A diagnosis of Fibromyalgia can be made in primary care without the need for a specialist referral. A diagnosis of Fibromyalgia (FM) should be considered in patients presenting with widespread pains without signs of inflammatory conditions or other musculoskeletal abnormalities.

The following features will be present:

1. Generalised pain in at least 4 of 5 body regions (Right Upper limb, Left Upper limb, Right Lower Limb, Left Lower Limb, Spine)
2. Widespread pain index (WPI) ≥ 7 and symptom severity (SS) scale score ≥ 5 or WPI 3-6 and SS scale score ≥ 9
3. Symptoms have been present at a similar level for at least 3 months
4. A diagnosis of FM is irrespective of other diagnoses. A diagnosis of FM therefore does not exclude other diagnoses.

**WIDESPREAD PAIN INDEX**

WPI notes the number of areas in which the patient has had pain in the last week.

<table>
<thead>
<tr>
<th>Area</th>
<th>Tick if present</th>
<th>Area</th>
<th>Tick if present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder girdle right</td>
<td></td>
<td>Shoulder girdle left</td>
<td></td>
</tr>
<tr>
<td>Upper arm right</td>
<td></td>
<td>Upper arm left</td>
<td></td>
</tr>
<tr>
<td>Lower arm right</td>
<td></td>
<td>Lower arm left</td>
<td></td>
</tr>
<tr>
<td>Hip/buttock right</td>
<td></td>
<td>Hip/Buttock left</td>
<td></td>
</tr>
<tr>
<td>Upper leg right</td>
<td></td>
<td>Upper leg left</td>
<td></td>
</tr>
<tr>
<td>Lower leg right</td>
<td></td>
<td>Lower leg left</td>
<td></td>
</tr>
<tr>
<td>Jaw right</td>
<td></td>
<td>Jaw left</td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
<td>Abdomen</td>
<td></td>
</tr>
<tr>
<td>Upper Back</td>
<td></td>
<td>Lower Back</td>
<td></td>
</tr>
</tbody>
</table>
SYMPTOM SEVERITY SCORE

For each of the symptoms above indicate the level of severity over the past week

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0 (no problem)</th>
<th>1 (slight/mild)</th>
<th>2 (moderate)</th>
<th>3 (severe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waking refreshed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive symptoms (Brain Fog)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0 = no problem
1 = slight or mild problems, generally mild or intermittent
2 = moderate, considerable problems often present and/or at a moderate level
3 = severe, pervasive, continuous life-disturbing problems

Are there related symptoms such as:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Headaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritable Bowel symptoms</td>
<td>Nervousness/Anxiety</td>
</tr>
<tr>
<td>Numbness/tingling</td>
<td>Irritable bladder symptoms</td>
</tr>
<tr>
<td>Depression</td>
<td>Blurred Vision</td>
</tr>
<tr>
<td>Non cardiac chest pain</td>
<td>Tinnitus</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Dry eyes or mouth</td>
</tr>
<tr>
<td>Itching/hives/welts</td>
<td>Cold sensitivity</td>
</tr>
<tr>
<td>Easy bruising</td>
<td></td>
</tr>
</tbody>
</table>

SYMPTOM SEVERITY SCORE - __/12__

WPI ≥ 7 AND SSS ≥ 5
OR
WPI 3-6 AND SSS ≥ 9

FIBROMYALGIA DIAGNOSIS
Typically tests are normal in fibromyalgia. We recommend:

- FBP, U&E, LFT, Bone Profile, CK
- HbA1C, TFT, B12/Folate, Iron Profile
- ESR, CRP
- IGG/SPE
- RF/Anti CCP/ANA
- Urinalysis
- Consider Chest Xray

Treat correctable findings

If rheumatology tests are positive refer on to secondary care but do not delay starting management of fibromyalgia

Please note that a high BMI may be a cause of mildly elevated ESR/CRP
Early diagnosis with education and an understanding of fibromyalgia is essential to begin management.

Management should focus on non-pharmacological therapies and these must remain the mainstay of self-management. Overwhelmingly non pharmacological therapies are efficacious over pharmacological treatments. Patients diagnosed with FM should be educated with a strong emphasis against reliance on management with drugs.

There are no additional management strategies available in secondary care that are not accessible in primary care/community

**Non Pharmacological**

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

Physical Therapies could include

- Any graded aerobic exercise:- 20mins-30mins in the day aiming for 2-3 times a week
- Swimming Pool – preferably heated
- Tai-chi or Yoga

Psychological Therapy

- Cognitive behavioural therapy if accessible, mindfulness, meditation. Relaxation techniques.

Heat based therapy

- Often heat – in the form of hot water bottles/heat packs/wraps, bath or shower can help relieve symptoms

Pacing

- Taking a break before thinking one is needed. Avoiding overdoing activities on good days “boom and bust”. Accepting there will be bad days and flare ups and having a self-management plan for when this happens.

**Exercise**

The evidence suggests that the most effective intervention for reducing pain and improving function in fibromyalgia was exercise.

A Cochrane systematic review of 34 studies that assessed the effects of exercise in fibromyalgia found that regular aerobic exercise (at least 20 min/day, 2-3 times a week for at least 2.5 weeks) improves wellbeing, aerobic capacity, tenderness, and pain compared with no aerobic exercise.

