



**F I B R O M Y A L G I A**

**YOU CAN MAKE A DIFFERENCE**

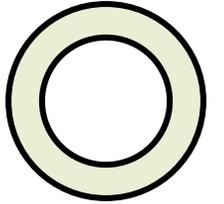
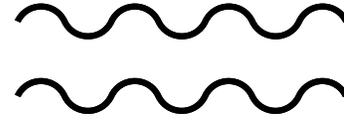
-DR ANNA KERMOND-  
RHEUMATOLOGY ADVANCED  
TRAINEE



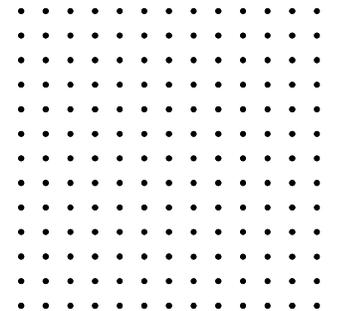


**“ EVERYTHING  
HURTS ”**

# What IS fibromyalgia



- Fibromyalgia syndrome is chronic widespread musculoskeletal pain
- Accompanied by...
  - fatigue
  - cognitive disturbance
  - psychiatric symptoms
  - multiple somatic symptoms.
- Aetiology and pathophysiology unknown BUT research underway



# ○ Possible mechanisms



Abnormal function of the autonomic and neuroendocrine system



Genetic influences

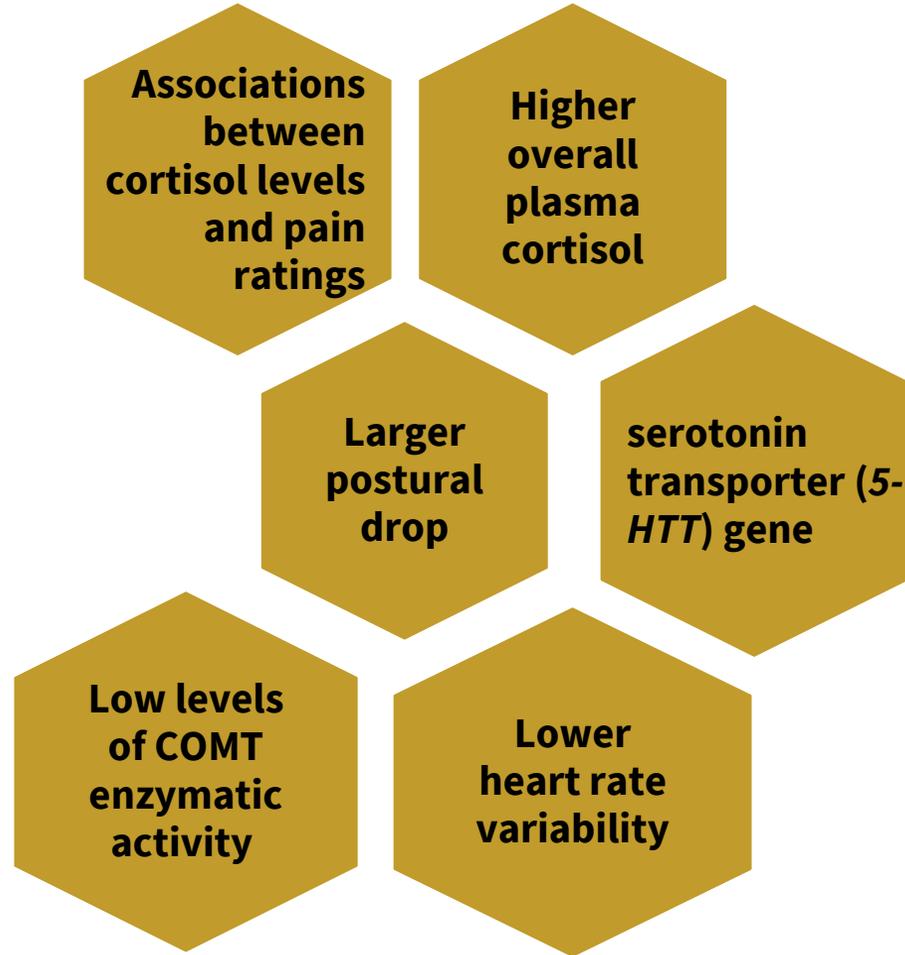


Environmental triggers and stressors.

