Fibromyalgia

Helping the heartsink

VERSUS ARTHRITIS

Meet the speaker

Sussex Community NHS Foundation Trust

Sussex MSK Partnership Central

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?

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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.**

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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%).[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

Reference: Arthritis Research UK. HO07-Autumn-2010.

PREDISPOSING

PRECIPITATING

PERPETUATING

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]

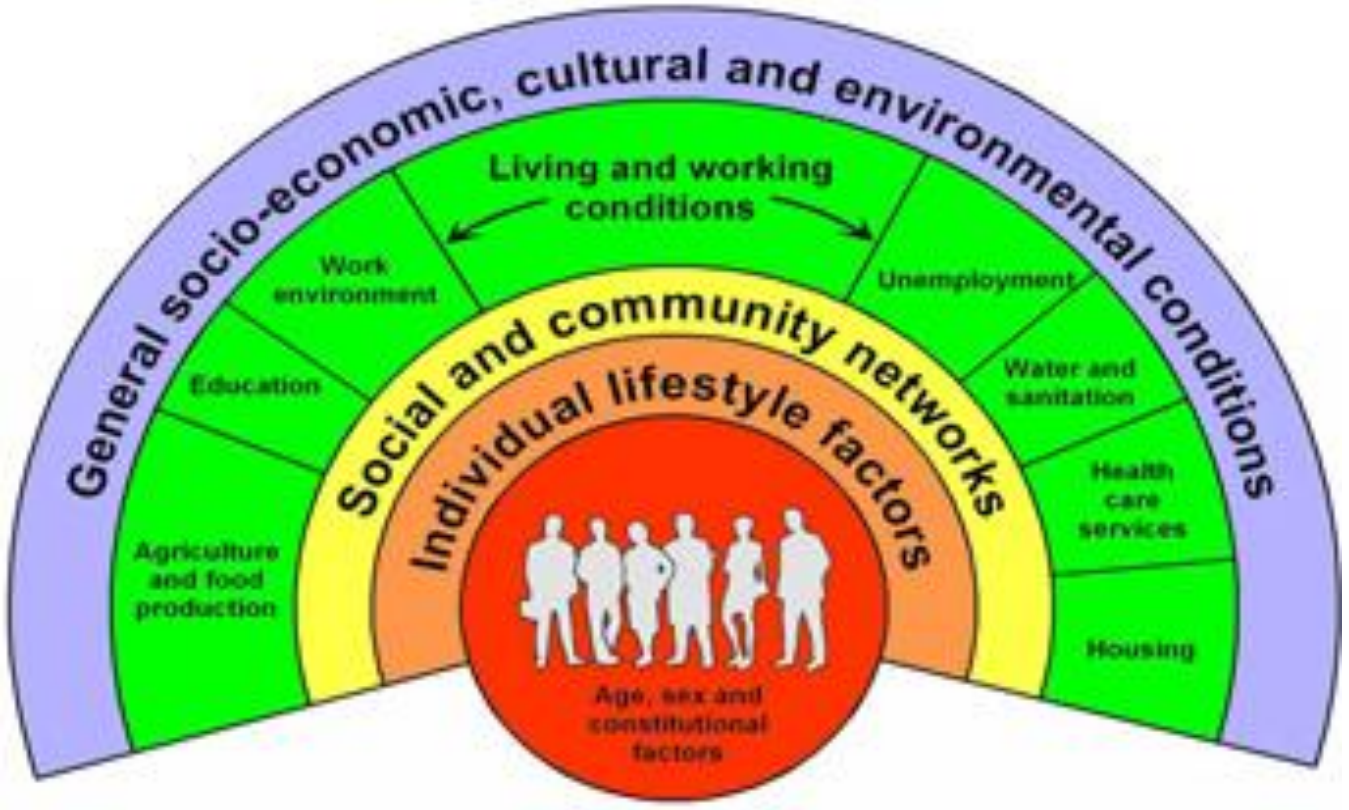
Psychological factors

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]

Wider determinants of Health Model – Dahlgren and Whitehead, 1991.



