Fibromyalgia Syndrome Assessment and Diagnosis

History of chronic (>3 months) widespread pain -
Musculoskeletal pain involving both sides of the body and present above and below the waist

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


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

Diagnose Fibromyalgia
Treatment strategy overleaf

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.

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)

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

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/Nortriptyline (Pain and Sleep)
⇒ Serotonin-noradrenaline reuptake inhibitors – Duloxetine (Pain and Depression)
⇒ Gabapentinoid - Pregabalin/Gabapentin (Pain, Sleep and Fatigue)

EULAR guidelines Ann Rheum Dis 2008;67:536-541
http://ard.bmj.com/content/67/4/536.full