What's Going On After Your Antibiotic:

Understanding Fluoroquinolone-Associated Disability (FQAD)

This is written to give you a starting point — a name for what you're experiencing, and a reason to trust what your body has been telling you.

This Is a Recognized Medical Condition

What you're describing — whole-body fatigue and pain that began after a fluoroquinolone antibiotic (like ciprofloxacin or levofloxacin), worse in your legs, and now limiting your ability to walk — fits a pattern doctors and researchers call Fluoroquinolone-Associated Disability, or FQAD.

This is not "in your head," and it is not something you should have to argue for. The FDA itself has recognized this pattern of injury. Researchers define it as a group of disabling symptoms — lasting 30 days or more after stopping the antibiotic — that substantially disrupt a person's ability to live their normal life, affecting two or more body systems (muscles/tendons, nerves, senses, skin, heart, or overall energy and cognition).

You are not the only person this has happened to. Case reports describe previously healthy, active adults who developed this same kind of severe, multi-system decline after a course of these antibiotics — including people who, like you, went from fully active lives to significant physical limitation.

What's Likely Happening in Your Body

The leading explanation involves the energy-producing structures inside your cells (mitochondria). This class of antibiotic can disrupt mitochondrial function and damage connective tissue (tendons, ligaments) and nerves — and for some people, that disruption doesn't fully resolve after the drug is stopped. This is also why your provider is considering whether this event may have triggered a broader inflammatory or autoimmune process — this is a reasonable and active line of investigation, not a stretch.

What Comes Next

- Bloodwork to look at inflammation and autoimmune markers, thyroid function, and other contributors to fatigue and pain.
- A careful musculoskeletal exam, since tendon involvement (including the Achilles) is a known feature of this condition.
- Discussion of supportive treatment — there is no single approved cure, but several approaches (including magnesium repletion, antioxidant support, and mitochondrial support) are being used and studied.
- Regenerative or orthobiologic options where appropriate, if connective tissue or tendon injury is contributing to your symptoms.

A Few Things Worth Knowing

- Treatment research in this area is still developing — you may hear "we don't fully understand the mechanism yet." That is honest, not dismissive.
- Recovery is variable and can take time. That is frustrating, but it does not mean you won't improve.
- Avoiding fluoroquinolone antibiotics in the future is an important part of your care going forward — make sure this is documented in your chart and known to any future prescriber.

This handout is meant to help you understand and discuss your condition with your care team — it is a starting point for conversation, not a diagnosis or a complete treatment plan.