Diagnosing Fibromyalgia – ACR Criteria

WPI 7 or more
&
SSS. 5 or more

OR

WPI 4-6
&
SSS 9 or more

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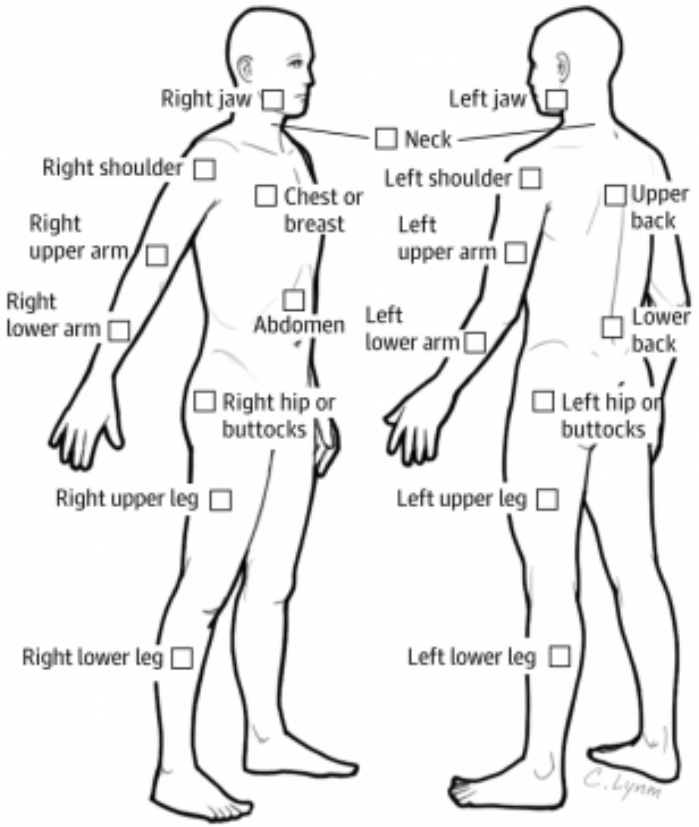
Widespread Pain Index
(1 point per check box; score range: 0-19 points)

(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

	No problem	Slight or mild problem	Moderate problem	Severe problem
Points	0	1	2	3
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	0	1
A. Pain or cramps in lower abdomen		☐ No	☐ Yes
B. Depression		☐ No	☐ Yes
C. Headache		☐ No	☐ Yes

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**?

☐ No ☐ Yes

(5) Do you have a disorder that would otherwise explain the pain?

