Fibromyalgia
Helping the heartsink
Meet the speaker

Dr Giles Hazan

- GP with Specialist Interest at Sussex MSK Partnership Central and Sussex Community Foundation Trust
- Core skills Trainer – Versus Arthritis
- BASEM Education Committee
- Red Whale – MSK & Chronic Pain Course
Learning Outcomes

1. Improved confidence in making a diagnosis.

2. Be able to take a structured approach to making a management plan.

3. Increased awareness of relevant resources available to support clinicians and patients.
It’s a busy Monday surgery and you are running 20 minutes behind and are due in to a Practice Meeting about staffing in 10 minutes

Final patient is Julie…
Question:

What are your immediate thoughts?

1. She’s depressed.
2. I bet she’s after a sick note.
3. Hmmm, she might have an underlying serious diagnosis.
4. Oh no, I’m going to run really late, how quickly can I get her out of my room? I’ll listen for a bit then give her a prescription and hope she comes back to see one of my colleagues….
Question:

How confident are you about making a diagnosis of fibromyalgia in primary care?

1. Not at all
2. A little
3. Quite confident
4. Really confident
• “The problem is that there is **no objective test** to diagnose these patients. I don’t have a test that enables me to say: “this patient has fibromyalgia or doesn’t have fibromyalgia”.

• “Because **you don’t really know what’s happening there**. The etiology of the disease is not really known and you have few means of knowing what you’re doing. You’re treating the pain and you don’t know why there is no response. “

• “**People feel let down** by their doctors… The degree of satisfaction is very low… Basically because we don’t solve their problem.”

• You don’t have sufficient **time** to dedicate to patients at the moment and on the day they need it. This is a very serious limitation, because some days they feel better, other days they feel worse but you aren’t there every day, you don’t have the means or the time to dedicate to them.
Yeah...yeah... but what is Fibromyalgia?
Fibromyalgia: a long-term (chronic) condition of widespread body pain and fatigue, associated with multiple other physical symptoms as well as cognitive symptoms such as poor memory and concentration.
Who is affected?

Prevalence

Studies estimate between 1.7 to 2.9 million adults in the UK are affected by fibromyalgia depending on the criteria used. That’s up to around 1 in every 20 people (5.4%). 19, 179

Comorbidities

Depression and anxiety

Depression and anxiety are more prevalent in people with fibromyalgia than individuals without. 184,185,186,187. Lifetime prevalence of depression and anxiety in people with fibromyalgia go up to 70% and 60% respectively. 184,188.

High levels of depression and anxiety in people with fibromyalgia are associated with more physical symptoms and poorer functioning than lower levels. 189

Irritable bowel syndrome

Fibromyalgia is associated with a 1.54 fold increased risk for irritable bowel syndrome. 190
FMS isn’t just about MSK pain

Somatic symptoms that may be associated with fibromyalgia:

- Fatigue/ sleep disturbance
- Depression
- Dizziness
- Irritable bowel syndrome

Painful conditions that may be associated with fibromyalgia:

- Chest pain
- Headache
- Regional MSK pain syndromes

Common risk factors

**Age**
- Fibromyalgia prevalence increases with age, reaching a peak around 70 to 75 years.\textsuperscript{19}

**Gender**
- Fibromyalgia is more common in women than in men at every age.\textsuperscript{19}

**Genetics**
- Fibromyalgia develops because of a combination of biological, psychological and social factors. Family studies have identified a link between genetic markers, supporting the genetic background of the disease, however key hereditary factors have not yet been identified.\textsuperscript{180}

**Psychological factors**
- Studies have shown a significant association between fibromyalgia syndrome and self-reported physical and sexual abuse in childhood and adulthood.\textsuperscript{181}

**Musculoskeletal conditions**
- Fibromyalgia is significantly more common in people with chronic back pain and rheumatic diseases such as rheumatoid arthritis, psoriatic arthritis, spondyloarthritis.\textsuperscript{182, 183}
Diagnosing Fibromyalgia – ACR Criteria

WPI 7 or more & SSS. 5 or more
OR
WPI 4-6 & SSS 9 or more

Widespread Pain Index
(1 point per check box; score range: 0-19 points)

1. Please indicate if you have had pain or tenderness during the past 7 days in the areas shown below. Check the boxes in the diagram for each area in which you have had pain or tenderness.

