

WELCOME

Your Fibromyalgia Program

A clear, supportive 8-week plan — built with you, not done to you.

Movement

Sleep

Pacing

Mind & body

Your pain is real

Fibromyalgia is a real medical condition. We will never dismiss it. Think of your nervous system's "volume control" as turned up too high — small signals feel loud. We can turn that volume down, step by step.

Three things that matter most

- ✓ **Come to every session** — consistency beats intensity.
- ✓ **Pace yourself** — do a little, often. Avoid boom-and-bust.
- ✓ **Have a flare plan** — bad days are expected and managed.

Red flags – call us now

Fibromyalgia is real, *and* other conditions can still happen. Contact us the same day if you notice any of the following:

- New, unexplained weight loss or fever
- Sudden one-sided weakness, numbness, slurred speech, or loss of vision
- Severe chest pain or shortness of breath
- Thoughts of harming yourself

Emergency: call 999 (ambulance) or go to the nearest Emergency Department.

Clinic: 1881122 · Al Seef Hospital, Salmiya, Kuwait

This guide belongs to: _____ Start date: _____

1 · What is happening in your body

Fibromyalgia changes the way your brain and spinal cord process pain signals. Nothing is being damaged — but the system that detects pain has become over-sensitive. The same touch, movement, or stress that someone else would not notice can feel intense to you.

The volume-control idea

Imagine a stereo with the volume turned all the way up. A whisper sounds like a shout. Fibromyalgia turns the body's "pain volume" too high. The good news: movement, sleep, pacing and the right treatment can turn it back down.

You are not alone

- About **2–4 in every 100 adults** live with fibromyalgia worldwide.
- It is more common in women, but men get it too.
- It often appears alongside poor sleep, low mood, IBS, or migraines — these are part of the same picture, not separate failures.

What this program will and will not do

- | | |
|---|---|
| ✓ Reduce your average pain | ✗ Promise an overnight cure |
| ✓ Improve your sleep and energy | ✗ Replace medical care for other conditions |
| ✓ Help you do more of what matters to you | ✗ Work without your active participation |
| ✓ Give you tools you keep for life | |

2 · Your team – and you are the most important member

Your care is delivered by a small, coordinated team. You will see the same faces each visit.

Dr. Mohammad Khudadah

Consultant Rheumatologist · diagnosis, medication review, overall plan

Physiotherapy team

Tailored movement, strength, pacing and flare coaching

Nursing

Education, follow-up calls, day-to-day questions

You

The expert on your body, your life and your goals

Bring to every appointment

- ✓ Your pain & sleep diary (1 line per day is enough)
- ✓ A list of every medicine and supplement you take
- ✓ Your top 3 questions written on paper
- ✓ Comfortable clothes and shoes for movement
- ✓ Water bottle

What we ask of you

1. Attend the sessions — even on tired days. Showing up *is* the treatment.
2. Be honest about what you tried, what worked, and what didn't.
3. Tell us early if something is getting worse — don't wait for the next appointment.

3 · Your 8-week journey

The program moves in four phases. Each phase has a clear focus — you will not be asked to do everything at once.

Weeks 1–2

Learn & settle

Weeks 3–4

Move more

Weeks 5–6

Build strength

Weeks 7–8

Take ownership

Phase	Focus	What you'll do
Weeks 1–2 Learn & settle	Understand your condition, set goals, learn pacing	Gentle walking, breathing, simple stretches, sleep routine, pain diary
Weeks 3–4 Move more	Build daily activity tolerance	Longer walks, water-based exercise if available, light resistance bands
Weeks 5–6 Build strength & resilience	Add gentle strength training and confidence	Bodyweight exercises, light weights, returning to a hobby you'd stopped
Weeks 7–8 Take ownership	Make the plan yours, for life	Personal home plan, flare plan, review with the team, set 3-month goals

Pacing – a real example

Boom-and-bust (what to avoid): On a good day you clean the whole house in 3 hours, then spend the next 2 days in bed.

