Dear Editor:

Fibromyalgia is a chronic pain disorder. Treatment of patients with fibromyalgia typically includes medication, exercise, cognitive behavioral therapy, and education. The Ottawa Panel supports the use of regular physical activity for the overall management of fibromyalgia. The majority of patients with fibromyalgia can exercise at low to moderate intensity. T'ai chi, which originated in China as a martial art, is a mind–body practice often offered in community settings. T'ai chi is a “balanced” exercise that integrates key components of exercise training, cardiorespiratory function, strength, balance, and flexibility, with deep breathing and elements of relaxation and mental concentration. T'ai chi has both physiologic and psychosocial benefits in patients with chronic conditions. Little is known, however, about the benefits of t'ai chi in patients with fibromyalgia. A recent study analyzed the effects of a 12-week t'ai chi intervention (10 forms Yang style 2 times/week) in patients with fibromyalgia (85% female), and observed improvements in the symptoms, as well as in functional capacity. However, they did not report the results separately for males and females patients. Therefore, whether the effect was gender dependent is not known. Men with fibromyalgia seems to report more severe symptoms than women, decreased physical function, lower quality of life, and more impact of the disease. It is important to note that the changes of the study variables after the intervention as well as after the detraining period were rather heterogeneous and varied between outcomes and patients, which preclude firm conclusions. Indeed, these results should be taken as preliminary due to the small sample size of our study, yet this might be justifiable owing to the uniqueness of the studied population group, and the low prevalence of the disease in Spanish men (~0.2%). The lack of a control group raises the possibility that the observed changes have occurred spontaneously rather than as a result of the intervention.

The purpose of the present multiple-patient case report was to determine the effectiveness of a 4-month t'ai chi intervention on pain, functional capacity, and the impact of the fibromyalgia in men.

A total of 6 Spanish men with fibromyalgia (mean age: 52.3 ± 9.3 years) participated in the study, which was conducted between September 2008 and September 2009, and approved by the Ethics Committee of the Hospital Virgen de las Nieves (Granada, Spain). The t'ai chi intervention was based on the classical Yang Style (8 forms). Patients participated in a 4-month t'ai chi intervention that included 3 sessions (of 60 minutes) per week. Each session included 15 minutes of warmup while stretching, mobility and breathing techniques, 30 minutes of t'ai chi exercise principles and techniques and finally, 15 minutes of various relaxation methods. The study outcomes were measured before the intervention (baseline), after 4 months of intervention (posttest), and after 3 months of a detraining period (detraining) during which the patients stopped practicing t'ai chi and did not engage in any structured exercise intervention. Measurements were as follows: (1) Tenderness; it was measured according to the American College of Rheumatology criteria for the classification of fibromyalgia using a standard pressure algometer (EFFEGI, FPK 20, Italy); (2) Functional capacity; it was assessed by the 30-second chair stand, chair sit and reach, 8-foot up and go, and 6-minute walk tests; (3) Fibromyalgia symptoms; these were assessed with the Spanish version of the fibromyalgia impact questionnaire (FIQ).

All of the patients completed the intervention satisfactorily. Table 1 shows the algometer score and tender points count before and after the 4-month intervention, and the 3-month follow-up. Table 2 shows the total score of FIQ and the dimensions physical function, pain, fatigue, anxiety, and depression scores before and after the intervention, and after the detraining period. Overall, the present study showed that a 4-month t'ai chi intervention improved lower body flexibility in men with fibromyalgia. After the detraining phase, 4 of 6 six patients maintained this improvement. There were also positive changes in algometer score, aerobic capacity, agility–dynamic balance, total score of FIQ, and the dimensions of physical function, anxiety, and depression in 4 of 6 patients. It is important to note that the changes of the study variables after the intervention as well as after the detraining period were rather heterogeneous and varied between outcomes and patients, which preclude firm conclusions. Indeed, these results should be taken as preliminary due to the small sample size of our study, yet this might be justifiable owing to the uniqueness of the studied population group, and the low prevalence of the disease in Spanish men (~0.2%). The lack of a control group raises the possibility that the observed changes have occurred spontaneously rather than as a result of the intervention.

Randomized controlled trials with larger numbers of patients are needed to investigate the effects of t'ai chi intervention. Indeed, information on the effectiveness of exercise interventions in men with fibromyalgia is especially lacking.

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Letters to the Editor

**T'ai-Chi** Intervention in Men with Fibromyalgia:
A Multiple-Patient Case Report

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Table 1. Data at Baseline (A), After 4 Months of Intervention (B), and 3 Months of Detraining Period (C) on Algometer Score, Tender Points Count, and Functional Capacity Variables

<table>
<thead>
<tr>
<th>Patient</th>
<th>Algometer score(^a)</th>
<th>Tender points count(^b)</th>
<th>6-min walk (m)(^a)</th>
<th>Chair sit and reach (cm)(^a)</th>
<th>8-feet up &amp; go (s)(^b)</th>
<th>Chair stand(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>34.65</td>
<td>18</td>
<td>584.96</td>
<td>−11.50</td>
<td>5.43</td>
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<tr>
<td>2</td>
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<td>13</td>
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<td>−15.50</td>
<td>5.81</td>
<td>8</td>
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<tr>
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<td>17</td>
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<td>6.50</td>
<td>6.53</td>
<td>11</td>
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<tr>
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<td>8.16</td>
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<tr>
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<td>18</td>
<td>520.98</td>
<td>−21.00</td>
<td>6.91</td>
<td>10</td>
</tr>
</tbody>
</table>

\(^a\)Higher scores indicate improved state.
\(^b\)Lower scores indicate improved state.

Table 2. Data at Baseline (A), After 4 Months of Intervention (B), and 3 Months of Detraining Period (C) on Fibromyalgia Impact Questionnaire

<table>
<thead>
<tr>
<th>Patient</th>
<th>Total score FIQ</th>
<th>Physical function</th>
<th>Pain</th>
<th>Fatigue</th>
<th>Anxiety</th>
<th>Depression</th>
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<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>A</td>
</tr>
<tr>
<td>1</td>
<td>51.9</td>
<td>65.6</td>
<td>64.5</td>
<td>5.9</td>
<td>5.6</td>
<td>7.1</td>
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<tr>
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<td>78.7</td>
<td>72.6</td>
<td>71.3</td>
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<td>7.0</td>
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<tr>
<td>3</td>
<td>89.3</td>
<td>77.0</td>
<td>69.6</td>
<td>9.5</td>
<td>9.5</td>
<td>9.5</td>
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<tr>
<td>4</td>
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<td>72.1</td>
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<td>69.6</td>
<td>9.0</td>
<td>8.0</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Lower scores indicate improved state.
FIQ, fibromyalgia impact questionnaire.
Future research might determine whether (1) increasing the number of sessions per week; (2) increasing the time of the intervention (e.g., 6 months); or (3) increasing the intensity, inducing greater benefits on pain, functional capacity, and fibromyalgia symptoms in these patients.

Acknowledgments

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Disclosure Statement

No competing financial interests exist.

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