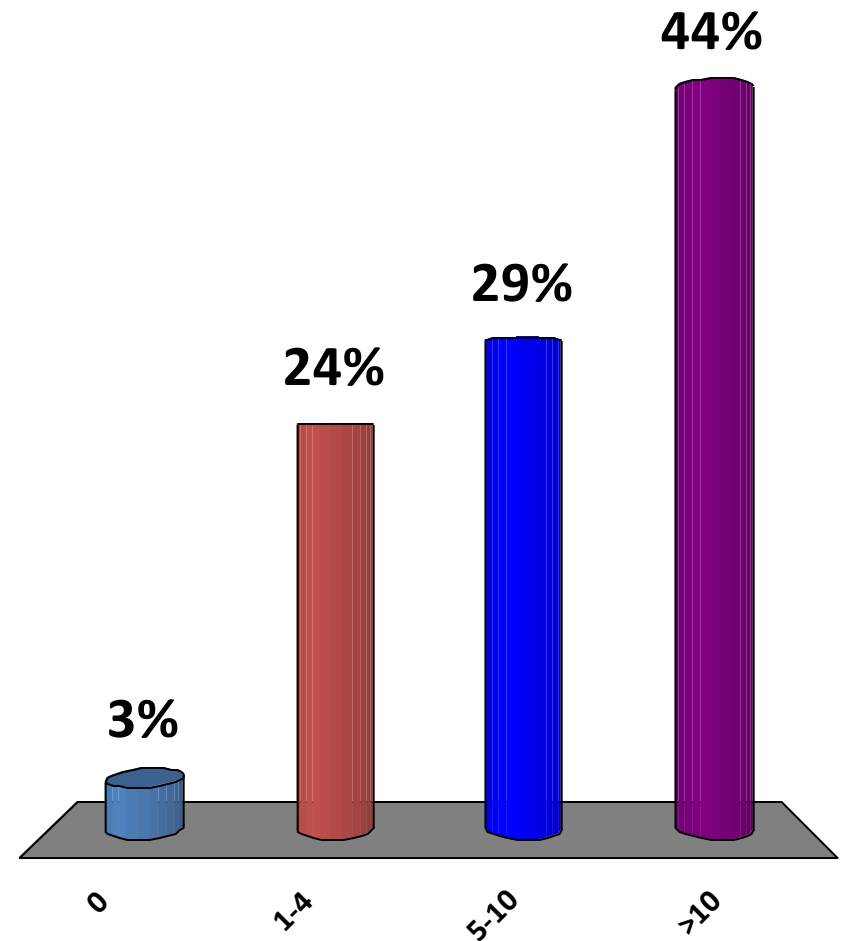# Fibromyalgia

V Bejarano

Consultant rheumatologist

How many patients with FM do you see every week?

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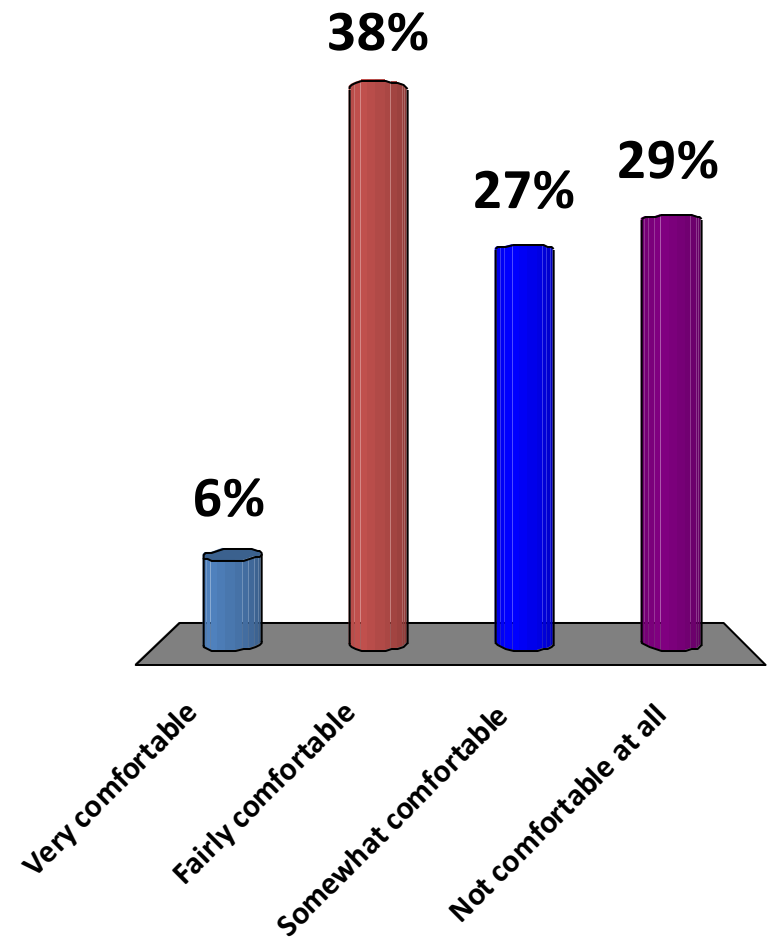- >10

How many patients with FM do you see every month?

