

# Fibromyalgia

V Bejarano

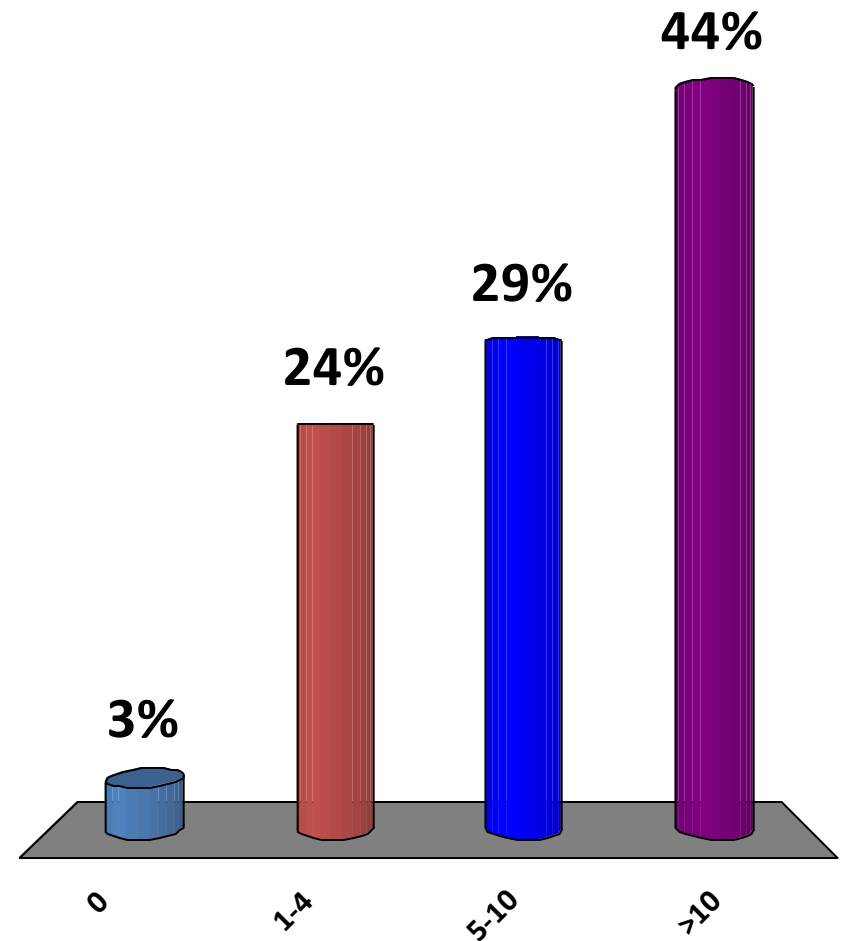
Consultant rheumatologist

# How many patients with FM do you see every week?

- 0
- 1-4
- 5-10
- >10

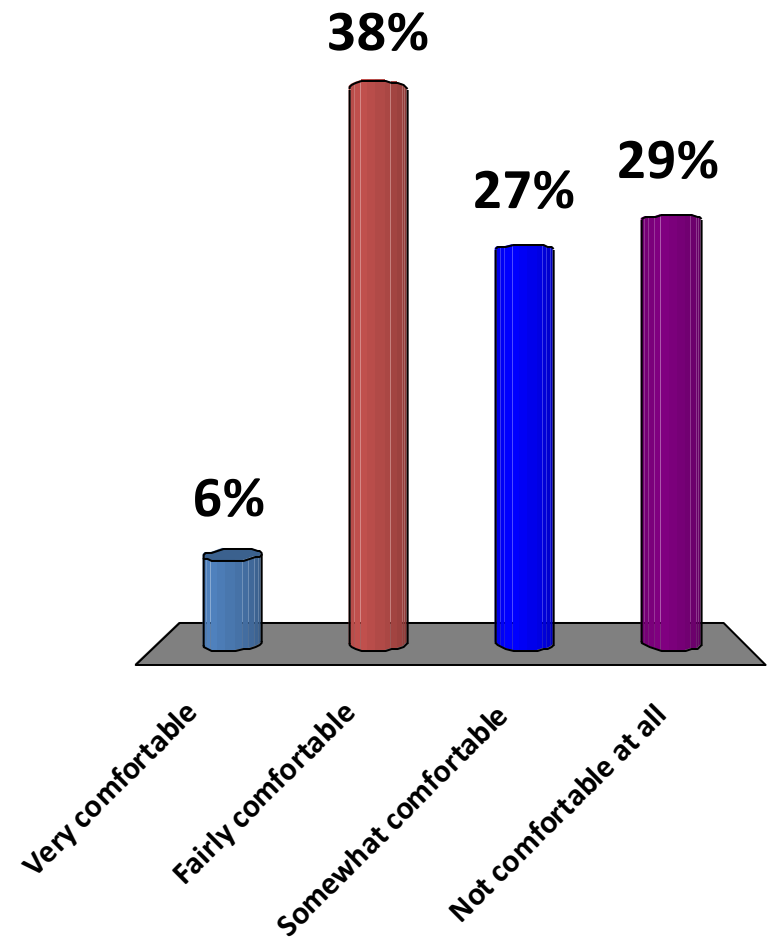
