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:

Basic screening Tests:
- FBC, U&Es, LFTs, CRP, calcium, TSH, glucose, B12, Folate
- Urine Dip (normal in Fibromyalgia)

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.

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

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
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.

Referring 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

RECOMMENDATIONS 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)

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