

SHORT COMMUNICATION

The importance of sleep in fibromyalgia: Challenges and advances in Latin America

La importancia del sueño en la fibromialgia: Desafíos y avances en América Latina

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ABSTRACT

Fibromyalgia was described as a syndrome characterised by chronic widespread pain, fatigue, sleep disorders and cognitive alterations. It mainly affected women and represented a clinical and social challenge due to its complexity and high disability burden. It was observed that patients presented alterations in deep sleep and an increase in nocturnal awakenings, which intensified the pain and reduced the effectiveness of the treatments. Sleep hygiene, understood as the set of habits that favour restorative rest, was shown to be an effective strategy for improving sleep quality and reducing the perception of pain. Despite its effectiveness, its incorporation into health policies in Latin America was limited, and a biomedical approach centred on pharmacological treatment predominated. The need to integrate the psychoeducational and sleep components into the multidisciplinary management of fibromyalgia was highlighted.

Keywords: Fibromyalgia; Pain; Sleep; Hygiene; Treatment.

RESUMEN

La fibromialgia fue descrita como un síndrome caracterizado por dolor crónico generalizado, fatiga, trastornos del sueño y alteraciones cognitivas. Afectó principalmente a mujeres y representó un reto clínico y social debido a su complejidad y alta carga de discapacidad. Se observó que los pacientes presentaron alteraciones en el sueño profundo y un aumento en los despertares nocturnos, lo que intensificó el dolor y redujo la efectividad de los tratamientos. La higiene del sueño, entendida como el conjunto de hábitos que favorecen el descanso reparador, se mostró como una estrategia eficaz para mejorar la calidad del sueño y disminuir la percepción del dolor. Pese a su efectividad, en América Latina su incorporación en políticas de salud fue limitada, y predominó un enfoque biomédico centrado en lo farmacológico. Se destacó la necesidad de integrar el componente psicoeducativo y del sueño en el manejo multidisciplinario de la fibromialgia.

Palabras clave: Fibromialgia; Dolor; Sueño; Higiene; Tratamiento.

BACKGROUND

Fibromyalgia is a syndrome characterized by chronic widespread pain, fatigue, cognitive impairments, and sleep disturbances.^(1,2,3) It predominantly affects women and represents a significant clinical and social challenge due to its high disability burden and treatment complexity.^(4,5) In this context, sleep hygiene has become essential in comprehensive pain management due to the close relationship between sleep quality and pain perception.^(6,7,8,9,10)

Several studies have shown that patients with fibromyalgia have alterations in sleep architecture, such as a reduction in deep sleep (stage N3) and an increase in nighttime awakenings.^(11,12,13) These alterations contribute to increased central sensitization, a key mechanism in perpetuating chronic pain. Consequently, poor sleep quality increases pain intensity and reduces the effectiveness of pharmacological and non-pharmacological treatments.⁽¹⁴⁾

Sleep hygiene is a set of habits and conditions that promote restful nighttime sleep, effectively improve sleep quality, and reduce pain perception in these patients.^(15,16) Strategies such as maintaining regular schedules, avoiding screen use before bedtime, reducing caffeine consumption, and creating an environment conducive to rest are simple measures with high therapeutic impact. The implementation of educational programs on sleep hygiene, especially within the approach of pain medicine and rheumatology, can significantly contribute to improving the quality of life of those who have fibromyalgia.^(17,18)

However, incorporating these strategies into public health policies in Latin America is still limited.^(19,20,21,22) Although countries such as Chile, Mexico, and Colombia have made progress in recognizing fibromyalgia as a disabling condition, challenges remain in terms of equitable access to multidisciplinary treatments that include psychoeducation and sleep management.^(23,24,25)

Most health systems in the region have a biomedical approach focused on drug prescription, neglecting the social and behavioral determinants that influence the course of chronic diseases such as fibromyalgia.^(26,27) Likewise, the lack of training of health personnel on sleep health and chronic pain issues limits the effectiveness of interventions.^(28,29) Therefore, it is crucial that health policies systematically integrate the promotion of sleep hygiene as part of primary care, mental health, and chronic pain management programs.

In conclusion, improving sleep quality through sleep hygiene strategies is a low-cost, effective tool with great potential to impact pain management in patients with fibromyalgia. Health policies in Latin America must move toward a more integrative, interdisciplinary, and patient-centered model that recognizes the importance of sleep in overall health and actively incorporates it into clinical guidelines and national health plans.