# How many patients with FM do you see every month?

- A. 0
- B. 1-4
- C. 5-10
- D. >10



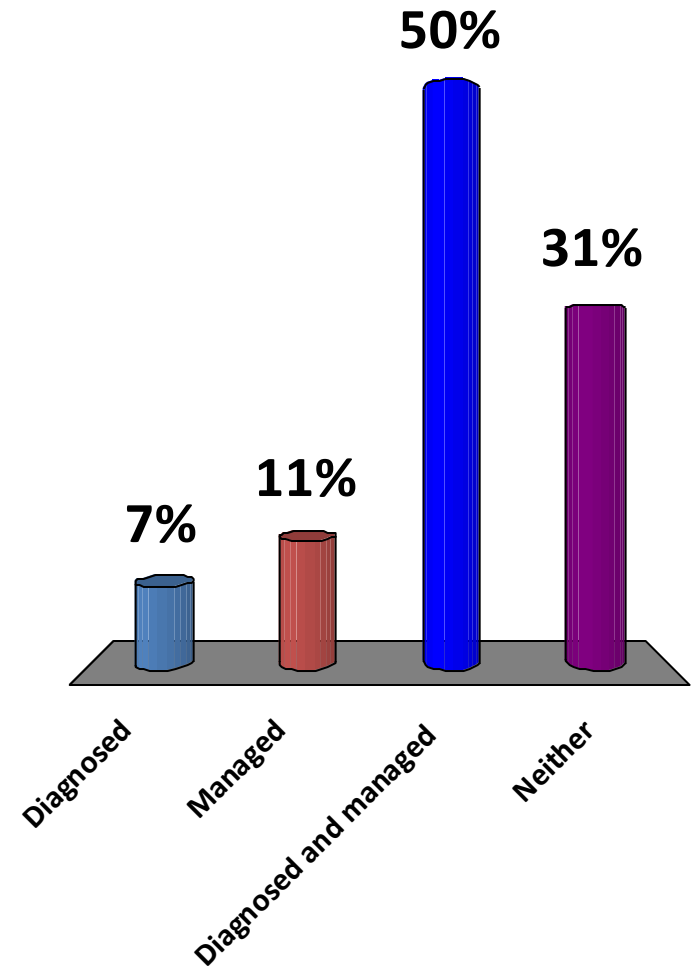
# How comfortable do you feel making a diagnosis of FM?

