pacing is the **planned balancing** of activity and rest to avoid:

- **Overexertion (“Boom-Bust” Cycle)** – doing too much on a good day, followed by a crash
- **Avoidance** – inactivity that worsens deconditioning and pain

The Pacing Formula:

Time-limited activity + regular rest breaks + gradual increase over weeks
– rather than pushing through until symptoms worsen.

Sample Daily Pacing Structure (For Moderate Symptoms)

Time Activity	Notes
08:00 Wake, gentle stretch	5 mins, focus on breathing
08:30 Light walk / movement	Indoors or outdoors, 5–10 mins
10:30 Seated movement break	Marching on the spot, arm swings
13:00 10-min strengthening (e.g. bands)	Keep reps low, focus on form

Time Activity

Notes

15:00 Pacing Test (not sleep)

Quiet time, meditation, audiobooks

18:00 Gentle evening routine

Short walk, mobility stretches

Use a **timer** to set activity/rest intervals

Record progress (not perfection) in a **movement log**

Avoid skipping rest even if you feel “good”

Fibromyalgia-Friendly Movements

Daily Movement (5–10 min blocks)

- Gentle walking (even paced, flat ground)
- Static cycling (if accessible)
- Chair-based mobility exercises
- Arm swings, shoulder rolls, leg swings (low effort)

Strengthening (2–3x/week)

- Resistance band exercises (low tension)
- Wall push-ups
- Sit-to-stand from a chair (unloaded)
- Mini-squats (if knee/hip pain allows)

Mobility & Calm (Daily)

- Seated yoga or Tai Chi
- Deep breathing with movement
- Supine pelvic tilts or spinal rotations
- “Legs up the wall” pose for recovery

Contact Us

For more information and support, get in touch with our advisors and veterans with lived experience today.

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