



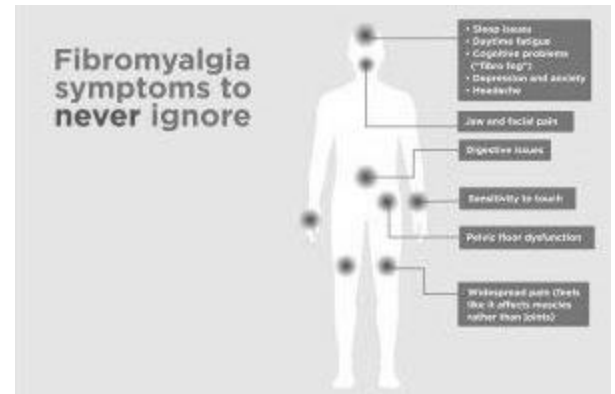
## 200+ CO-EXISTING CONDITIONS & SYMPTOMS OF FIBROMYALGIA and ME/CFS

Did you know that...

... there are over 200+ co-existing conditions and symptoms of fibromyalgia and ME/CFS?

Originally posted on Fibromyalgia Resources, it shows how complex fibromyalgia and ME/CFS really are, with so many different symptoms and co-existing conditions, everyone's experience of these conditions are unique.

### The 200+ Co-Existing Conditions and Symptoms of Fibromyalgia and ME/CFS



- |  |  |
|--|--|
| <input type="checkbox"/> Activity level decreased to less than 50% of pre-illness activity level | <input type="checkbox"/> Cold hands and feet (extremities)                   |
| <input type="checkbox"/> Cough   | <input type="checkbox"/> Craving carbohydrates                               |
| <input type="checkbox"/> Delayed reaction to physical activity or stressful events               | <input type="checkbox"/> Dryness of eyes and/or mouth                        |
| <input type="checkbox"/> Edema   | <input type="checkbox"/> Family member(s) with Fibromyalgia                  |
| <input type="checkbox"/> Fatigue, made worse by physical exertion or stress                      | <input type="checkbox"/> Feeling cold often                                  |
| <input type="checkbox"/> Feeling hot often   | <input type="checkbox"/> Frequent sighing                                    |
| <input type="checkbox"/> Heart palpitations  | <input type="checkbox"/> Hoarseness  |
| <input type="checkbox"/> Hypoglycemia (blood sugar falls or low)                                 | <input type="checkbox"/> Increased thirst                                    |
| <input type="checkbox"/> Low blood pressure (below 110/70)                                       | <input type="checkbox"/> Low body temperature (below 97.6)                   |
| <input type="checkbox"/> Low-grade fevers  | <input type="checkbox"/> Night sweats  |
| <input type="checkbox"/> Noisy joints – with or without pain                                     | <input type="checkbox"/> Poor circulation in hands/feet                      |
| <input type="checkbox"/> Profuse sweating  | <input type="checkbox"/> Recurrent flu-like illness                          |
| <input type="checkbox"/> Shortness of breath with little or no exertion                          | <input type="checkbox"/> Severe nasal allergies (new or worsening allergies) |
| <input type="checkbox"/> Sore throat   | <input type="checkbox"/> Subjective swelling of extremities                  |
| <input type="checkbox"/> Sweats  | <input type="checkbox"/> Symptoms worsened by air travel                     |
| <input type="checkbox"/> Symptoms worsened by stress   | <input type="checkbox"/> Symptoms worsened by temperature changes            |
| <input type="checkbox"/> Tender or swollen lymph nodes, especially in neck and underarms         | <input type="checkbox"/> Tremor or trembling                                 |
| <input type="checkbox"/> Unexplained weight gain or loss   |  |