A. 0

B. 1-4
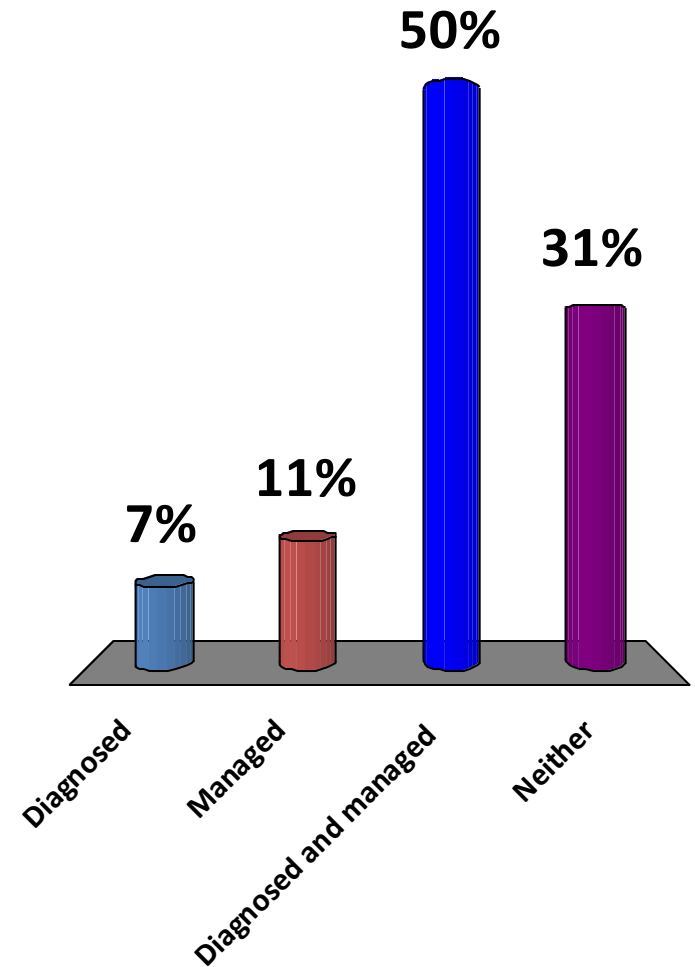
C. 5-10

D. >10

3% | 24% | 29% | 44%

0 | 1-4 | 5-10 | >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 >/=7 (0-19) and symptom severity score >/=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: Psoriais, 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
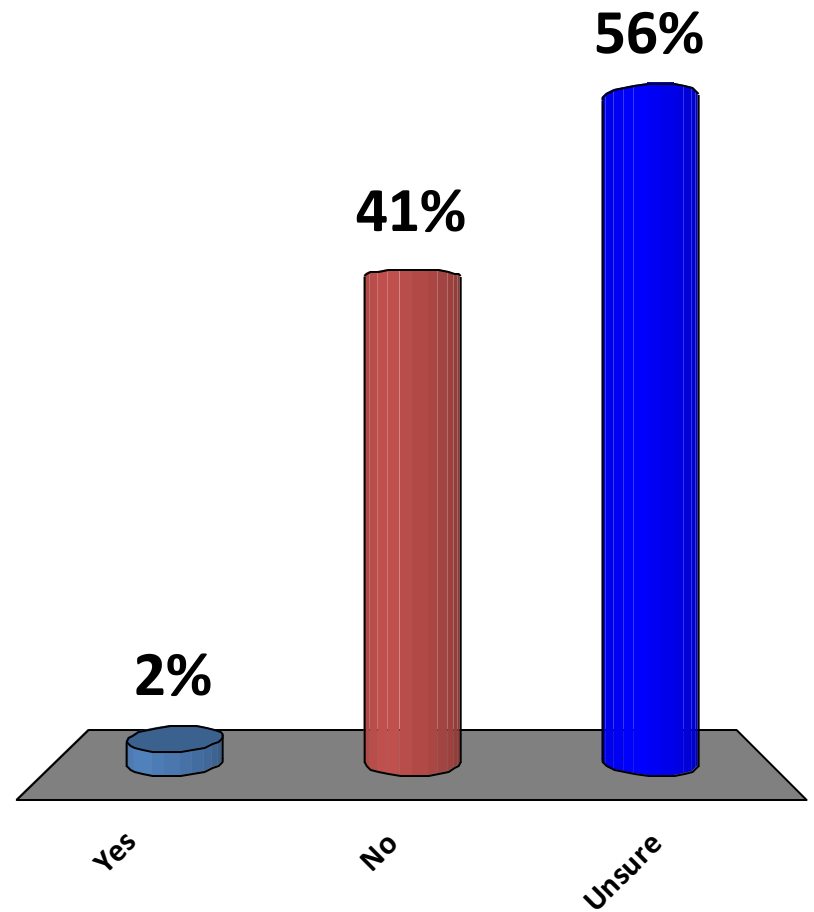
- Exclusion of other illnesses.