Table 4: Factors perceived to worsen FM symptoms [in descending order of frequency]

Perceived stressor	Frequency
Emotional distress	83%
Weather changes	80%
Sleeping problems	79%
Strenuous activity	70%
Mental stress	68%
Worrying	60%
Car travel	57%
Family conflicts	52%
Physical injuries	50%
Physical inactivity	50%
Infections	43%
Allergies	37%
Low to moderate physical activity	36%
Lack of emotional support	36%
Time zone changes	34%
Airplane travel	34%
Perfectionism	32%
Work related conflicts	29%
Menses	27%
Medication side effects	27%
Chemical exposures	27%
Sexual intercourse	17%







# Diagnosis

There are diagnostic criteria to **aid** in diagnosis but generally not validated for individual patient diagnosis

## History

- Nature of pain-am/pm/ALWAYS
- Distribution of pain
- Do you feel like you've been hit by a truck?
- Sleep/bowels/cognition
- Social setting and previous traumatic events
- ?Up to date with malignancy screening

## Examination

- Look for synovitis
- Weakness
- Rashes
- Goitre

### HOW TO CALCULATE THE PATIENT'S WIDESPREAD PAIN INDEX (WPI)

1. Using the list of 19 body areas, identify the areas where the patient felt pain over the past week. As a visual aid, front/back body diagrams are included.

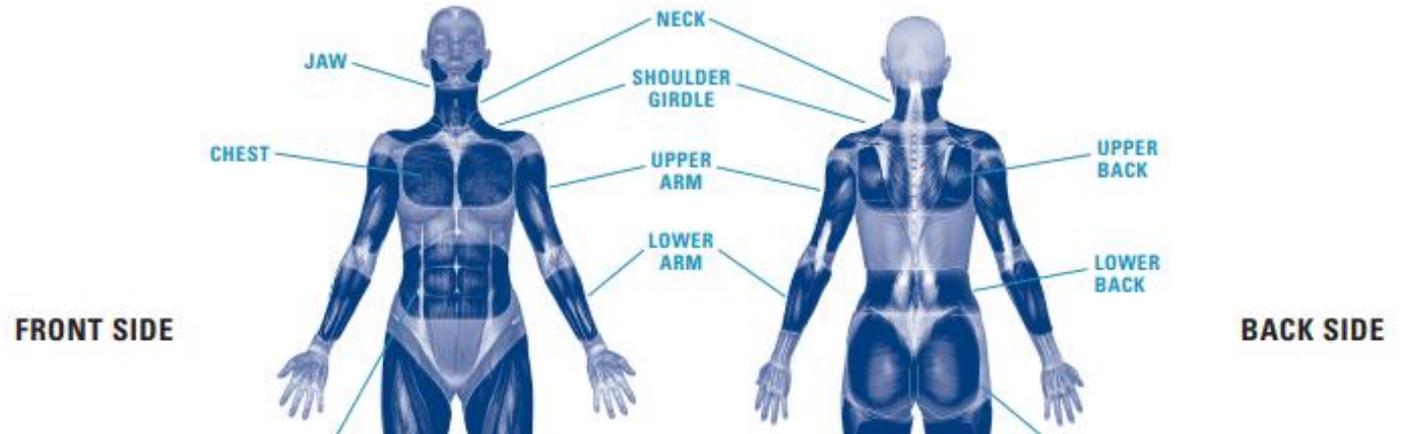
— Each area identified on the list counts as 1