Pacing (what we'll teach): Clean for **20 minutes**, rest **40 minutes**, clean **20 minutes** more. Stop *before* you hit your limit, not after. Over a week you get more done *and* hurt less.

4 · Sleep, mood and medication

Sleep is treatment

Poor sleep turns the pain volume up the next day. A simple, boring routine works better than any single trick.

- ✓ Same wake-up time every day — even weekends.
- ✓ No screens in the last 30 minutes before bed.
- ✓ Bedroom cool, dark, quiet. Bed is for sleep only.
- ✓ No caffeine after 2 pm.
- ✓ If you can't sleep after 20 minutes, get up, sit quietly in low light, return when sleepy.

Mood, stress and pain travel together

Low mood and anxiety are common with fibromyalgia — not a sign of weakness, and not "all in your head". Treating mood almost always reduces pain. Tell us if you feel persistently sad, hopeless, or anxious; we have help.

If we prescribe medication — what to expect

We may use medicines such as **duloxetine**, **pregabalin**, or **amitriptyline**. They work on the nerves that carry pain signals — not on inflammation.

- They are **not** addictive painkillers.
- Most need **4–6 weeks** at the right dose before you feel the benefit.
- Mild side-effects in the first 2 weeks (sleepiness, dry mouth, mild nausea) usually settle. Tell us — don't stop suddenly.
- Strong opioid painkillers do **not** help fibromyalgia long-term and can make pain worse.

5 · Common questions

Will I have to live with this forever?

Most patients in our program have meaningful, lasting improvement — less pain, better sleep, more activity. Some people become almost symptom-free. We focus on what you *can* do, and that grows month by month.

Why exercise? Movement makes me hurt.

In fibromyalgia, avoiding movement makes the nervous system *more* sensitive, not less. Gentle, graded movement is one of the strongest treatments we have. You may feel sore for 24–48 hours when starting — that is normal and fades.

Is it safe?

Yes. Nothing in this program will damage your body. Soreness is not the same as harm.

What about diet and supplements?

A Mediterranean-style way of eating helps many patients. Simple examples: grilled fish + salad + olive oil; lentil soup + brown bread; chicken + vegetables + rice. Vitamin D should be checked. We will tell you which supplements have evidence and which do not.

Can I work / study while doing the program?

Yes — and we'll help you talk to your employer or school if needed. See the tear-off card on the last page.

What if I have a bad flare?

Use your 5-step flare plan (page 7). A flare is a wave, not a setback. Stay with the program.

6 · Tools to keep

Your 5-step flare plan

1. **Pause, don't stop.** Cut activity by half — don't go to zero.
2. **Heat or cool** — whichever you prefer — for 15–20 minutes.
3. **Slow breathing:** in for 4, out for 6, for 5 minutes.
4. **Sleep tonight:** protect your wind-down routine fiercely.
5. **Tell us** if the flare lasts more than 5 days or you spot any red flag (page 1).

Fridge-friendly weekly plan

Day	Movement (10–20 min)	Strength (10 min)	Mind & sleep
Mon	Walk	—	Wind-down 10 min
Tue	Stretch	Bands x2	Breathing 5 min
Wed	Walk	—	Wind-down 10 min
Thu	Water / stretch	Bands x2	Breathing 5 min
Fri	Walk (longer)	—	Wind-down 10 min
Sat	Hobby / activity	Bodyweight x2	Family time
Sun	Gentle stretch	—	Plan next week

For your family or employer

Fibromyalgia is a real, long-term condition that changes how the nervous system processes pain and fatigue. It is not laziness, not "in their head", and not contagious. With the right plan — movement, pacing, sleep, and sometimes medication — most people improve significantly. The most helpful things you can offer are *patience*, *flexibility*, and believing them on hard days.



Dr. Mohammad Khudadah

Consultant Rheumatologist

Clinic: 1881122 · Al Seef Hospital, Salmiya, Kuwait · drkhudadah.com