FIBROMYALGIA DIAGNOSTIC AND MANAGEMENT PATHWAY

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.

Area	Tick if present	Area	Tick if present
Shoulder girdle right		Shoulder girdle left	
Upper arm right		Upper arm left	
Lower arm right		Lower arm left	
Hip/buttock right		Hip/Buttock left	
Upper leg right		Upper leg left	
Lower leg right		Lower leg left	
Jaw right		Jaw left	
Chest		Abdomen	
Upper Back		Lower Back	
Neck			

WPI TOTAL SCORE – ___/19_

SYMPTOM SEVERITY SCORE

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

Symptom	0 (no problem)	1 (slight/mild)	2 (moderate)	3 (severe)
Fatigue				
Waking unrefreshed				
Cognitive symptoms (Brain Fog)				

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:

0 = none

1 = few symptoms

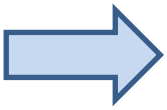
2= moderate amount of symptoms

3 = many symptoms

Irritable Bowel symptoms	Headaches
Numbness/tingling	Irritable bladder symptoms
Depression	Nervousness/Anxiety
Non cardiac chest pain	Blurred Vision
Dizziness	Tinnitus
Itching/ hives/welts	Dry eyes or mouth
Easy bruising	Cold sensitivity

SYMPTOM SEVERITY SCORE -___/12_

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

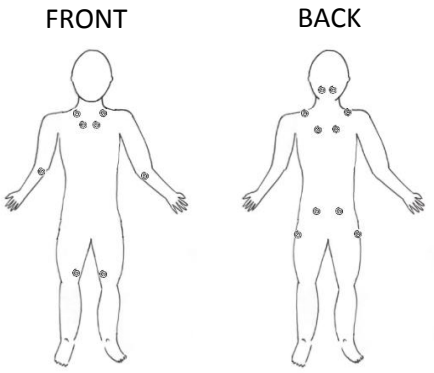


FIBROMYALGIA DIAGNOSIS

TRIGGER POINTS

Trigger points are not required to make a diagnosis of fibromyalgia but may help confirm your diagnosis

Press with only enough pressure to blanch your fingernail – a hyperalgesic response is a positive test



TESTS

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

MANAGEMENT

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**

Pharmacological

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.

Drug	**Expected effect**	**Common/Significant side effects** (see drug SPC for full side effect profile)	**NHSCT Recommendations**
Amitriptyline up to 25mg/day	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	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.	Trial at low dose warranted after non pharmacologic strategies. Review early to ensure safety/efficacy.
Duloxetine up to 60mg/day	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.	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.	Trial may be warranted after non pharmacologic strategies. Review early to ensure safety/efficacy.
Pregabalin	1 in 9 patients reported 30% pain reduction. Minimal effect on sleep or fatigue.	**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.	Use of pregabalin or gabapentin for FM is strongly discouraged
Tramadol	Only a single study of tramadol plus paracetamol exists. There was a slight increased chance of a 30% reduction in pain.	**Opioid addiction and withdrawal effects.** Dizziness, headache, drowsiness, nausea and gastrointestinal upset, constipation, sweating, fatigue, psychiatric disorder including hallucinations, confusion, sleep disturbance, anxiety, nightmares.	Due to risks of adverse effects use of tramadol or any opioid analgesic is strongly advised against.
NSAIDS	No evidence of outcome compared to placebo	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	Not recommended for use in fibromyalgia but may help with symptoms of co-existing osteoarthritis for example.

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

https://www.britishpainsociety.org/static/uploads/resources/files/FPM_Amitriptyline.pdf

https://www.britishpainsociety.org/static/uploads/resources/files/FPM-Duloxetine_0.pdf

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/

https://www.britishpainsociety.org/static/uploads/resources/files/Understanding_and_Managing_Long-term_Pain_Final2015.pdf

Improving sleep quality

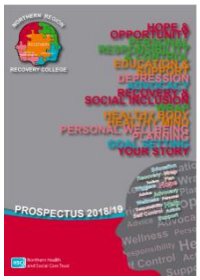
https://www.nhs.uk/live-well/sleep-and-tiredness/how-to-get-to-sleep/

RESOURCES

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

2016 Revisions to the 2010/2011 Fibromyalgia Diagnostic Criteria Arthritis Rheumatol. 2016; 68 (suppl 10).

EULAR revised recommendations for the management of fibromyalgia Annals of the Rheumatic Diseases 2017;76:318-328.