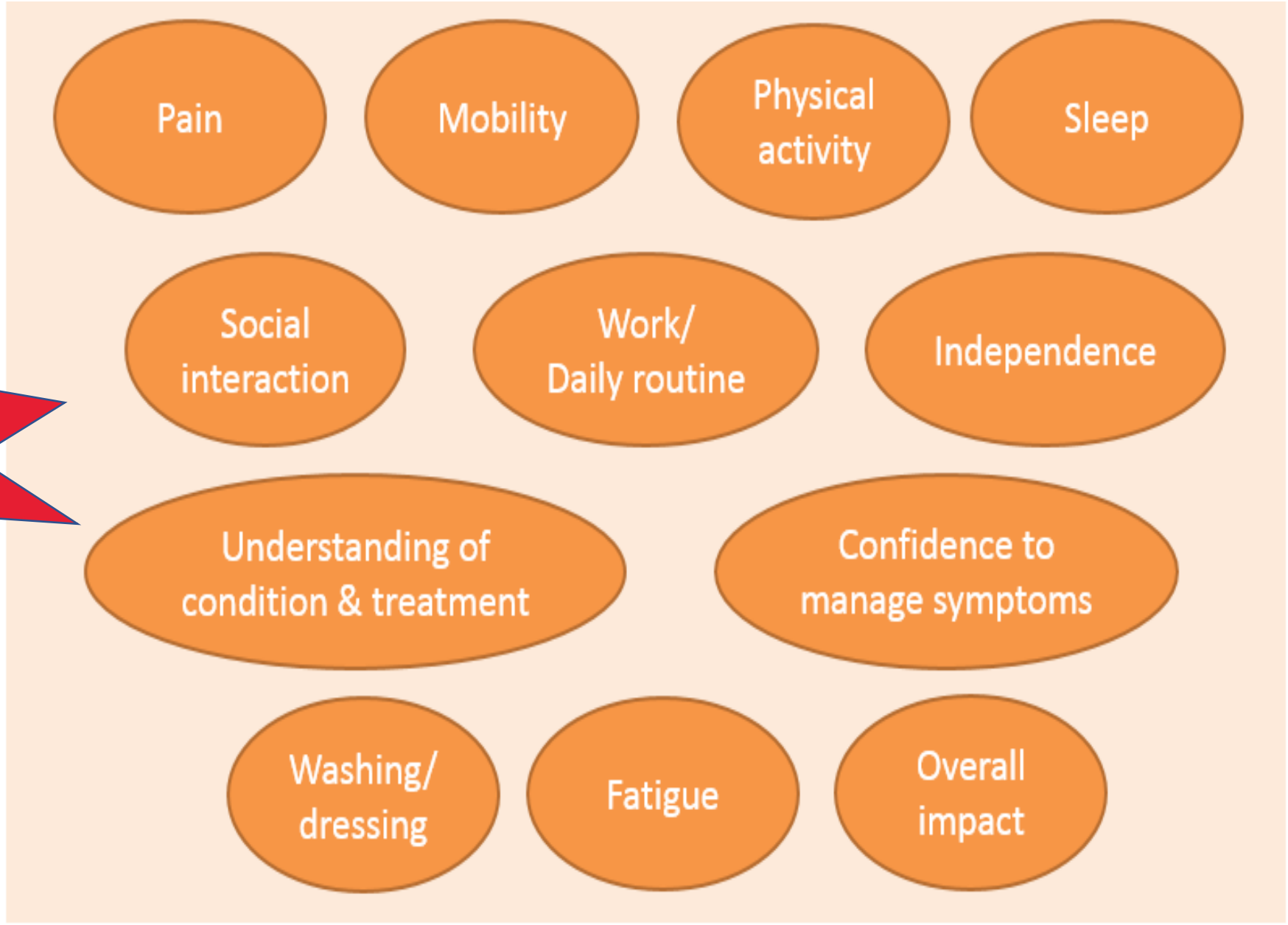
☐ No ☐ Yes

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



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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

Treatments

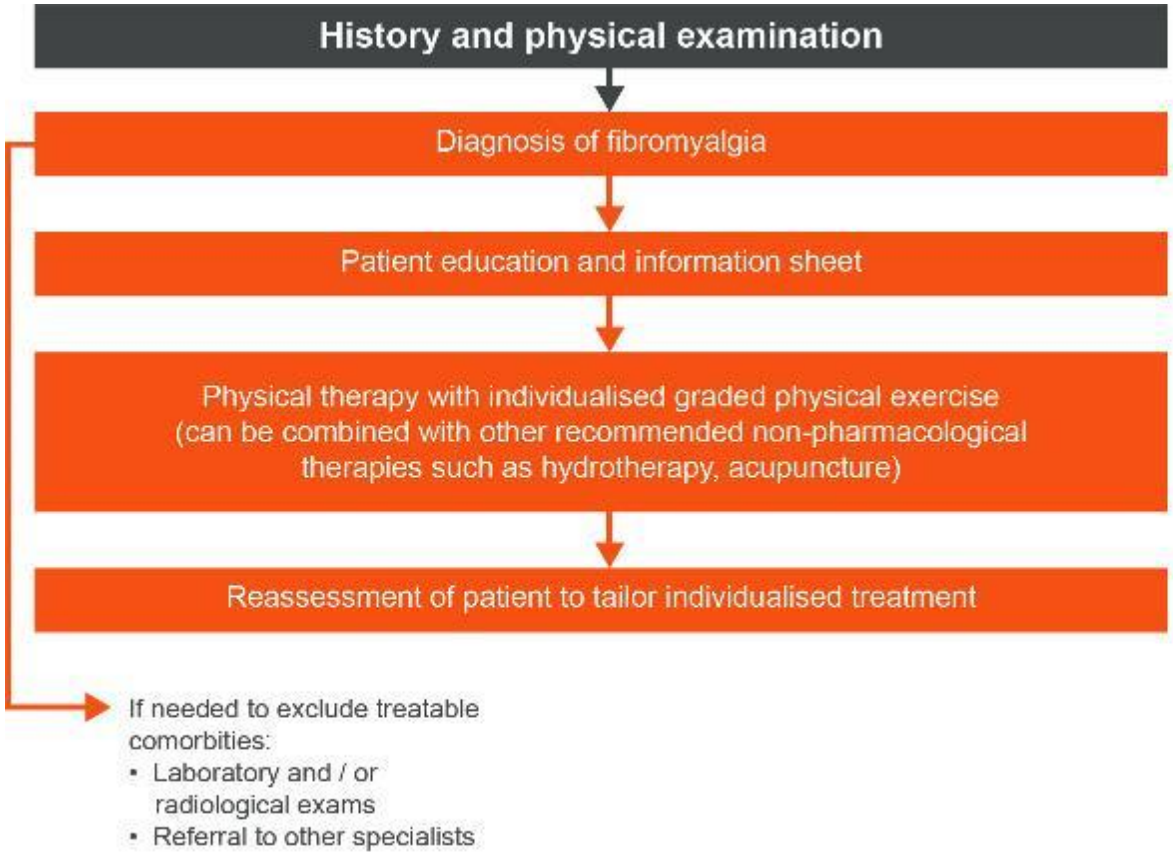
Theoretically, therapies that not only **reduce pain**, but also **improve sleep** and **reduce anxiety and depression** can provide multiple benefits without the risk of increased side effects inherent in combination therapy. Argoff CE. Clin J Pain 2007;23(1):15-22