- 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

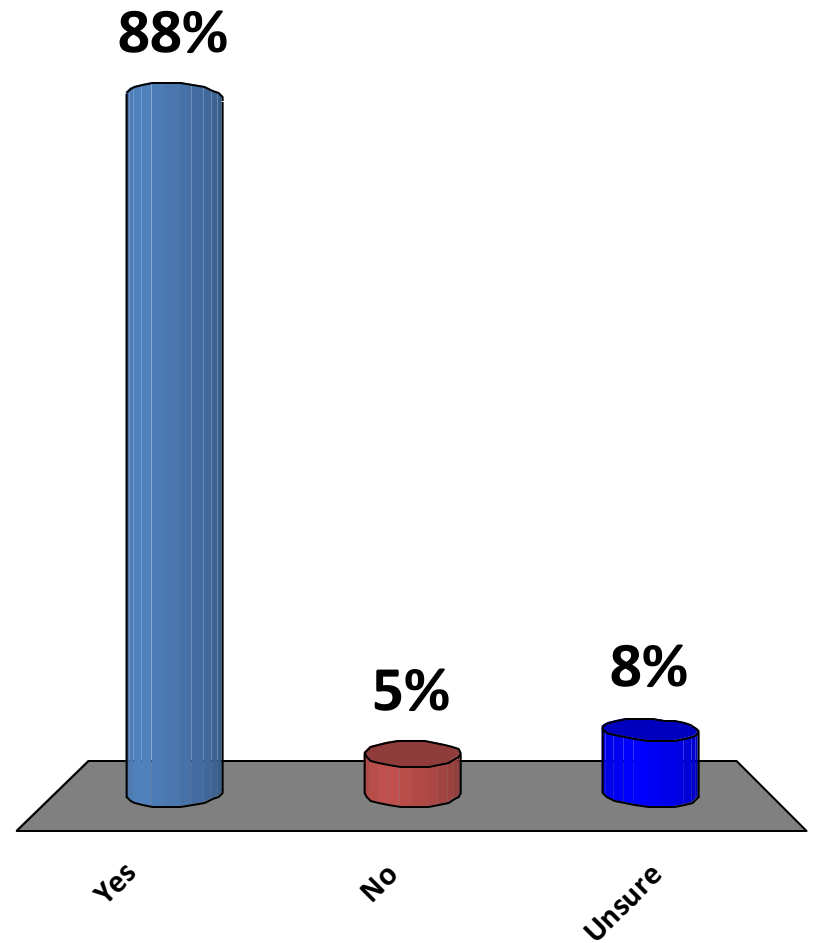**56%**

41%

2%

Yes   No   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

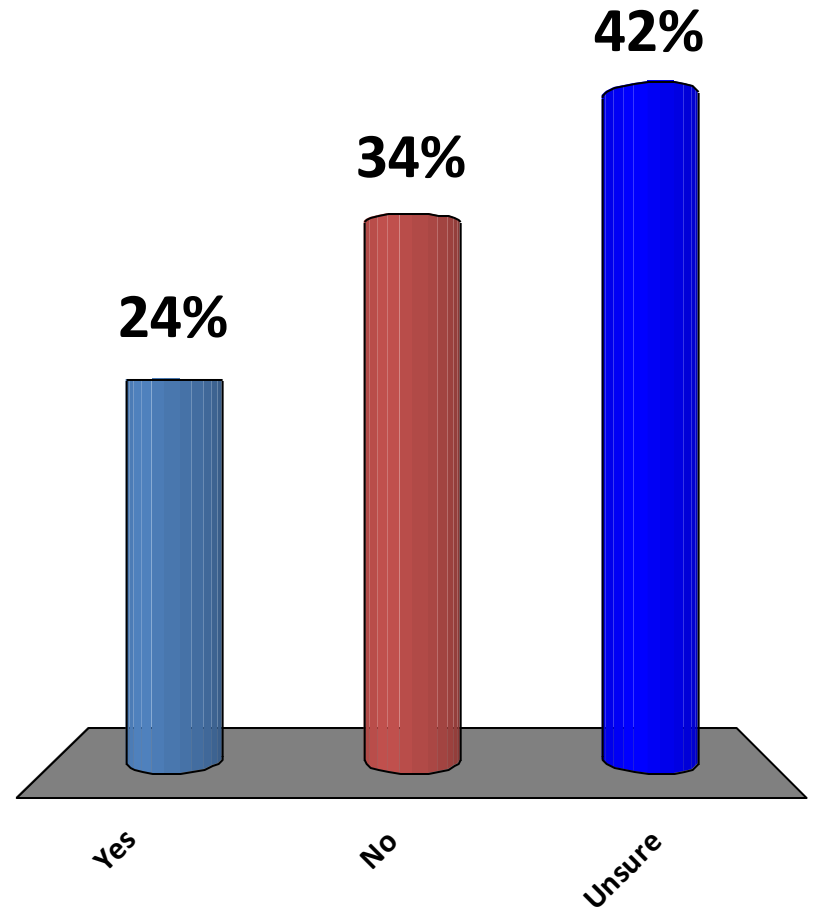88%

5%

8%

Yes

No

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

24%

34%

42%

Yes

No

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