2. Total the number of body areas (the WPI score can range from 0 to 19).

Write the patient's WPI score here: \_\_\_\_\_

#### Identify the areas where the patient felt pain over the past week

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Shoulder girdle, left  | <input type="checkbox"/> Lower arm, right     | <input type="checkbox"/> Lower leg, left  | <input type="checkbox"/> Abdomen    |
| <input type="checkbox"/> Shoulder girdle, right | <input type="checkbox"/> Hip (buttock), left  | <input type="checkbox"/> Lower leg, right | <input type="checkbox"/> Neck       |
| <input type="checkbox"/> Upper arm, left        | <input type="checkbox"/> Hip (buttock), right | <input type="checkbox"/> Jaw, left        | <input type="checkbox"/> Upper back |
| <input type="checkbox"/> Upper arm, right       | <input type="checkbox"/> Upper leg, left      | <input type="checkbox"/> Jaw, right       | <input type="checkbox"/> Lower back |
| <input type="checkbox"/> Lower arm, left        | <input type="checkbox"/> Upper leg, right     | <input type="checkbox"/> Chest            |                                     |





### HOW TO DETERMINE THE EXTENT OF THE PATIENT'S OTHER SOMATIC SYMPTOMS

1. Using a scale of 0 to 3, indicate the patient's level of symptom severity over the past week in each of the 3 symptom categories. Choose only 1 level of severity for each category.

— The score is the sum of the numbers that correspond to the severity levels identified in all 3 categories

2. Total the scale numbers for all the 3 categories and write the number here: \_\_\_\_\_

#### Fatigue

- 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

#### Waking unrefreshed

- 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

#### Cognitive symptoms

- 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

## PART 2B: SYMPTOM SEVERITY SCALE (OTHER SOMATIC SYMPTOMS)

### HOW TO DETERMINE THE EXTENT OF THE PATIENT'S OTHER SOMATIC SYMPTOMS

Using the symptoms list on the following page, determine the extent of other somatic symptoms the patient may have experienced over the past week.

- Determine the quantity of somatic symptoms using the list on the following page.
- Using your best judgment, calculate the score that matches the quantity of those somatic symptoms and write the number here: \_\_\_\_\_

**Add the scores from Parts 2a and 2b (the Symptom Severity score, or SS score, can range from 0 to 12).**

**Write the patient's SS score here:** \_\_\_\_\_

## OTHER SYMPTOMS

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Muscle pain                | <input type="checkbox"/> Depression            | <input type="checkbox"/> Itching              | <input type="checkbox"/> Dry eyes             |
| <input type="checkbox"/> Irritable bowel syndrome   | <input type="checkbox"/> Constipation          | <input type="checkbox"/> Wheezing             | <input type="checkbox"/> Shortness of breath  |
| <input type="checkbox"/> Fatigue/tiredness          | <input type="checkbox"/> Pain in upper abdomen | <input type="checkbox"/> Raynaud's            | <input type="checkbox"/> Loss of appetite     |
| <input type="checkbox"/> Thinking or memory problem | <input type="checkbox"/> Nausea                | <input type="checkbox"/> Hives/welts          | <input type="checkbox"/> Rash                 |
| <input type="checkbox"/> Muscle weakness            | <input type="checkbox"/> Nervousness           | <input type="checkbox"/> Ringing in ears      | <input type="checkbox"/> Sun sensitivity      |
| <input type="checkbox"/> Headache                   | <input type="checkbox"/> Chest pain            | <input type="checkbox"/> Vomiting             | <input type="checkbox"/> Hearing difficulties |
| <input type="checkbox"/> Pain/cramps in abdomen     | <input type="checkbox"/> Blurred vision        | <input type="checkbox"/> Heartburn            | <input type="checkbox"/> Easy bruising        |
| <input type="checkbox"/> Numbness/tingling          | <input type="checkbox"/> Fever                 | <input type="checkbox"/> Oral ulcers          | <input type="checkbox"/> Hair loss            |
| <input type="checkbox"/> Dizziness                  | <input type="checkbox"/> Diarrhea              | <input type="checkbox"/> Loss/change in taste | <input type="checkbox"/> Frequent urination   |
| <input type="checkbox"/> Insomnia                   | <input type="checkbox"/> Dry mouth             | <input type="checkbox"/> Seizures             | <input type="checkbox"/> Bladder spasms       |

**Based on the quantity of symptoms, the patient's score is:**

- |   |  |
|---|--|
| <input type="checkbox"/> 0 = No symptoms  | <input type="checkbox"/> 2 = A moderate number of symptoms |
| <input type="checkbox"/> 1 = Few symptoms | <input type="checkbox"/> 3 = A great deal of symptoms      |

## WHAT THE PATIENT'S SCORE MEANS

The patient's WPI score (Part 1): \_\_\_\_\_ The patient's SS score (Parts 2a and 2b): \_\_\_\_\_

**A PATIENT MEETS THE DIAGNOSTIC CRITERIA FOR FIBROMYALGIA IF THE FOLLOWING 3 CONDITIONS ARE MET:**

**1a.** The WPI score (Part 1) is greater than or equal to 7 and the SS score (Parts 2a and 2b) is greater than or equal to 5.