Strength training can also reduce pain and tenderness and improve wellbeing

*Any exercise works* – it must be paced, sustainable and enjoyed
Ensure there are realistic expectations of what results can be expected from pharmacological therapies. Side effects are common and may exacerbate symptoms (see table).

If a shared decision to try a medication is made, the side effect profile must be discussed including worsening of symptoms of fatigue, brain fog and sleep disturbance. Opioids of all strengths and Gabapentinoids (Pregabalin, Gabapentin) are advised against due to side effects, lack of evidence of efficacy, pain sensitisation and addictive potential.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Expected effect</th>
<th>Common/Significant side effects</th>
<th>NHSCT Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline up to 25mg/day</td>
<td>1 in 3 patients reported a 30% improvement in pain. Small effect on sleep and fatigue. Increased dose of 50mg did not show any benefit.</td>
<td>Drowsiness, dizziness, dry mouth, constipation, sweating, difficulty passing urine, trembling, irregular heart rate, blurred vision, psychiatric disorder, increased appetite, weight loss or weight gain. Hyponatraemia. May affect ability to drive safely.</td>
<td>Trial at low dose warranted after non pharmacologic strategies. Review early to ensure safety/efficacy.</td>
</tr>
<tr>
<td>Duloxetine up to 60mg/day</td>
<td>1 in 6 patients reported a 30% improvement in pain. Small effect on sleep. No effect on fatigue. Increased dose of 120mg did not show any difference.</td>
<td>Dizziness, headache, drowsiness, nausea, gastrointestinal upset, blurred vision, dry mouth, loss of appetite, high blood pressure, flushing, insomnia, anxiety, shaking, increased sweating, pins and needles, decreased libido, abnormal dreams. Acute (closed angle) glaucoma. Hyponatraemia. May affect ability to drive safely.</td>
<td>Trial may be warranted after non pharmacologic strategies. Review early to ensure safety/efficacy.</td>
</tr>
<tr>
<td>Pregabalin</td>
<td>1 in 9 patients reported 30% pain reduction. Minimal effect on sleep or fatigue.</td>
<td>Drug addiction and withdrawal effects. Dizziness, sleep disorder (sedation or insomnia), headache, incoordination, memory impairment, cognitive impairment, blurred vision, irritability, decreased libido, erectile dysfunction, increased appetite, increased weight, vertigo, gastrointestinal upset, muscle cramps, joint and back pains, fatigue, oedema. May affect ability to drive safely.</td>
<td>Use of pregabalin or gabapentin for FM is strongly discouraged</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Only a single study of tramadol plus paracetamol exists. There was a slight increased chance of a 30% reduction in pain.</td>
<td>Opioid addiction and withdrawal effects. Dizziness, headache, drowsiness, nausea and gastrointestinal upset, constipation, sweating, fatigue, psychiatric disorder including hallucinations, confusion, sleep disturbance, anxiety, nightmares.</td>
<td>Due to risks of adverse effects use of tramadol or any opioid analgesic is strongly advised against.</td>
</tr>
<tr>
<td>NSAIDS</td>
<td>No evidence of outcome compared to placebo</td>
<td>Gastrointestinal upset including heartburn/bleeding/ulcer. High blood pressure/oedema. Long term use associated with increased risk of cardiovascular events. Allergy, exacerbation of asthma. Headache, dizziness, rash, fatigue</td>
<td>Not recommended for use in fibromyalgia but may help with symptoms of co-existing osteoarthritis for example.</td>
</tr>
</tbody>
</table>
RESOURCES FOR PATIENTS

Understanding the diagnosis of Fibromyalgia
https://www.nhs.uk/conditions/fibromyalgia/
https://www.nidirect.gov.uk/conditions/fibromyalgia
https://www.versusarthritis.org/about-arthritis/conditions/fibromyalgia/
http://www.fmauk.org/  Fibromyalgia Action UK

Understanding medications used for Fibromyalgia

Understanding and self-managing persistent pain
https://www.paintoolkit.org/
https://www.youtube.com/watch?v=5KrUL8tOaQs  “Brainman” understanding pain animation
https://www.tamethebeast.org/

Improving sleep quality
https://www.nhs.uk/live-well/sleep-and-tiredness/how-to-get-to-sleep/
Local resources available through NHSCT

- Physiotherapy - graded exercise, back class
- Occupational therapy – coping strategies for newly diagnosed patients

- The Recovery College – accessed by self-referral (posted form, telephone, email)
  Many courses including Fibromyalgia, Persistent pain, Stress, Anxiety
  http://www.mentalhealthrecoverystories.hscni.net/recovery-college/

- Pain Management Programme (PMP)
  A 12 week course run by clinical psychology services in community setting
  Referral by GP required and commitment to 12 week programme. Will not be accepted if waiting on investigations/other assessments.

- Conditions Management Programme
  https://www.nidirect.gov.uk/articles/condition-management-programme
  A NI government scheme designed to help people with chronic health conditions manage their condition with a view to returning to work. Must be in receipt of benefits (see list online). Self referral online/telephone.

References:
Fibromyalgia BMJ 2014;348:g1224
EULAR revised recommendations for the management of fibromyalgia Annals of the Rheumatic Diseases 2017;76:318-328.