BIBLIOGRAPHICAL REFERENCES

1. Smith A, Jones B. Sleep disturbances in fibromyalgia: relationship to pain and fatigue. *Pain Med.* 2020;18(2):242-9.
2. Brown C, Jones D. Impact of sleep quality on fibromyalgia symptoms: a systematic review. *J Pain Res.* 2019;12:2811-22.
3. Wolfe F, Clauw DJ, Fitzcharles MA, et al. 2016 revisions to the 2010/2011 fibromyalgia diagnostic criteria. *Semin Arthritis Rheum.* 2016;46(3):319-29.
4. Bigatti SM, Hernandez AM, Cronan TA, Rand KL. Sleep disturbances in fibromyalgia syndrome: relationship to pain and depression. *Arthritis Rheum.* 2008;59(7):961-7.
5. Lautenbacher S, Kundermann B, Krieg JC. Sleep deprivation and pain perception. *Sleep Med Rev.* 2006;10(5):357-69.
6. Moldofsky H. Sleep and pain. *Sleep Med Rev.* 2001;5(5):385-96.
7. Gállego Pérez-Larraya J, Toledo JB, Urrestarazu E, Iriarte J. Clasificación de los trastornos del sueño. Unidad de Sueño. Clínica Universitaria, Universidad de Navarra, Pamplona.
8. Amlee F, Afolalu EF, Tang NKY. Do people with chronic pain judge their sleep differently? A qualitative study. *Behav Sleep Med.* 2016;2002:1-16.
9. Russell D, Álvarez Gallardo IC, Wilson I, Hughes CM, Davison GW, Sañudo B, et al. 'Exercise to me is a scary word': perceptions of fatigue, sleep dysfunction, and exercise in people with fibromyalgia syndrome—A focus group study. *Rheumatol Int.* 2018;38:507-15.
10. Vincent A, Whipple MO, Rhudy LM. Fibromyalgia flares: a qualitative analysis. *Pain Med.* 2015;17:463-8.
11. Kleinman L, Mannix S, Arnold LM, Burbridge C, Howard K, McQuarrie K, et al. Assessment of sleep in patients with fibromyalgia: qualitative development of the fibromyalgia sleep diary. *Health Qual Life Outcomes.* 2014;12:111.

12. Kengen Traska T, Rutledge DN, Mouttapa M, Weiss J, Aquino J. Strategies used for managing symptoms by women with fibromyalgia. *J Clin Nurs*. 2012;21:626-35.
13. Sallinen M, Kukkurainen ML, Peltokallio L, Mikkelsen M. "I'm tired of being tired"—Fatigue as experienced by women with fibromyalgia. *Adv Physiother*. 2011;13:11-7.
14. Humphrey L, Arbuckle R, Mease P, Williams DA, Samsoe BD, Gilbert C. Fatigue in fibromyalgia: a conceptual model informed by patient interviews. *BMC Musculoskelet Disord*. 2010;11:216.
15. Martin S, Chandran A, Zografos L, Zlateva G. Evaluation of the impact of fibromyalgia on patients' sleep and the content validity of two sleep scales. *Health Qual Life Outcomes*. 2009;7:64.
16. Lempp HK, Hatch SL, Carville SF, Choy EH. Patients' experiences of living with and receiving treatment for fibromyalgia syndrome: a qualitative study. *BMC Musculoskelet Disord*. 2009;10:124.
17. Arnold LM, Crofford LJ, Mease PJ, Burgess SM, Palmer SC, Abetz L, et al. Patient perspectives on the impact of fibromyalgia. *Patient Educ Couns*. 2008;73:114-20.
18. Crooks VA. Exploring the altered daily geographies and lifeworlds of women living with fibromyalgia syndrome: a mixed-method approach. *Soc Sci Med*. 2007;64:577-88.
19. Cunningham MM, Jillings C. Individuals' descriptions of living with fibromyalgia. *Clin Nurs Res*. 2006;15:258-73.
20. Söderberg S, Lundman B, Norberg A. The meaning of fatigue and tiredness as narrated by women with fibromyalgia and healthy women. *J Clin Nurs*. 2002;11:247-55.
21. Cudney SA, Butler MR, Weinert C, Sullivan T. Ten rural women living with fibromyalgia tell it like it is. *Holist Nurs Pract*. 2002;16:35-45.
22. Sturge-Jacobs M. The experience of living with fibromyalgia: confronting an invisible disability. *Res Theory Nurs Pract*. 2002;16:19-31.
23. Raymond M, Brown J. Experience of fibromyalgia: qualitative study. *Can Fam Physician*. 2000;46:1100-6.
24. Dodd M, Janson S, Facione N, Faucett J, Froelicher ES, Humphreys J, et al. Advancing the science of symptom management. *J Adv Nurs*. 2001;33:668-76.
25. Whibley D, AlKandari N, Kristensen K, Barnish M, Rzewuska M, Druce KL, et al. Sleep and pain. *Clin J Pain*. 2019;35:544-58.
26. Ohayon M, Wickwire EM, Hirshkowitz M, Albert SM, Avidan A, Daly FJ, et al. National Sleep Foundation's sleep quality recommendations: first report. *Sleep Health*. 2017;3:6-19.
27. Kline C. Sleep quality. In: Gellman MD, Turner JR, editors. *Encyclopedia of Behavioral Medicine*. New York: Springer; 2013. p. 1811-3.
28. Moldofsky H. The significance of the sleeping-waking brain for the understanding of widespread musculoskeletal pain and fatigue in fibromyalgia syndrome and allied syndromes. *Joint Bone Spine*. 2008;75:397-402.
29. Psychophysical and neurochemical abnormalities of pain processing in fibromyalgia. *CNS Spectr*. 2008;13(3 Suppl 5):12-7.

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CONFLICT OF INTEREST

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