## 200+ CO-EXISTING CONDITIONS & SYMPTOMS OF FIBROMYALGIA and ME/CFS

### PAIN

- |   |  |
|---|--|
| <input type="checkbox"/> Abdominal wall pain  | <input type="checkbox"/> Bad hip pain                                    |
| <input type="checkbox"/> Burning Nerve Pain   | <input type="checkbox"/> Chest pain                                      |
| <input type="checkbox"/> Collarbone pain  | <input type="checkbox"/> Diffuse swelling                                |
| <input type="checkbox"/> Elbow pain   | <input type="checkbox"/> Exacerbated Plantar arch or heel pain           |
| <input type="checkbox"/> "Growing" pains that don't go away once you are done growing | <input type="checkbox"/> Headache – tension or migraine                  |
| <input type="checkbox"/> Inflamed Rib Cartilage                                       | <input type="checkbox"/> Joint pain                                      |
| <input type="checkbox"/> Lumpy, tender breasts  | <input type="checkbox"/> Morning stiffness                               |
| <input type="checkbox"/> Muscle pain  | <input type="checkbox"/> Muscle spasms                                   |
| <input type="checkbox"/> Muscle twitching   | <input type="checkbox"/> Muscle weakness                                 |
| <input type="checkbox"/> Pain that ranges from moderate to severe                     | <input type="checkbox"/> Pain that moves around the body                 |
| <input type="checkbox"/> Paralysis or severe weakness of an arm or leg                | <input type="checkbox"/> Restless Leg Syndrome                           |
| <input type="checkbox"/> Rib Pain (Costochondritis)                                   | <input type="checkbox"/> Scalp Pain (like hair being pulled out)         |
| <input type="checkbox"/> Sciatica-like pain   | <input type="checkbox"/> Tender points or trigger points                 |
| <input type="checkbox"/> TMJ syndrome   | <input type="checkbox"/> "Voodoo Doll" Poking Sensation in random places |
- 

### NEUROLOGICAL

- |   |   |
|---|---|
| <input type="checkbox"/> Blackouts                              | <input type="checkbox"/> Brain fog                          |
| <input type="checkbox"/> Carpal Tunnel                          | <input type="checkbox"/> Feeling spaced out                 |
| <input type="checkbox"/> Hallucinating smells                   | <input type="checkbox"/> Inability to think clearly         |
| <input type="checkbox"/> Light-headedness                       | <input type="checkbox"/> Noise intolerance                  |
| <input type="checkbox"/> Numbness or tingling sensations        | <input type="checkbox"/> Photophobia (sensitivity to light) |
| <input type="checkbox"/> Seizures                               | <input type="checkbox"/> Seizure-like episodes              |
| <input type="checkbox"/> Sensation that you might faint         | <input type="checkbox"/> Syncope (fainting)                 |
| <input type="checkbox"/> Tinnitus (ringing in one or both ears) | <input type="checkbox"/> Vertigo or dizziness               |
- 

### EQUILIBRIUM/PERCEPTION

- |  |  |
|--|--|
| <input type="checkbox"/> Bumping into things               | <input type="checkbox"/> Clumsy Walking                                    |
| <input type="checkbox"/> Difficulty balancing              | <input type="checkbox"/> Difficulty judging distances (when driving, etc.) |
| <input type="checkbox"/> Directional disorientation        | <input type="checkbox"/> Dropping things frequently                        |
| <input type="checkbox"/> Feeling spatially disoriented     | <input type="checkbox"/> Frequent tripping or stumbling                    |
| <input type="checkbox"/> Not seeing what you're looking at | <input type="checkbox"/> Poor balance and coordination                     |
-



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## 200+ CO-EXISTING CONDITIONS & SYMPTOMS OF FIBROMYALGIA and ME/CFS

☐ Staggering gait

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### SLEEP

- |   |   |
|---|---|
| <input type="checkbox"/> Alertness/energy best late at night              | <input type="checkbox"/> Altered sleep/wake schedule                              |
| <input type="checkbox"/> Awakening frequently                             | <input type="checkbox"/> Difficulty falling asleep                                |
| <input type="checkbox"/> Difficulty staying asleep                        | <input type="checkbox"/> Excessive sleeping                                       |
| <input type="checkbox"/> Extreme alertness or energy levels late at night | <input type="checkbox"/> Falling asleep at random and sometimes dangerous moments |
| <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Light or broken sleep pattern                            |
| <input type="checkbox"/> Muscle spasms/twitches at night                  | <input type="checkbox"/> Narcolepsy   |
| <input type="checkbox"/> Sleep disturbances                               | <input type="checkbox"/> Sleep starts or falling sensations                       |
| <input type="checkbox"/> Teeth grinding                                   | <input type="checkbox"/> Tossing and turning                                      |
| <input type="checkbox"/> Un-refreshing or non-restorative sleep           | <input type="checkbox"/> Vivid or disturbing dreams/nightmares                    |
- 

### EYES/VISION

- |   |  |
|---|--|
| <input type="checkbox"/> Blind spots in vision                                | <input type="checkbox"/> Eye pain                                |
| <input type="checkbox"/> Difficulty switching focus from one thing to another | <input type="checkbox"/> Frequent changes in ability to see well |
| <input type="checkbox"/> Night driving difficulty                             | <input type="checkbox"/> Occasional Blurry vision                |
| <input type="checkbox"/> Poor night vision                                    | <input type="checkbox"/> Rapidly worsening vision                |
| <input type="checkbox"/> Vision changes                                       |  |
- 