- A. Very comfortable
- B. Fairly comfortable
- C. Somewhat comfortable
- D. Not comfortable at all



# Do you feel FM can be diagnosed and managed in primary care?

- A. Diagnosed
- B. Managed
- C. Diagnosed and managed
- D. Neither



# What is Fibromyalgia?

- Chronic widespread pain.
- Sleep disturbance.
- Mood disturbance.
- Often multitude of non-specific symptoms.

# The size of the problem

- Arthritis Research UK: 1 in 25 people.
- Meta-analysis (Fayaz et al, BMJ, 2016): UK population-based, including chronic pain (43%, disabling 12%), chronic widespread pain (14%), FM (5%), neuropathic pain (8%).

# Does Fibromyalgia exist?

- Neuroimaging abnormalities: cause or consequence?
- Small, heterogeneous studies.
- Heterogeneous syndrome.



# The extent of the disease

- HRQoL.
- Function.
- Family and relationships.
- Contribution to society.
- Work ability.

# Fibromyalgia - ACR 2016 classification and clinical criteria

- Generalised pain (4 of 5 regions).
- At least 3 months duration of similar level symptoms.
- Widespread pain index  $\geq 7$  (0-19) and symptom severity score  $\geq 5$  (0-12).
- A diagnosis of FM is valid irrespective of (and does not exclude) other clinically important illnesses.

# What not to miss

- Short duration of symptoms.
- Joint swelling, particularly a short history.
- CTD symptoms: Raynaud's, sicca, mouth ulcers, rash.
- Seronegative illness: Psoriasis, IBD, uveitis.
- Systemic upset.
- Sinister symptoms.

# Battery of tests

- UE, FBC, LFT, CRP, ESR.
- CK, TSH, diabetes screen.
- Vitamin D, PTH, bone profile.
- ANA if symptoms suggestive of CTD.

# Fibromyalgia management

- Patient education.
- Management of expectations.
- Mood management.
- Sleep management.
- Fitness maintenance.

# EULAR 2016 management recommendations

- Prompt diagnosis.
- Aim to improve HRQoL, multidisciplinary, initially non-pharmacological, tailored to patient.
- Education.
- Aerobic and strengthening exercise.
- CBT/mood optimisation.
- Multicomponent therapies.
- Acupuncture/hydrotherapy.

- Meditative movement therapies.
- Mindfulness.
- Low dose amitriptyline (10-50 mg/day).
- Duloxetine or milnacipran.
- Tramadol.
- Pregabalin.
- Cyclobenzaprine.

# My routine

- History and examination.
- Exclusion of relevant illnesses.
- Education. Arthritis Research UK leaflet.
- Physiotherapy.
- Occupational therapy (CBT).
- Analgesia (worse days/targeted).
- Amitriptyline and gabapentin/pregabalin.
- Mood/sleep optimisation.



# Who to refer

- Another diagnosis is suspected.
- Diagnosis is in doubt.