Symptom Severity
(score range: 0-12 points)

2. For each symptom listed below, use the following scale to indicate the severity of the symptom during the past 7 days.
   - No problem
   - Slight or mild problem: generally mild or intermittent
   - Moderate problem: considerable problems; often present and/or at a moderate level
   - Severe problem: continuous, life-disturbing problems

   Points
   A. Fatigue
   B. Trouble thinking or remembering
   C. Waking up tired (unrefreshed)

3. During the past 6 months have you had any of the following symptoms?

   Points
   A. Pain or cramps in lower abdomen
   B. Depression
   C. Headache

Additional criteria (no score)

4. Have the symptoms in questions 2 and 3 and widespread pain been present at a similar level for at least 3 months?

5. Do you have a disorder that would otherwise explain the pain?
Investigations

- Full blood count (FBC)
- Urea and electrolytes (U&Es)
- Liver function tests (LFTs)*
- Bone profile*
- Erythrocyte sedimentation rate (ESR)
- Thyroid function test (TFT)
- HbA1c
- Urine dipstick tests: blood, protein and glucose

- Rheumatoid factor (RF)
- Vitamin D
- Antinuclear antibody (ANA)
- Anti-neutrophil cytoplasmic antibody (ANCA)
- Immunoglobulins (Igs)
- Creatine kinase (CK)*
Impact

- Pain
- Mobility
- Physical activity
- Sleep
- Social interaction
- Work/Daily routine
- Independence
- Understanding of condition & treatment
- Confidence to manage symptoms
- Washing/dressing
- Fatigue
- Overall impact

VERSUS ARTHRITIS
“Everything I do now has a price in pain . . . It’s not really the pain itself that’s the problem. It’s the consequences of the pain that have the biggest disruption on my life.”

Keira Jones, student
Treatments

Theoretically, therapies that not only reduce pain, but also improve sleep and reduce anxiety and depression can provide multiple benefits without the risk of increased side effects inherent in combination therapy. Argoff CE. Clin J Pain 2007;23(1):15-22
The assessment as intervention

- **Listening** and showing empathy
- **Validating** pain experience and belief that the pain is real
- Performing **effective assessment** of chronic pain
- Providing **clear diagnosis and information** about chronic pain
- **Working with patient** to develop a treatment plan

Management recommendations

**History and physical examination**

- Diagnosis of fibromyalgia
- Patient education and information sheet
- Physical therapy with individualised graded physical exercise (can be combined with other recommended non-pharmacological therapies such as hydrotherapy, acupuncture)
- Reassessment of patient to tailor individualised treatment

**Additional individual treatment**

- **Pain-related depression, anxiety, catastrophising, overly passive or active coping**
  - Psychological therapies
    - Mainly cognitive behavioural therapy
    - For more severe depression / anxiety consider psycho-pharmacological treatment
  - Pharmacotherapy
    - Severe pain
      - Duloxetine
      - Pregabalin
      - Tramadol (or in combination with paracetamol)
  - Multimodal rehabilitation programmes
- **Severe pain / sleep disturbance**
- **Severe disability / sick-leave**

Do not use opioids

If needed to exclude treatable comorbidities:
- Laboratory and/or radiological exams
- Referral to other specialists
Julie’s pain
# Julie’s Plan

<table>
<thead>
<tr>
<th>Biological</th>
<th>Psychological</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Referral to physiotherapy - FRP</td>
<td>- Referral to community mental health team to explore CBT models</td>
<td>- CAB/Benefits information</td>
</tr>
<tr>
<td>- Sleep hygiene information</td>
<td>- Signpost ‘Headspace’ app</td>
<td>- Return to work schemes or recovery college</td>
</tr>
<tr>
<td>- Dietary changes</td>
<td></td>
<td>- Support groups</td>
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<tr>
<td>- Signpost - local activity programme – tai chi/expert patient programme/Online resources</td>
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Fibromyalgia: summary

A diagnosis based on history

- Fibromyalgia is a complex, multifaceted syndrome with chronic widespread pain, fatigue, poor quality of sleep, mood disorder and cognitive changes.

A physical examination is required

- Identify other diagnoses
- Validation/Reassurance
- Tender point examination is not required
- Limited investigations recommended.

Multimodal/disciplinary rehabilitation

- Targeting improved function
- Access to information and education for patients and carers
- Exercise therapy (especially regular aerobic exercise 20–30 mins 2–3 times a week)
- Psychological therapies e.g. CBT

Pharmacotherapy

- Limited role for medication
- Trail then stop if no improvement
- Avoid opiates/opioids
“Talking to other people who’ve gone through similar experiences, who really understand the problems you face, helps so much.”

'It’s so good to see people on the courses grow and move on with their lives. The courses are also a good place to pick up tips on things like healthy eating and exercise – things you wouldn’t necessarily think about if you’re at home feeling ill.’

Maria – Living with Fibromyalgia
Post-diagnosis resources

VERSUS ARTHRITIS

The Pain toolkit

Arthritis Research UK
Living with long-term pain

Inform Assess Record Act

retrainpain.org

tamethebeast.org

NHS choices
Core Skills Workshops

Remaining workshop dates for 2019:

Wednesday 23 October – Leeds
Tuesday 26 November – London
Tuesday 10 December – Glasgow

To book your place visit: www.coreskillsinmsk.co.uk

For local workshops in your areas please contact Versus Arthritis on stand K92

For free educational resources join the Versus Arthritis professional network:

Visit https://www.versusarthritis.org/about-arthritis/healthcare-professionals/