FIBROMYALGIA HELPING THE HEARTSINK

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Learning Outcomes

1. Improved confidence in making a diagnosis.
2. Be able to take a structured approach to creating a management plan.
3. Increased awareness of relevant resources available to support clinicians and patients.

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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…

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Julie, age 46

- PC: Pain all over
- HPC:
  - Gradual onset aching all over in last 6 months
  - Pain around neck, shoulders, back, hips, thighs
  - Stiff all day
  - Sleeping poorly
  - Cannot think properly
  - Dizzy
  - Tired, run down
  - Stress in life
- PMH: 'thick notes' including multiple referrals and migraines, dysmenorrhoea, IBS, 'tennis elbow', anxiety and depression

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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….

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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

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Common challenges we all face

- *"*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.

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Reference: Briones-Vozmediano, E., Vives-Cases, C., Ronda-Pérez, E. and Gil-González, D., 2013. Patients' and professionals' views on managing fibromyalgia. *Pain Research and Management*.

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Yeah...yeah... but what is Fibromyalgia?

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Fibromyalgia syndrome (FMS) is a condition characterized by persistent and widespread pain that is associated with intrusive fatigue, sleep disturbance, impaired cognitive and physical function and psychological distress. It is classified in the International Classification of Diseases ICD-11 as Chronic Primary Pain.

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Reference: Royal College of Physicians. (2022) The diagnosis of fibromyalgia syndrome. https://www.rcplondon.ac.uk/guidelines-policy/diagnosis-fibromyalgia-syndrome. [Accessed 04/07/2022].

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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%)

Comorbidities:

Depression and anxiety

- Depression and anxiety are more prevalent in people with fibromyalgia than individuals without
- Lifetime prevalence of depression and anxiety in people with fibromyalgia go up to 70% and 60% respectively
- High levels of depression and anxiety in people with fibromyalgia are associated with more physical symptoms and poorer functioning than lower levels

Irritable bowel syndrome

- Fibromyalgia is associated with a 1.54 fold increased risk for irritable bowel syndrome

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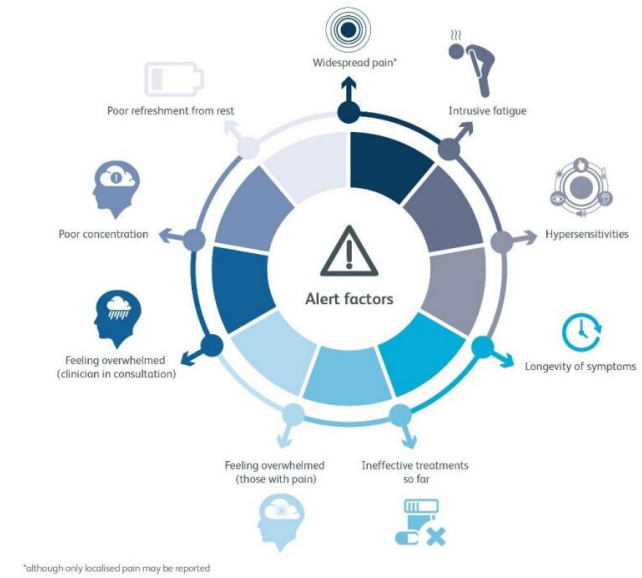
FMS isn't just about MSK pain



Reference: Royal College of Physicians. (2022) The diagnosis of fibromyalgia syndrome. https://www.rcplondon.ac.uk/guidelines-policy/diagnosis-fibromyalgia-syndrome. [Accessed 04/07/2022].

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PREDISPOSING

PRECIPITATING

PERPETUATING

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Common risk factors

Age
Fibromyalgia prevalence increases with age, reaching a peak around 70 to 75 years.[19]

Gender
Fibromyalgia is more common in women than in men at every age.[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.[180]

Psychological factors
Studies have shown a significant association between fibromyalgia syndrome and self-reported physical and sexual abuse in childhood and adulthood.[181]

Musculoskeletal conditions
Fibromyalgia is significantly more common in people with chronic back pain and rheumatic diseases such as rheumatoid arthritis, psoriatic arthritis, spondyloarthritis.[182, 183]

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Wider determinants of Health Model – Dahlgren and Whitehead, 1991