# What a person with Fibromyalgia can expect from rheumatology

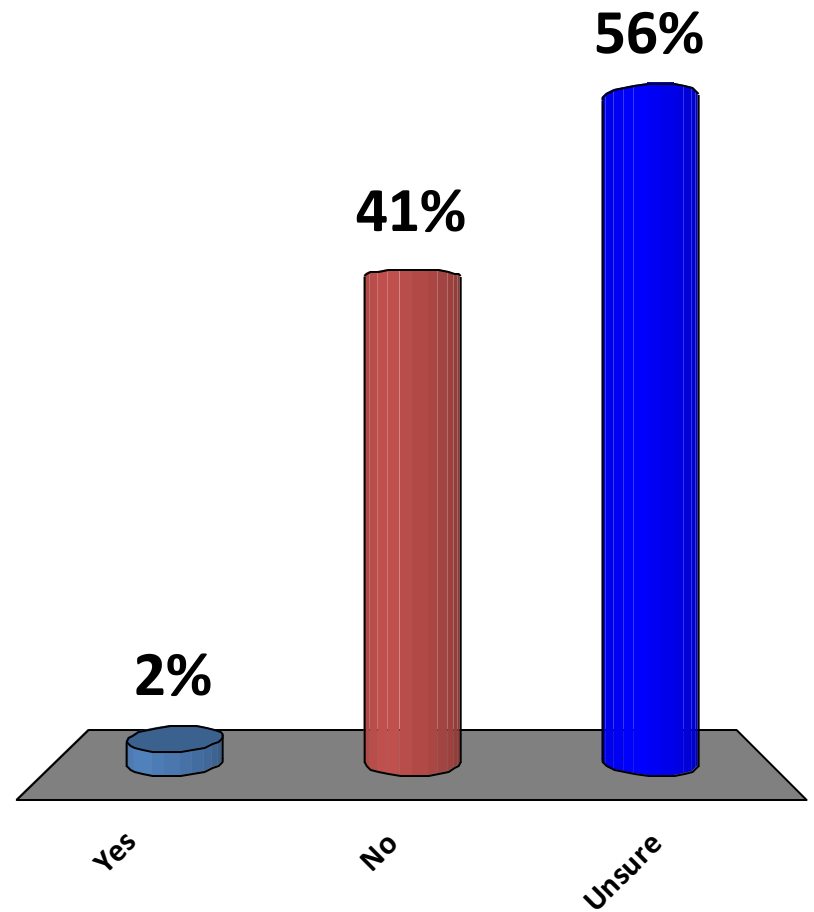
- Exclusion of other illnesses.
- Guidance on education/self-management.
- Management of expectations.
- Referral to allied health professionals.
- Discharge after usually a single visit.

# Case 1

- 23 year old woman with 6/12 of widespread pain and tiredness.
- Psoriasis.
- Toe swelling.