**OR**

**1b.** The WPI score (Part 1) is from 3 to 6 and the SS score (Parts 2a and 2b) is greater than or equal to 9.

**2.** Symptoms have been present at a similar level for at least 3 months.

**3.** The patient does not have a disorder that would otherwise explain the pain.

# ○ Diagnosis-investigations

- Of exclusion
- They can (and often do) have dual pathologies
- Exclusion work up
  - FBC
  - eLFTS
  - CK
  - TFTs
  - ANA—and can follow with C3/4, Dsdna, ENA if positive
  - ESR/CRP (taken into context)
  - Iron, B12, Vit D-Fatigue Ix



# ○ Explanation to patients

- Adapting to health literacy is key
- “Wiring issue”
  - Overwhelm the circuit with stress or pain
- “Signalling mismatch”
- Triggers
  - Emotional stress/trauma
  - Physical stress/trauma
  - Concurrent disease/pain



# ○ First impressions matter

- Validation
- Compassion
- Listening
- Opened ended questions
- E.g my decapitation murder mystery patient





# Treatment strategy # 1

## Exercise!

Why it helps? A “good stress”

“Teach your body not all stress is painful”

Undo the mismatched signals

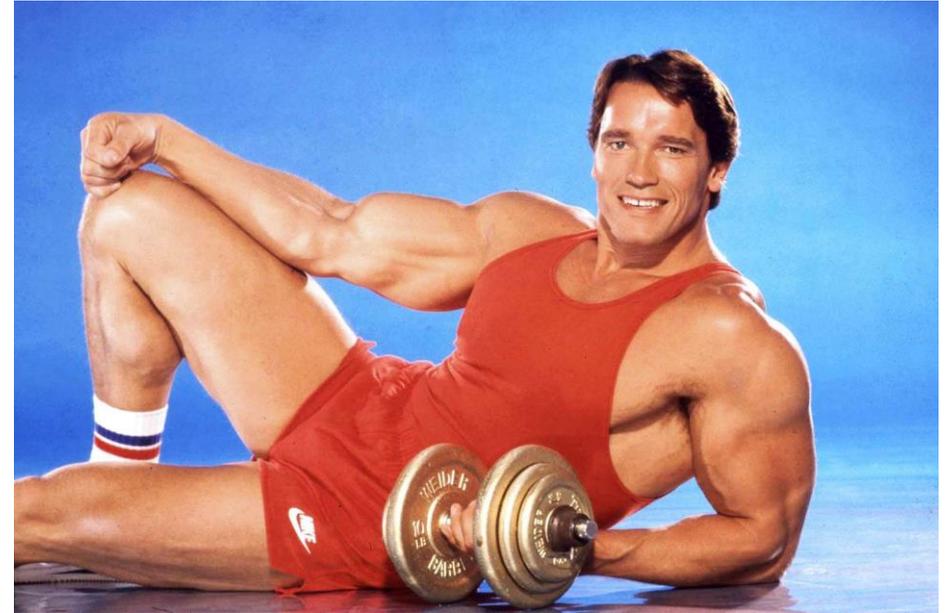
Gradual

Graded

Realistic

e.g exercise bike in front of a TV, walking up steep hill for 10 mins

Explain it will probably hurt and take time that’s the “re-wiring” part





## Treatment #2 Sleep

“Now you give your body time to recover and file away all the learning it did today-re-wiring your circuit”

