If you have fibromyalgia, you may have been advised to try exercise and cognitive behavioural therapy (CBT). Both can help some people manage symptoms, but they are not cures, and they do not work equally well for everyone. If you have made a genuine effort and still feel exhausted, sore or overwhelmed, that does not mean you have failed.

It is reasonable to go back to your GP and explain what has—and has not—helped. You can ask for your diagnosis and treatment plan to be reviewed, discuss other options, and check whether something else may be adding to your symptoms. This article explains practical next steps, including NHS care, specialist review options and questions to ask if you are considering a private cannabis clinic.

Important: This is general information, not a personal diagnosis or treatment plan. Seek urgent help for severe or rapidly worsening symptoms, or call 999 for a medical emergency.

First, check what “not working” means for you

Fibromyalgia can involve widespread pain, fatigue, unrefreshing sleep, difficulty concentrating and increased sensitivity to touch, sound or temperature. Symptoms often fluctuate. A treatment may make one part of life easier without removing pain altogether—and improvement can be gradual.

Before your next appointment, consider keeping a brief record for a week or two. Note pain, sleep, energy, mood, activity, medication and any possible triggers. Include practical effects, such as difficulty working, caring for someone, preparing food or getting washed. This can help you and your clinician judge whether a treatment has made a worthwhile difference.

It is also fair to say when a treatment is not manageable. For example, exercise that repeatedly causes a significant flare may need adjusting; CBT that does not feel like a good fit may not be the right approach for you. Don’t force yourself through a plan that leaves you much worse without discussing it with your healthcare professional.

Ask your GP to review the whole picture

Fibromyalgia is usually diagnosed by a clinician using your symptoms, history and examination. There is no single blood test that confirms it. Tests may be used to look for other conditions or causes of particular symptoms. If your symptoms have changed, or you have new problems, ask whether another assessment is appropriate rather than assuming everything is fibromyalgia.

Your GP can review your diagnosis, current medicines, sleep, mood and day-to-day functioning. They can also check whether other conditions may be present alongside fibromyalgia. These might include inflammatory or thyroid conditions, sleep disorders, anxiety or depression, or pelvic and gynaecological problems. A second condition does not automatically rule out fibromyalgia.

Try to be specific about what you want from the appointment. For example: “I’ve tried the agreed exercise plan and CBT, but I’m still struggling to function. Can we review the diagnosis and discuss a different plan?” You can ask for a longer appointment if available, take notes, or bring someone you trust.

Women, chronic pain and conditions that can be missed

Women are more likely than men to be diagnosed with fibromyalgia and several other chronic pain conditions. The reasons are complex; differences in biology, social factors and how symptoms are recognised may all play a part. A higher diagnosis rate does not mean women's pain is inevitable, exaggerated or "just stress". Persistent pain deserves a careful assessment.

Endometriosis is one important example. It occurs when tissue similar to the lining of the womb grows elsewhere in the body. Symptoms can include severe period pain, pelvic pain, pain during or after sex, bowel or bladder symptoms, and difficulty getting pregnant. Symptoms vary, and some people with endometriosis do not have all of these.

It can take years for some people to receive an endometriosis diagnosis. Delays can happen for many reasons, including symptoms being mistaken for ordinary period pain, difficulty accessing specialist assessment, and the fact that diagnosis may require further investigation. Living with untreated or poorly managed pelvic pain can affect sleep, relationships, work, education and mental wellbeing. It can also overlap with other pain problems, so a fibromyalgia diagnosis should not stop you raising persistent pelvic symptoms.

If you have symptoms that suggest endometriosis, keep a record of when they occur and how they affect you, and discuss them with your GP. Ask what assessment or referral is suitable. A GP may refer you to gynaecology; the next steps depend on your symptoms and local services. Seek prompt medical advice for severe new pelvic pain, particularly if you might be pregnant or feel acutely unwell.

Menopause symptoms are not only hot flushes

Perimenopause and menopause can bring symptoms beyond hot flushes and night sweats. These may include sleep disruption, joint or muscle aches, headaches, changes in mood, anxiety, difficulty concentrating, vaginal or urinary symptoms, and changes in sexual desire. Some symptoms can resemble or add to fibromyalgia symptoms, but that does not mean menopause explains every pain or fatigue problem.

If you think hormonal changes may be affecting you, tell your GP what has changed and when. Discuss the impact on your daily life and ask about appropriate options. Menopause care is individual: treatment depends on your health, symptoms and preferences. Hormone replacement therapy (HRT) is one option for some people, but it is not suitable for everyone and is not a treatment for fibromyalgia itself. A clinician can discuss benefits, risks and alternatives with you.

What NHS treatments and referrals might be considered?

NICE guidance on chronic primary pain includes fibromyalgia among the conditions where pain is not fully explained by another diagnosis or where it has a complex relationship with other conditions. Recommendations can include supported physical activity and, for some people, psychological approaches such as CBT or acceptance and commitment therapy (ACT). femalefirst.co.uk These are options to discuss—not a test you must pass before receiving further care.