### COGNITIVE

- |   |   |
|---|---|
| <input type="checkbox"/> Becoming lost in familiar locations when driving             | <input type="checkbox"/> Confusion  |
| <input type="checkbox"/> Difficulty expressing ideas in words                         | <input type="checkbox"/> Difficulty following conversation (especially if background noise present) |
| <input type="checkbox"/> Difficulty following directions while driving                | <input type="checkbox"/> Difficulty following oral instructions                                     |
| <input type="checkbox"/> Difficulty following written instructions                    | <input type="checkbox"/> Difficulty making decisions  |
| <input type="checkbox"/> Difficulty moving your mouth to speak                        | <input type="checkbox"/> Difficulty paying attention  |
| <input type="checkbox"/> Difficulty putting ideas together to form a complete picture | <input type="checkbox"/> Difficulty putting tasks or things in proper sequence                      |
| <input type="checkbox"/> Difficulty recognizing faces                                 | <input type="checkbox"/> Difficulty speaking known words  |
| <input type="checkbox"/> Difficulty remembering names of objects                      | <input type="checkbox"/> Difficulty remembering names of people                                     |
| <input type="checkbox"/> Difficulty understanding what you read                       | <input type="checkbox"/> Difficulty with long-term memory   |
| <input type="checkbox"/> Difficulty with simple calculations                          | <input type="checkbox"/> Difficulty with short-term memory  |
-



## 200+ CO-EXISTING CONDITIONS & SYMPTOMS OF FIBROMYALGIA and ME/CFS

- |  |  |
|--|--|
| <input type="checkbox"/> Easily distracted during a task   | <input type="checkbox"/> Dyslexia-type symptoms occasionally   |
| <input type="checkbox"/> Feeling too disoriented to drive  | <input type="checkbox"/> Forgetting how to do routine things   |
| <input type="checkbox"/> Impaired ability to concentrate   | <input type="checkbox"/> Inability to recognize familiar surroundings                                    |
| <input type="checkbox"/> Losing track in the middle of a task (remembering what to do next)              | <input type="checkbox"/> Losing your train of thought in the middle of a sentence                        |
| <input type="checkbox"/> Loss of ability to distinguish some colors                                      | <input type="checkbox"/> Poor judgment   |
| <input type="checkbox"/> Short term memory impairment  | <input type="checkbox"/> Slowed speech   |
| <input type="checkbox"/> Staring into space trying to think  | <input type="checkbox"/> Stuttering; stammering  |
| <input type="checkbox"/> Switching left and right  | <input type="checkbox"/> Transposition (reversal) of numbers, words and/or letters when you <i>speak</i> |
| <input type="checkbox"/> Transposition (reversal) of numbers, words and/or letters when you <i>write</i> | <input type="checkbox"/> Trouble concentrating   |
| <input type="checkbox"/> Using the wrong word  | <input type="checkbox"/> Word-finding difficulty   |
- 

### EMOTIONAL

- |   |   |
|---|---|
| <input type="checkbox"/> Abrupt and/or unpredictable mood swings          | <input type="checkbox"/> Anger outbursts  |
| <input type="checkbox"/> Anxiety or fear when there is no obvious cause   | <input type="checkbox"/> Attacks of uncontrollable rage                                 |
| <input type="checkbox"/> Decreased appetite                               | <input type="checkbox"/> Depressed mood   |
| <input type="checkbox"/> Feeling helpless and/or hopeless                 | <input type="checkbox"/> Fear of someone knocking on the door                           |
| <input type="checkbox"/> Fear of telephone ringing                        | <input type="checkbox"/> Feeling worthless  |
| <input type="checkbox"/> Frequent crying                                  | <input type="checkbox"/> Heightened awareness – of symptoms                             |
| <input type="checkbox"/> Inability to enjoy previously enjoyed activities | <input type="checkbox"/> Irrational fears   |
| <input type="checkbox"/> Irritability                                     | <input type="checkbox"/> Overreaction   |
| <input type="checkbox"/> Panic attacks                                    | <input type="checkbox"/> Personality changes –usually a worsening of previous condition |
| <input type="checkbox"/> Phobias  | <input type="checkbox"/> Suicide attempts   |
| <input type="checkbox"/> Suicidal thoughts                                | <input type="checkbox"/> Tendency to cry easily   |
- 

### GASTROINTESTINAL

- |  |  |
|--|--|
| <input type="checkbox"/> Abdominal cramps      | <input type="checkbox"/> Bloating          |
| <input type="checkbox"/> Decreased appetite    | <input type="checkbox"/> Food cravings     |
| <input type="checkbox"/> Frequent constipation | <input type="checkbox"/> Frequent diarrhea |
| <input type="checkbox"/> GERD symptoms         | <input type="checkbox"/> Heartburn         |
| <input type="checkbox"/> Increased appetite    | <input type="checkbox"/> Intestinal gas    |
-