Set a challenge for the patient to do all 15 for at least one night

1. Cognitive behavioural therapy for sleep is the best treatment
2. Reduce noise, light stimulation
3. Don't watch the clock
4. Relaxation techniques prior to bed
5. Avoid stimulants like caffeine and smoking
6. Avoid alcohol as this disrupts natural sleep
7. Keep the bed and bedroom for sleeping and sex, avoid watching TV, using computers and other non-sleep activities in the bedroom.
8. Avoid sedatives like benzodiazepines, can try melatonin, but the correct dose is not clear.
9. Avoid drinking fluids right before bedtime so that you do not have to wake up to urinate.
10. Avoid exercising 6 hours before bedtime.
11. Avoid large meals before bedtime. A light snack, however, may help you sleep.
12. Avoid naps, especially in the evening or late afternoon.
13. Establish a regular time for going to bed and getting up in the morning. Maintain this schedule even on weekends and during vacations.
14. If you are unable to fall asleep after 15 or 20 minutes, go into another room and start a quiet activity. Return to bed when you feel sleepy.
15. Minimize light and maintain a comfortable, moderate temperature in the bedroom. Keep the bedroom well ventilated



# ○ Treatment strategy #3 Psychology

- “Looking into your self and asking-if there any underlying stress contributing? Are you sending yourself stress triggers”



# ○ Treatment strategy #4 Education

- Warn them about resources online
- Provide guidance
- **Fibromyalgia Self Management Program ([www.fibroguide.com](http://www.fibroguide.com))**
  - <https://painguide.com>
- **Professor Daniel Clauw YouTube Pain Videos**  
<https://medicine.umich.edu/dept/cpfrvc/videos/informational-videos>
- **Arthritis Australia ([www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au))**
- **Fibromyalgia Network (US) ([www.fmnetnews.com](http://www.fmnetnews.com))**
- **Arthritis Foundation (US) ([www.arthritis.org](http://www.arthritis.org))**
- **American College of Rheumatology ([www.rheumatology.org](http://www.rheumatology.org))**
- **Arthritis Research UK ([www.arthritisresearchuk.org](http://www.arthritisresearchuk.org))** • **The FibroGuy (<http://www.thefibroguy.com/>)** • **Australian Pain Society ([www.apsoc.org.au](http://www.apsoc.org.au))** • **New Zealand Pain Society ([www.nzps.org.nz](http://www.nzps.org.nz))** • **Painaustralia ([www.painaustralia.org.au](http://www.painaustralia.org.au))**
- **US National Institutes of Health Fibromyalgia site ([http://www.niams.nih.gov/health\\_info/fibromyalgia/](http://www.niams.nih.gov/health_info/fibromyalgia/))**
- **Arthritis Australia Fibromyalgia Information Sheet ([http://www.arthritisaustralia.com.au/images/stories/documents/info\\_sheets/2012/Fibromyalgia.pdf](http://www.arthritisaustralia.com.au/images/stories/documents/info_sheets/2012/Fibromyalgia.pdf))**
- **American Chronic Pain Association - Fibromyalgia Information Handbook (<https://www.theacpa.org/uploads/FibroHandbook.pdf>)** • **American Chronic Pain Association ([www.theacpa.org](http://www.theacpa.org))** • **American Pain Foundation ([www.painfoundation.org](http://www.painfoundation.org))** • **National Pain Foundation ([www.nationalpainfoundation.org](http://www.nationalpainfoundation.org))**



# ○ Treatment #5 Medications

- Explain what/why
  - They help with sleep, anxiety, depression—all stressors that still need to be addressed separately
  - Expectation manage-use these later if we need
- duloxetine
  - amitriptyline
  - pregabalin
  - low dose naltrexone,
  - tramadol
  - venlafaxine.



# ○ Avoid

- Opioids
- Over investigating –feeds the beast
- Ignoring other signs/symptoms e.g MS patient



# ○ In summary-if you think they may have fibromyalgia....

- Can definitely refer to rheumatology-often supportive and reassuring for patient
- Take history and consider dual pathologies
- Investigate for fatigue/auto immunity/MS/Myositis-whatever seems clinically possible
- Start encouraging treatment strategies while awaiting rheumatology (appts can be YEARS)
- Rheumatology always available to contact at most hospitals to guide referrals/pre-appointment Ix

