

Rheumatology Department, RNHRD

Suspected Fibromyalgia

Key message:

**Diagnosis of Fibromyalgia can be made in the community.
We will no longer be accepting referrals for diagnostic confirmation in patients with suspected Fibromyalgia.**

An examination for tender points is no longer required for a diagnosis of fibromyalgia.

Use the **2016 ACR Fibromyalgia Diagnostic Criteria** to confirm diagnosis:

1. Widespread Pain Index (WPI) ≥ 7 and Symptom Severity Score (SSS) ≥ 5
OR
Widespread Pain Index (WPI) 4-6 and Symptom Severity Score (SSS) ≥ 9
2. Generalized pain: met if you checked pain in 4/5 regions (not including items in italics)
3. Symptoms present ≥ 3 months

Suspect FMS if:

Widespread musculoskeletal pain
Sleep disturbance
Severe fatigue
Concentration or memory impairment
Examination reveals no swollen joints
Investigations are all normal
Long-COVID and CFS/ME have been excluded

Counsel patients before requesting investigations that where FMS is suspected, all investigations are likely to be normal, as it is not a diagnosis of exclusion

Suggested **Investigations** to exclude alternative diagnoses:

FBC
PV
CRP
U&E, Creat, LFTS
TSH
RF
AIP
Calcium
CPK
TTG
25-OH Vitamin D
HbA1C or random blood glucose
Ferritin
Myeloma screen

Red flags for further investigation

- Predominant articular pain, swelling or stiffness and/or raised CRP?
 - Consider arthritis – RF and/or rheum referral
- Predominance of weakness rather than pain with raised CRP?
 - Consider myositis – ANA/CK and/or rheum referral
- Raynaud's/photosensitivity?
 - Consider SLE – test ANA – if positive consider rheum referral
- Axial stiffness?
 - Consider Spondyloarthritis – CRP, HLA B27 and/or a rheum referral

Confirming a diagnosis of FMS

The fibromyalgia diagnosis can now be made irrespective of other diagnoses (you do not need to rule out all other conditions that could explain the symptoms, if criteria 1-3 are all met).

1. Widespread pain index (WPI)

In the past week, where have you had pain? (check all that apply)

Left upper region (1)

- L jaw*
- L shoulder girdle
- L upper arm
- L lower arm

Right upper region (2)

- R jaw*
- R shoulder girdle
- R upper arm
- R lower arm

Axial region (5)

- Neck
- Upper back
- Lower back
- Chest*
- Abdomen*

Left lower region (3)

- L hip (buttock/trochanter)
- L upper leg
- L lower leg

Right lower region (4)

- R hip (buttock/trochanter)
- R upper leg
- R lower leg

Total: _____ WPI score (add up boxes checked, 0-19)

_____ Number of regions checked (excluding items in italics); use this for criterion #2.

Symptoms Severity Score (SSS)

For each of the following, for the past week, rate

	0=No problem	1=slight or mild problem, often mild or intermittent	2=moderate, considerable problem, often present	3=severe, pervasive, continuous, life-disturbing
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking unrefreshed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past week, have you been bothered by any of the following?

	0 = No problem	1 = Problem
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Pain or cramps in lower abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>

Total SSS: _____ (0-12)

Confirm diagnosis if:

1. Criterion 1 is met if you have EITHER

a. $WPI \geq 7$ and $SSS \geq 5$ OR

b. $WPI 4-6$ and $SSS \geq 9$

2. Generalised pain: met if you have checked pain in 4/5 regions (not including items in italics)

3. Symptoms present ≥ 3 months

Fibromyalgia is diagnosed if you meet all 3 criteria 1-3, independent of whether other diagnoses contribute to these symptoms¹

New guidelines aimed to support clinicians in the diagnosis of fibromyalgia syndrome (FMS) have been produced by the Royal College of Physicians (RCP) and are a useful resource <https://www.rcplondon.ac.uk/guidelines-policy/diagnosis-fibromyalgia-syndrome>

Which FMS patients should be referred to Rheumatology Therapy secondary care?

Referrals to Rheumatology Therapy Team

There is an established referral pathway from consultants and GPs to the RNHRD Rheumatology Therapy team at the RUH. Referrals are accepted from GPs, using the 'Direct Access' referral form accessed through the RNHRD/RUH website, or through Choose and Book. *Self-referrals from patients are not accepted.*

The RNHRD Rheumatology therapy team do not currently offer a fibromyalgia diagnostic service. **Diagnosis of fibromyalgia should take place prior to referral** into the service. Referrals asking for confirmation of diagnosis or without a clearly stated diagnosis of Fibromyalgia will be rejected.

Inclusion Criteria

- ✓ Patient over 16 years old
- ✓ Confirmed clinical diagnosis of FMS meeting the current 2016 FMS diagnostic criteria

Exclusion criteria

- × Unconfirmed diagnosis of FMS
- × Patient under 16 years old
- × Patient is currently waiting to attend an alternative pain or fatigue programme e.g. Pain Management, IAPT, CFS/ME or Long Covid Programme
- × Acute psychological or mental health needs

The treatment offered may not be appropriate for patients with highly complex needs who have acute psychological/mental health needs. Please refer these individuals to appropriate mental health services, psychology services and/or the local Pain Clinic

Referral catchment area:

People registered with a GP practice one of the newly established ICBs, replacing the local Clinical Commissioning Groups (CCGs) listed below can be referred:

- BSW ICB (formerly Banes, Swindon and Wiltshire CCGs)
- BNSSG ICB (formerly Bristol, North Somerset and South Glos CCGs)
- Gloucestershire ICB (Gloucester CCG)
- Somerset ICB (Somerset CCG)
- **Out of area referrals are not accepted**

Rheumatology Therapy for patients with a diagnosis of fibromyalgia

The RNHRD Rheumatology Therapy team at the RUH comprises of Occupational Therapy and Physiotherapy. The team work with people with a confirmed diagnosis of fibromyalgia to support them to learn more about their condition and explore self-management strategies, as appropriate to individual need. This may not include attendance of the fibromyalgia group programme.

The support we offer is not a generic pain management programme, and there is no psychologist or doctor within the team.

Once a referral is accepted, we offer telephone, virtual or face-to-face appointments, according to individual preference. The first appointment is a 1:1 appointment to identify individual need. Based on this, the most appropriate treatment pathway for the person is discussed and agreed. We offer education individually and also group based education programme. Signposting on to other service may also be considered as part of this process.

References

1. <https://people.clarkson.edu/~lrussek/2016FMS.pdf>