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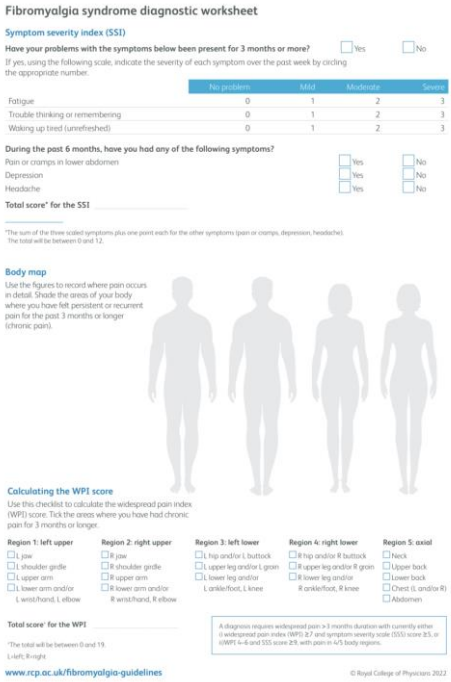
Diagnosing Fibromyalgia

- Fibromyalgia is common – 2% worldwide prevalence
- Clinical diagnosis-no diagnostic test
- Not a diagnosis of exclusion but rational investigations can help
- GPs can make the diagnosis
- If it feels like FMS in the consultation, it probably is!
- Use scoresheet to confirm the clinical diagnosis
- Can co-exist with other MSK conditions

- New diagnostic tool from Royal College of Physicians, 2022 available on their website



Fibromyalgia syndrome diagnostic worksheet

Symptom severity index (SSI)

Have your problems with the symptoms below been present for 3 months or more? ☐ Yes ☐ No

If yes, using the following scale, indicate the severity of each symptom over the past week by circling the appropriate number.

	No problem	Mild	Moderate	Severe
Fatigue	0	1	2	3
Trouble thinking or remembering	0	1	2	3
Waking up tired (unrefreshed)	0	1	2	3

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

Pain or cramps in lower abdomen	☐ Yes	☐ No
Depression	☐ Yes	☐ No
Headache	☐ Yes	☐ No

Total score* for the SSI

*The sum of the three scaled symptoms plus one point each for the other symptoms (pain or cramps, depression, headache). The total will be between 0 and 12.

Body map

Use the figures to record where pain occurs in detail. Shade the areas of your body where you have felt persistent or recurrent pain for the past 3 months or longer (chronic pain).

Calculating the WPI score

Use this checklist to calculate the widespread pain index (WPI) score. Tick the areas where you have had chronic pain for 3 months or longer.

Region 1: left upper	Region 2: right upper	Region 3: left lower	Region 4: right lower	Region 5: axial
☐ L jaw	☐ R jaw	☐ L hip and/or L buttock	☐ R hip and/or R buttock	☐ Neck
☐ L shoulder girdle	☐ R shoulder girdle	☐ L upper leg and/or L groin	☐ R upper leg and/or R groin	☐ Upper back
☐ L upper arm	☐ R upper arm	☐ L lower leg and/or	☐ R lower leg and/or	☐ Lower back
☐ L lower arm and/or L wrist/hand, L elbow	☐ R lower arm and/or R wrist/hand, R elbow	L ankle/foot, L knee	R ankle/foot, R knee	☐ Chest (L and/or R) ☐ Abdomen

Total score* for the WPI

*The total will be between 0 and 19.
L=left; R=right

A diagnosis requires widespread pain (≥ 3 months duration with currently either i) widespread pain index (WPI) ≥ 7 and symptom severity scale (SSS) score ≥ 5, or ii) WPI 4–6 and SSS score ≥ 9, with pain in 4/5 body regions.

www.rcp.ac.uk/fibromyalgia-guidelines

Reference: Royal College of Physicians (2022) Fibromyalgia syndrome diagnostic worksheet. http://www.rcp.ac.uk/file/36231/download. [Accessed 15/09/2022].

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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
- Vitamin D (only in at risk groups)
- Creatine kinase

- Rheumatoid factor (RF)
- Antinuclear antibody (ANA)
- Anti-neutrophil cytoplasmic antibody (ANCA)
- Immunoglobulins (Igs)

*Additional tests advised by Map of Medicine in addition to investigations suggested by ACR 2010 guidelines.

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"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

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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.

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Reference: Argoff CE. Clin J Pain 2007;23(1):15-22.

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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
- Ask the patient “what do you already know about fibromyalgia syndrome?”
- Working with patient to develop a treatment plan

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Reference: Patient perspectives on communication with primary care physicians about chronic low back pain. Evers, S et al. Perm J. 2017; 21: 16-177.