# Is this Fibromyalgia?

- A. Yes
- B. No
- C. Unsure

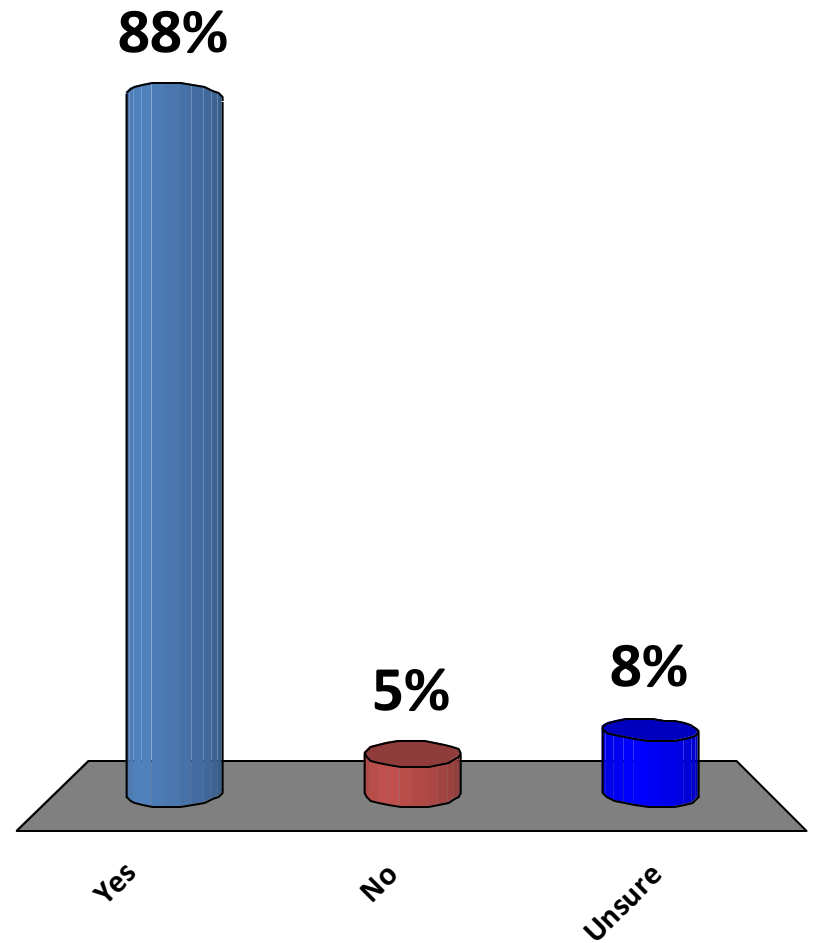


# Case 2

- 45 year old woman with 5 year history of pain and morning stiffness that are progressively deteriorating over 2 years.
- Unrefreshing sleep.
- Previous depression and IBS.
- Tiredness.
- Painkillers and physio don't work.

# Is this Fibromyalgia?

- A. Yes
- B. No
- C. Unsure

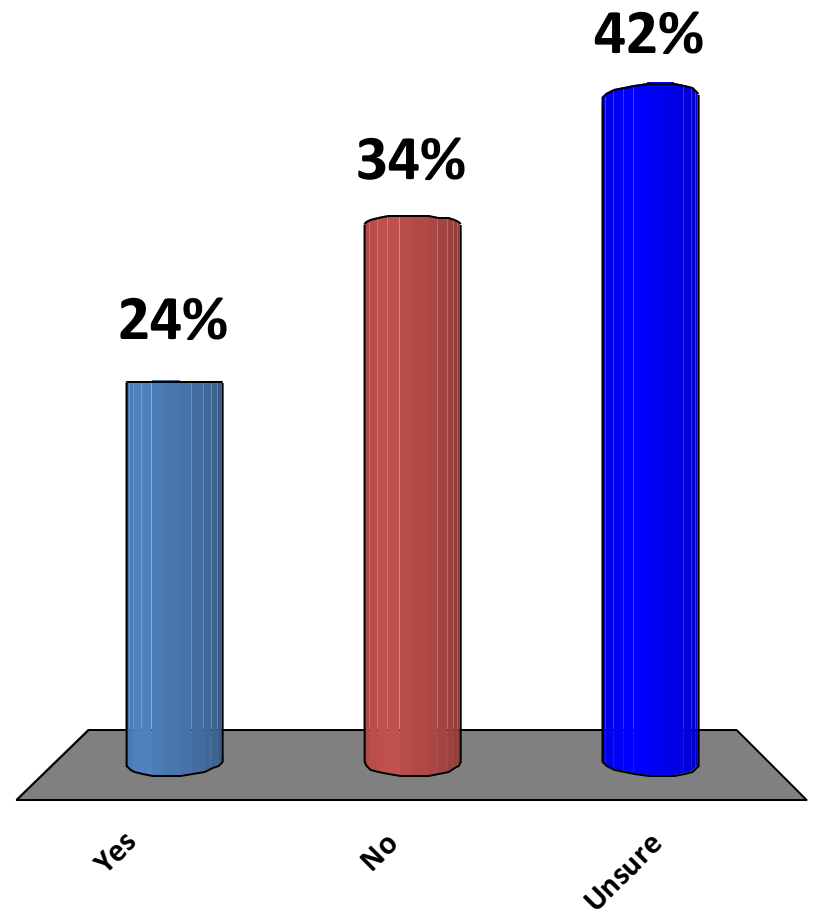


# Case 3

- 57 year old woman with 10 year history of FM.
- Deterioration of pain over 3/12 and report of wrist swelling.
- No clinical evidence of synovitis or deformity.

# Is this Fibromyalgia?

- A. Yes
- B. No
- C. Unsure





# Conclusion

- FM is very common.
- Symptoms can be very heterogeneous.
- Education and management of expectations leading to self-management are key.
- Multidisciplinary/holistic approach is essential.
- People with FM can have clinically important illnesses, before or after the diagnosis.

Thank you