Your GP may also discuss medicines. Depending on your circumstances, they may consider an antidepressant medicine that can help with pain, such as amitriptyline, duloxetine, fluoxetine, paroxetine or citalopram. These medicines have possible side effects and are not suitable for everyone. The choice should be made with a clinician, taking account of other medicines, health conditions and your preferences. Don't stop or change a prescribed medicine suddenly without advice.



Some medicines commonly used for other types of pain may not be recommended for chronic primary pain, or may have limited benefit and significant risks. Ask your GP what the intended benefit is, how you will review whether it is helping, and what the plan is if it does not.

What to ask about Why it may help Diagnosis and new symptoms Checks whether the diagnosis still fits and whether another condition needs attention. Medicines and side effects Clarifies the aim, possible risks and when to review a treatment. Adjusted activity or rehabilitation A clinician or physiotherapist may help you find a pace and approach you can sustain. Referral options Your GP can advise whether local pain, rheumatology, gynaecology, menopause or other services are appropriate.

Referral pathways vary across the UK and between local NHS services. Fibromyalgia does not always require a rheumatology referral, particularly when the diagnosis is clear and there are no signs of another condition. A referral may be considered when the diagnosis is uncertain, symptoms are complex, or specialist input is needed. Ask your GP what the referral is intended to address and what you can expect while waiting.



“Two medicines tried with GP”: why treatment history matters

If you have tried two medicines with your GP and still feel unwell, write down their names, doses, how long you took them, what happened and why they were stopped or changed. Include non-medicine treatments too, such as CBT, exercise or physiotherapy. This gives a specialist a clearer picture than simply saying “nothing worked”.

There is no universal rule that everyone with fibromyalgia must try exactly two medicines before a particular referral or treatment. The right next step depends on your symptoms, diagnosis, medical history and local pathway. If you have been told you need to try specific treatments first, ask who has set that requirement, what counts as an adequate trial, and what happens if those treatments are unsuitable or cause side effects.

Considering a private video consultation?

A private video consultation may offer another way to speak with a clinician, particularly if you want a review of your history or advice about possible next steps. It does not replace emergency care, and it does not guarantee a diagnosis, prescription or NHS referral. Before booking, check the clinician’s qualifications and relevant specialist experience, the full cost, what happens after the appointment, and how information will be shared with your GP—with your consent.

An **online eligibility check** can be a useful first step if a service offers one. Treat it as an initial screening tool, not a diagnosis or a promise that you will be offered treatment. Read what information it collects, how it is stored, and what the service recommends if you are not eligible or need urgent assessment.

Questions to ask a private cannabis clinic

Some people with persistent pain ask about medical cannabis after other treatments have not helped. In the UK, cannabis-based products for medicinal use are generally prescribed by specialist doctors, not as a routine first-line treatment for fibromyalgia. Whether it is appropriate depends on a specialist’s assessment, the evidence for your circumstances, potential risks and the options you have already tried. A clinic’s eligibility check or private video consultation cannot guarantee a prescription or that the treatment will help.

If you are considering a private cannabis clinic, ask direct questions before paying:

- Will I be assessed by a doctor on the relevant specialist register, and what experience do they have with chronic pain?
- What information do you need from my GP, and will you communicate with them—with my consent?
- How do you assess whether cannabis-based treatment is suitable, including possible interactions, mental health history and other risks?
- What evidence supports its use for my symptoms, and what benefits can realistically be expected?
- What are the likely side effects, safety precautions and reasons treatment might not be suitable?
- What is the total cost, including follow-up appointments, prescriptions and the medicine itself?
- How will treatment be monitored, and what is the plan if it does not help or causes problems?

Be cautious of services that promise a prescription, claim a treatment is risk-free, or suggest you stop prescribed medicines without speaking to your GP. A private prescription does not automatically mean your NHS team will take over prescribing. Ask the clinic and your GP how ongoing care would work. Do not drive if a medicine makes you drowsy or otherwise impairs you, and follow the clinician’s advice about legal and safety restrictions.

Make the next step manageable

You do not have to solve everything in one appointment. A practical plan might be to book a GP review, take a short symptom and treatment history, and agree one or two next steps with a review date. You could ask:

1. Does my diagnosis still fit, and do my newer symptoms need assessment?
2. Are pelvic pain, menopause symptoms, sleep problems or another condition contributing?
3. What NHS support or referral is appropriate in my area?
4. What is the goal of each proposed treatment, and when will we decide whether it is helping?
5. Who should I contact if symptoms worsen or I have a side effect?

Still feeling awful after CBT and exercise is a reason to revisit your care—not a reason to blame yourself. Ask for a plan that takes your symptoms seriously, considers other possible contributors and is reviewed over time. You deserve clear explanations and shared decisions, whether your next step is adjusting an NHS treatment, asking for a specialist review, or carefully exploring a private opinion.