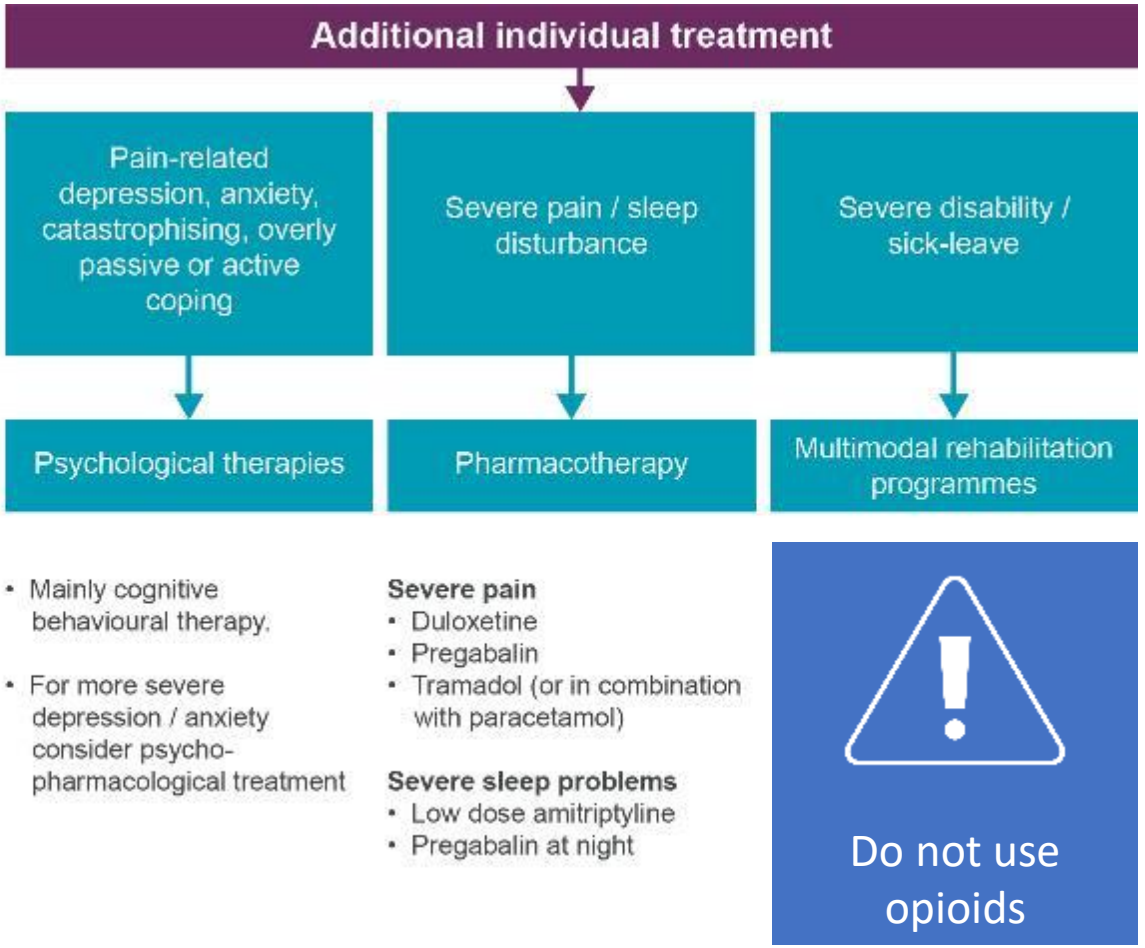
The assessment as intervention

- **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

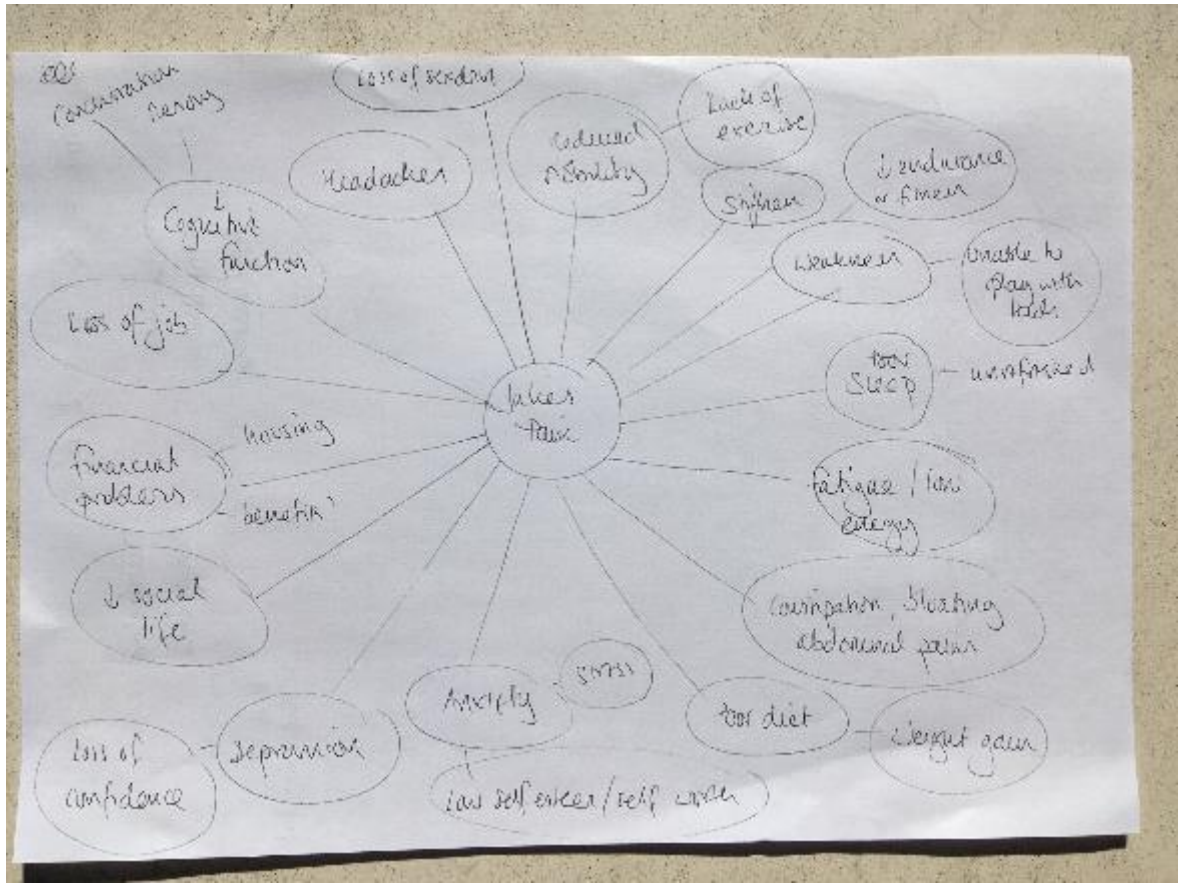
Patient perspectives on communication with primary care physicians about chronic low back pain. Evers, S et al. Perm J. 2017; 21: 16-177

Management recommendations





Julie's pain


Julie's pain
Cognitive factors
Headaches
Lack of exercise
Shitting
Weakness
Unable to play with kids
Loss of job
Poor sleep
Financial problems
Housing
Benefits
Fatigue / low energy
Sexual life
Abdominal pain
Anxiety
Depression
Poor diet
Weight gain
Loss of confidence
Low self esteem / self worth