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## 200+ CO-EXISTING CONDITIONS & SYMPTOMS OF FIBROMYALGIA and ME/CFS

- |  |   |
|--|---|
| <input type="checkbox"/> Irritable bladder | <input type="checkbox"/> Irritable bowel syndrome |
| <input type="checkbox"/> Nausea            | <input type="checkbox"/> Regurgitation            |
| <input type="checkbox"/> Stomach ache      | <input type="checkbox"/> Vomiting                 |
| <input type="checkbox"/> Weight gain       | <input type="checkbox"/> Weight loss              |
- 

### UROGENITAL

- |   |   |
|---|---|
| <input type="checkbox"/> Decreased libido (sex drive) | <input type="checkbox"/> Painful urination or bladder pain                    |
| <input type="checkbox"/> Endometriosis                | <input type="checkbox"/> Pelvic pain  |
| <input type="checkbox"/> Frequent urination           | <input type="checkbox"/> Prostate pain  |
| <input type="checkbox"/> Impotence                    | <input type="checkbox"/> Worsening of (or severe) premenstrual syndrome (PMS) |
| <input type="checkbox"/> Menstrual problems           |   |
- 

### SENSITIVITIES

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol intolerance                                      | <input type="checkbox"/> Allodynia (hypersensitive to touch)                                      |
| <input type="checkbox"/> Alteration of taste, smell, and/or hearing               | <input type="checkbox"/> Sensitivity to chemicals in cleaning products, perfumes, etc.            |
| <input type="checkbox"/> Sensitivities to foods                                   | <input type="checkbox"/> Sensitivity to light   |
| <input type="checkbox"/> Sensitivity to mold                                      | <input type="checkbox"/> Sensitivity to noise   |
| <input type="checkbox"/> Sensitivity to odors                                     | <input type="checkbox"/> Sensitivity to yeast (getting yeast infections frequently on skin, etc.) |
| <input type="checkbox"/> Sensory overload   | <input type="checkbox"/> Sensitivity to pressure & humidity changes                               |
| <input type="checkbox"/> Sensitivity to extreme temperature changes – feeling hot | <input type="checkbox"/> Vulvodynia   |
- 

### SKIN

- |  |   |
|--|---|
| <input type="checkbox"/> Able to “write” on skin with finger | <input type="checkbox"/> Bruising easily                |
| <input type="checkbox"/> Bumps and lumps                     | <input type="checkbox"/> Eczema or psoriasis            |
| <input type="checkbox"/> Hot/dry skin                        | <input type="checkbox"/> Ingrown hairs                  |
| <input type="checkbox"/> Itchy/Irritable skin                | <input type="checkbox"/> Mottled skin                   |
| <input type="checkbox"/> Rashes or sores                     | <input type="checkbox"/> Scarring easily                |
| <input type="checkbox"/> Sensitivity to the sun              | <input type="checkbox"/> Skin suddenly turns bright red |
-



## 200+ CO-EXISTING CONDITIONS & SYMPTOMS OF FIBROMYALGIA and ME/CFS

### CARDIOVASCULAR (HEART)

- |  |  |
|--|--|
| <input type="checkbox"/> “Click-murmur” sounds through stethoscope | <input type="checkbox"/> Fluttery heartbeat            |
| <input type="checkbox"/> Heart palpitations                        | <input type="checkbox"/> Irregular heartbeat           |
| <input type="checkbox"/> Loud pulse in ear                         | <input type="checkbox"/> Pain that mimics heart attack |
| <input type="checkbox"/> Rapid heartbeat                           |  |
- 

### HAIR/NAILS

- |   |   |
|---|---|
| <input type="checkbox"/> Dull, listless hair    | <input type="checkbox"/> Heavy and splitting cuticles |
| <input type="checkbox"/> Irritated nail beds    | <input type="checkbox"/> Nails that curve under       |
| <input type="checkbox"/> Pronounced nail ridges | <input type="checkbox"/> Temporary hair loss          |
- 

### OTHER

- |  |  |
|--|--|
| <input type="checkbox"/> Canker sores      | <input type="checkbox"/> Dental problems           |
| <input type="checkbox"/> Disk Degeneration | <input type="checkbox"/> Hemorrhoids               |
| <input type="checkbox"/> Nose bleeds       | <input type="checkbox"/> Periodontal (gum) disease |

Please share this article about 200+ co-existing conditions and symptoms of fibromyalgia and CFS/ME with others who have these conditions. (And indeed, share with those who don't have these conditions– nothing like educating the masses!).

The more we educate ourselves through research and information, the more opportunity we have to make ourselves better.

Source: fibromapp.com/200-co-existing-conditions-symptoms-of-fibromyalgia - December 9, 2019

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