Fibromyalgia Syndrome Assessment and Diagnosis

History of chronic (>3months) widespread (generalised) pain -

- Musculoskeletal pain involving both sides of the body and present above/ below the waist
- The following scores may be used to facilitate the diagnosis (Sensitivity 86% Specificity 90%)

Widespread pain index (WPI) Z 7 AND symptom severity scale (SSS) score Z 5 OR :
WPI of 4–6 and SSS score Z 9.

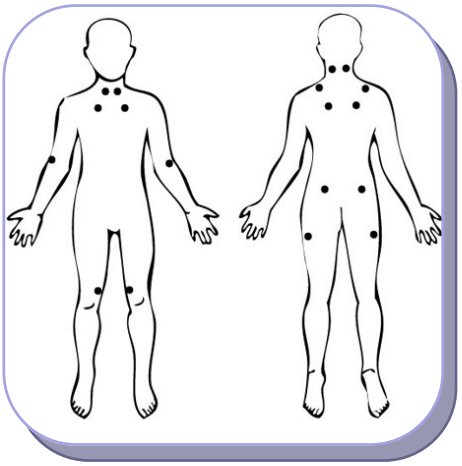
Associated symptoms: Fatigue, sleep disturbance, mood disturbance, numbness/tingling sensations, poor memory/ concentration, IBS, Irritable bladder, headaches

Palpations of muscular tender points is optional but may help validate the diagnosis:

The 18 tender points of fibromyalgia: apply pressure hard enough for the nail bed to blanch; pain (or lack thereof) should be immediate

ACR 2010 FMS diagnostic criteria and 216 Revision:

J Rheumatol. 2011 Jun;38(6):1113-22 / Seminars Arth Rheum 2016 (46)319-329



Basic screening Tests:

FBC, U&Es, LFTs, CRP, calcium, TSH, glucose, B12, Folate

Urine Dip

(normal in Fibromyalgia)

Positive or additional/ atypical symptoms? Consider specific additional screening tests or referral in the following red flag scenarios:

Red Flags for further investigation

Predominant articular pain, swelling or stiffness and or raised CRP?

- Consider arthritis – anti CCP/ RhF and/or a rheum referral

Predominance of weakness rather than pain with raised CRP ?

- Consider myositis– ANA/ CK and/ or a rheum referral

Raynaud's/photosensitivity ?

- Consider - SLE– test ANA—if positive consider a rheum referral

Axial stiffness ?

- Consider spondyloarthritis- CRP, HLAB27 and or a rheum referral

Negative

Diagnose Fibromyalgia

A diagnosis of fibromyalgia is valid irrespective of other diagnoses. A diagnosis of fibromyalgia does not exclude the presence of other clinically important illnesses.

For further advice and guidance, please contact Consultant Connect (if available in your area) , or Julie Russell, Clinical Specialist Physiotherapist or Sandi Derham, Clinical Specialist Occupational Therapist at the RNHRD by telephone: (01225) 465941 ext. 252

FIBROMYALGIA SYNDROME TREATMENT

PATIENT INFORMATION

~Fibromyalgia syndrome symptoms can improve through treatments detailed below—primarily with self-management strategies with the support of pharmacological treatments targeting sleep quality and the central sensitisation of pain pathways if required~

Refer patient to Arthritis UK for more information

http://www.arthritisresearchuk.org/arthritis-information/conditions/fibromyalgia.aspx

NON-PHARMACOLOGICAL

Evidence indicates graduated aerobic exercise improves pain, depression, physical function and quality of life.

Physical Therapies (active)

⇒ Graded aerobic exercise:- 20mins-30mins/day 2-3x a week

⇒ Heated pool treatments (with aerobic exercise)

⇒ Acupuncture

Psychological Therapy

Cognitive behavioural therapy* (Not included on the self management course)

Fibromyalgia Self-Management Programme -

Self management, goal setting, exercise and dietary advice, hydrotherapy and mindfulness

REFERRAL FORM can be downloaded from: http:/www.rnhrd.nhs.uk/page/94

RECCOMENDATIONS DO NOT SUPPORT: Chiropractic/ Hypnotherapy/ Massage/

PHARMACOLOGICAL

The effect sizes of pharmacological treatment in fibromyalgia syndrome and the mainstay of treatment is non– pharmacological. Opioids/ NSAID are not of benefit and are seen to cause significant side effects– evidence supports avoiding in this setting. There is limited evidence of benefit for:

⇒ Tramadol +/- Paracetamol (Pain)

⇒ Tricyclic anti-depressants :- Amitriptyline/Nortriptylline (Pain and Sleep)

⇒ Serotonin-noradrenaline reuptake inhibitors –Duloxetine (Pain and Depression)

⇒ Gabapentinoid - Pregabalin/Gabapentin (Pain, Sleep and Fatigue), Cyclobenzapine or Pregabalin (Sleep)

RECCOMENDATIONS DO NOT SUPPORT– Strong opiates/ 5-Adenosyl methionine/ Capsaicin/ Sodium oxybate/ Growth Hormone/ Corticosteroids/ Cannabinoids/ antipsychotics

EULAR guidelines 2016:Macfarlane GJ et al ARD;2017;76:318-328