

# Breastfeeding and Medication

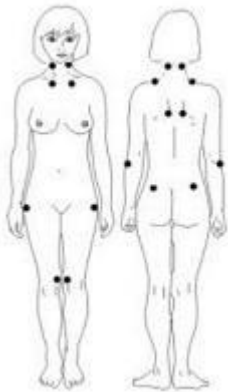


## Fibromyalgia and breastfeeding

*My pain specialists wanted me to wean after only a few weeks as they were convinced none of my medicines would be suitable but I have managed to maintain a degree of pain management while feeding my daughter to 4, tandem feeding briefly and still feeding my son now (3 years old.) Feeding with chronic fibromyalgia has been a massive challenge especially with the sleep deprivation increasing symptoms.*

### Description

Fibromyalgia along with osteoarthritis, and rheumatoid arthritis is associated with high prolactin levels. The significance is not understood but seems to be part of auto-immune conditions.



The cause of fibromyalgia is unknown. Symptoms are hard to define and it is therefore a diagnosis of exclusion. Symptoms are usually a history of widespread pain but also increased sensitivity to pain, particularly pressure where a relatively minor knock is extremely painful. It is frequently accompanied by fatigue, sleep disturbances, appetite changes and depression. It affects much of daily living, Fibromyalgia is four times more common in women than men with peak incidence of diagnosis between 29 and 37 years of age. (Murlagh 1990). Research suggests that the cause is an interaction between physical, neurological, and psychological factors. There is a circular response that anxiety and depression make the pain worse and that chronic, unrelenting pain is depressing to live with. Brainwave studies show that people with fibromyalgia often lose deep sleep. There may be no obvious trigger or symptoms may begin after an illness, accident, period of stress and anxiety.

### Treatment

Drug treatments do not cure fibromyalgia. However, they can be helpful in reducing the symptoms to a level to enable some gentle physical activity and rehabilitation therapies.

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August 2020 The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email [wendy@breastfeeding-and-medication.co.uk](mailto:wendy@breastfeeding-and-medication.co.uk)



Regular **paracetamol**

**Opioids** – dihydrocodeine or tramadol preferred in breastfeeding (MacLean 2015)

**Tri-cyclic antidepressants** have been shown to be effective in around 25% of patients (Moore 2015). See section on Depression



**pregabalin and gabapentin** - observe baby for drowsiness. <https://breastfeeding-and-medication.co.uk/thoughts/breastfeeding-and-neuropathic-pain-gabapentin-and-pregabalin>



**SRI antidepressants.** Although anecdotally SSRIs are widely used, the Cochrane review reported that the proportion of people who reported that improvement in pain (reduced by at least 30%), fatigue, sleep problems, and depression over 8 weeks was unclear (Walitt 2015)

**NB Non-steroidal drugs seem ineffective in treating fibromyalgia**

CBT therapy –compared with control CBT, resulted in reduce slight reduction in pain, negative mood, and disability six months after the end of treatment (Bernardy 2013).

Mindfulness

Physical therapy

## References

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- MacLean AJB, Schwartz TL Tramadol for the treatment of fibromyalgia. Expert Review of Neurotherapeutics 2015 Vol. 15(5): 469-75.
- Moore RA, Derry S, Aldington D, Cole P, Wiffen PJ. Amitriptyline for fibromyalgia in adults. Cochrane Database of Systematic Reviews 2015, Issue 7.
- Murtagh J General Practice Companion Handbook McGraw-Hill Professional 1999
- Walitt B, Urrútia G, Nishishinya MB, Cantrell SE, Häuser W. Selective serotonin reuptake inhibitors for fibromyalgia syndrome. Cochrane Database of Systematic Reviews 2015, Issue 6

## Further information:

Fybromyalgia Action UK: <https://www.fmauk.org/>

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