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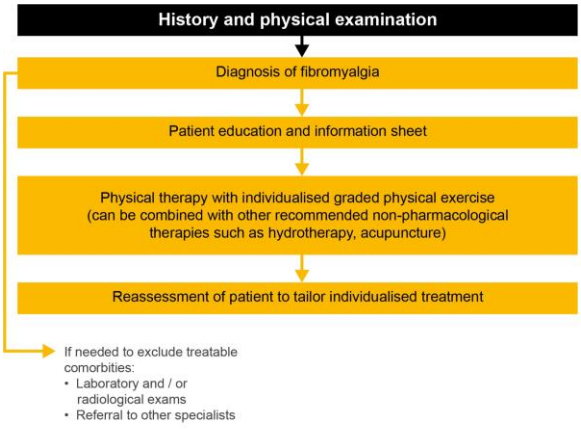
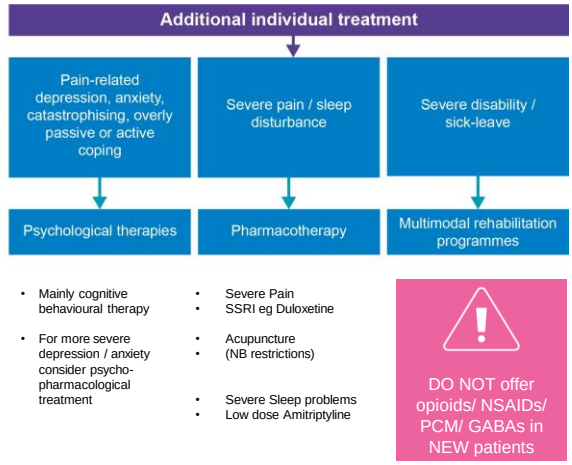
Management Recommendations: NB FMS is included in NICE guidelines: Chronic Primary Pain (2021)





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References: 1) Macfarlane G J, Kronisch C, Dean LE, *et al. (2017)* EULAR revised recommendations for the management of fibromyalgia. *Annals of the Rheumatic Diseases* 2017;76:318-328.
2) NICE (2021) Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain [NG193] https://www.nice.org.uk/guidance/ng193 [Accessed: 22/12/2021].

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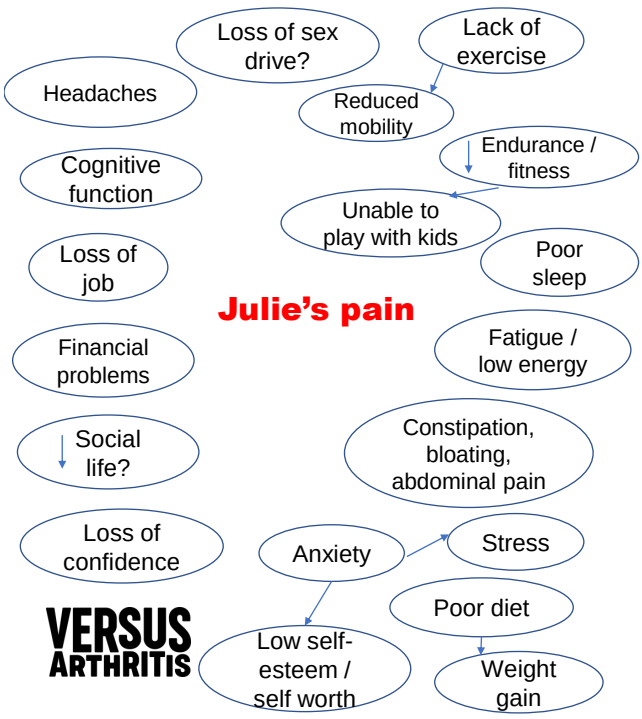

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Julie's plan

Biological	Psychological	Social
• Referral to physiotherapy - FRP • Sleep hygiene information • Dietary changes • Signpost - local activity programme – tai chi/expert patient programme/Online resources	• Referral to community mental health team to explore CBT models • Signpost 'Headspace' app	• CAB/Benefits information • Return to work schemes or recovery college • Support groups

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Fibromyalgia: summary

A clinical diagnosis based on patient history and score

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

Management approach should be multimodal and rehabilitative

- Targeting improved function
- Including 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

A physical examination is required to exclude other conditions in patients presenting with body pain

- Tender point examination is not required to confirm the diagnosis (but can help you and the patient)
- Limited investigations recommended, not an 'immunological fishing trip'

DRUGS DO NOT GENERALLY WORK so in the absence of an ideal pharmacological treatment, an agent impacting on multiple symptoms is desirable