Julie's Plan

Biological

- Referral to physiotherapy - FRP
- Sleep hygiene information
- Dietary changes
- Signpost - local activity programme – tai chi/expert patient programme/Online resources

Psychological

- Referral to community mental health team to explore CBT models
- Signpost 'Headspace' app

Social

- CAB/Benefits information
- Return to work schemes or recovery college
- Support groups

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

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

A physical examination is required

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

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

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Post-diagnosis resources

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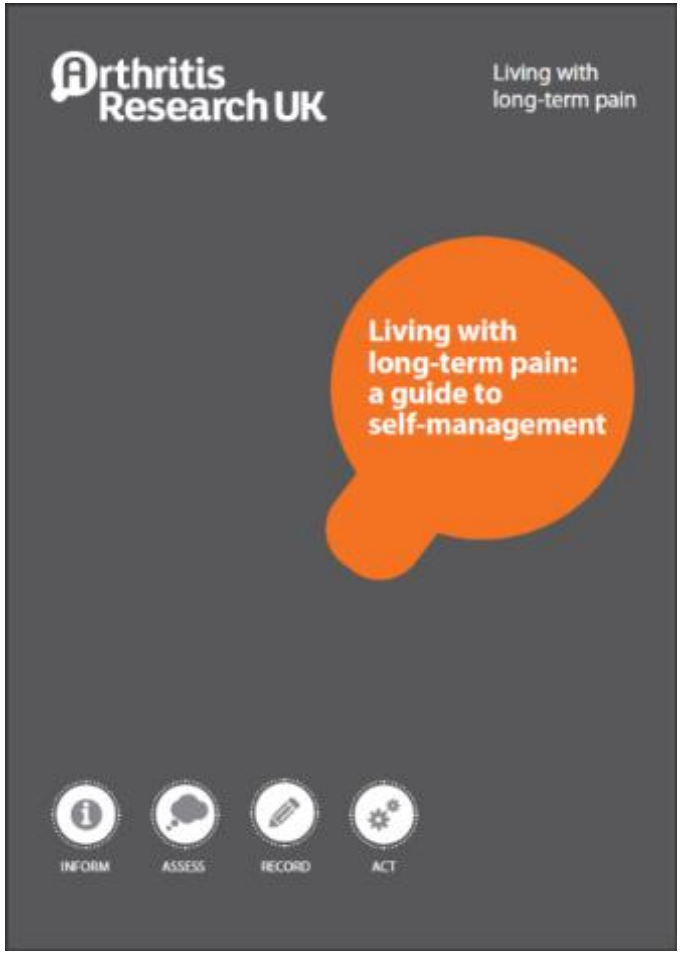
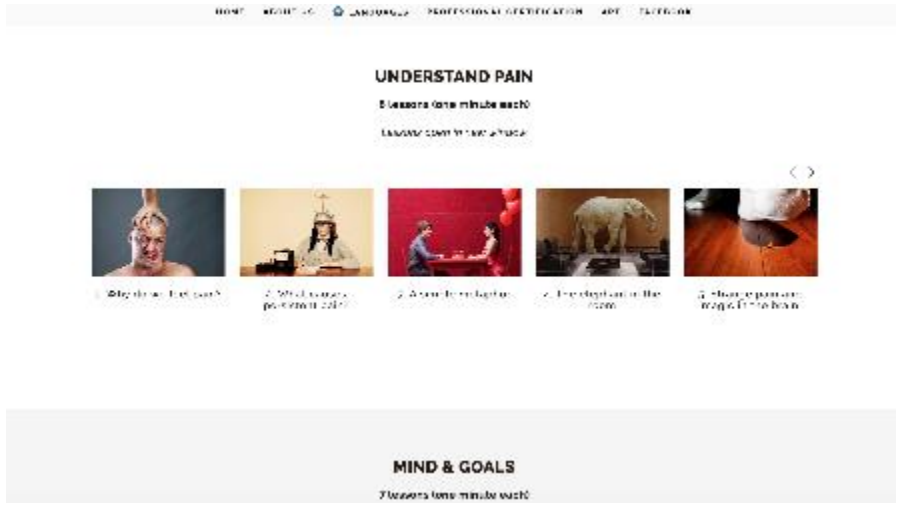
The Pain toolkit

NHS choices





retrainpain.org

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/