- Important to avoid potential for clinician responsible addiction

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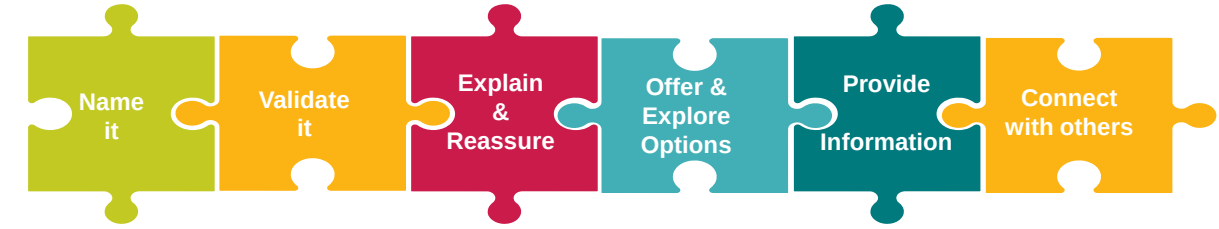
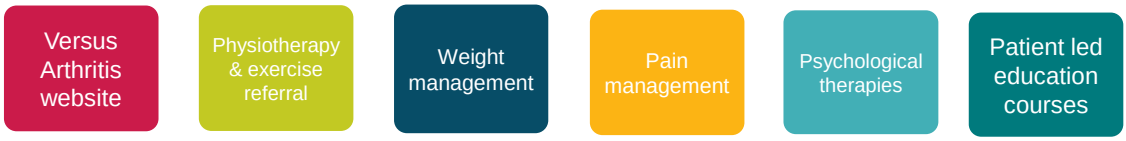
Key pieces of the puzzle



Name it	Validate it	Explain & Reassure	Offer & Explore Options	Provide Information	Connect with others
Provide a clear diagnosis	Make the person feel it was worth coming in to address this and there is something **they** need to do about it.	Aim to give a clear explanation what the key issues are – this provides motivation and reassurance	Be aware of a few ways they could start to address their problem	Provide information resources and sign posting of community services and information sources	Where possible connect the person to useful support groups or courses. Learn / Share / Support

Possible options for FMS management



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"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

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Post-diagnosis resources

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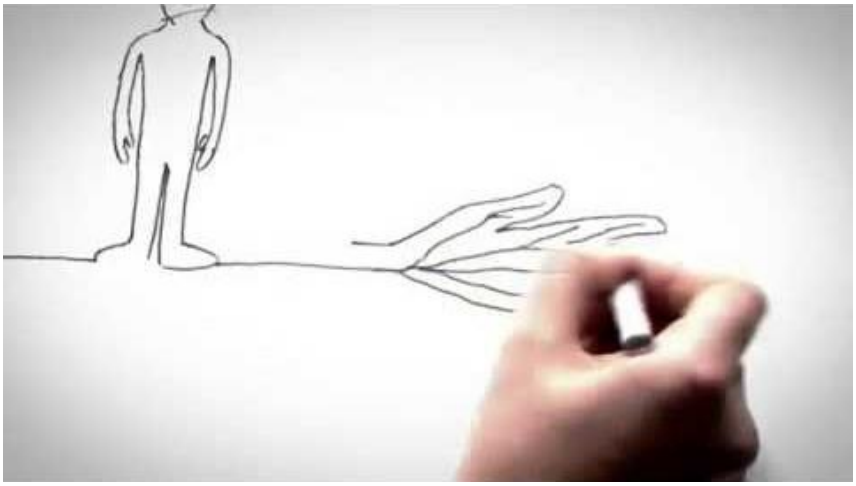
The Pain toolkit

NHS choices

Explain Pain



Understanding Pain in less than 5 minutes, and what to do about it! - YouTube

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Upcoming MSK training courses

Details of upcoming MSK online webinars and training courses:

- Is it inflammatory arthritis or fibromyalgia syndrome or both? webinar: Thursday 20 October 6:30-8:30pm, £25
- Core Skills in MSK Care digital course: Thursday 2, 9, 16, 23 November 6:30-8:30pm, £135
- Managing chronic pain in primary care webinar: Wednesday 30 November 6:30-8:30pm, £25
- Core Skills in MSK Care digital course: Wednesday 2, 9, 16, 23 March 2023 6:30-8:30pm, £135
- For more information about the courses please visit the Versus Arthritis stand or visit www.versusarthritis.org/coreskills

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Thank you…

Any questions?

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