

Managing Fibromyalgia Syndrome in Primary Care

Background

Summary

Fibromyalgia Syndrome (FMS) is characterised by:

- chronic, widespread pain (mainly axial)
- non-restorative sleep & fatigue
- mood disturbance ('fibrofog', low mood, anxiety)
- absence of currently demonstrable pathology
- multiple non-specific symptoms (myalgia, arthralgia, headaches, dizziness, blurred vision, atypical chest pain, IBS, etc)

Patients with FMS do not require referral to Secondary Care

Epidemiology

FM is common, affecting 3-4% popⁿ

- x7 more common in women
- peak incidence 30 – 50 years

Diagnosis

Investigations & Diagnosis

- characteristically, patients have multiple (>8) tender trigger (hyperalgesic) points
- there are no diagnostic tests for FM
- normal FBC/ESR, U&E/LFT/CAP/CRP, CK, glucose, TFT, urinalysis may help exclude other diagnoses

Explanation

- the most helpful explanation is to consider FM as a disorder of central pain processing resulting in a maladaptive pain response
- explanations that make sense, remove blame, integrate psychological and biological factors, and suggest concrete ideas for management are most helpful to the patient.
- patient information can be downloaded at www.arthritisresearchUK.org

Referral

- most patients are cared for in Primary Care
- do not refer to Secondary Care unless there is diagnostic uncertainty

Management

Be holistic ...

- a pharmacological approach is unlikely to be successful in isolation. Analgesics and NSAIDs are usually ineffective.
- CBT (where available), coping strategies, counselling and workplace modification may all be helpful
- coping strategies and symptom relief are the aims, rather than cure

Multi-Disciplinary Team

- some patients will benefit from a graded exercise programme – consider referral to Vitality programmes
- encouraging gentle aerobic exercise can help

Drug Therapy*

The following drugs may help symptoms, but use in this indication is off-licence. See NHS GGC Formulary for further information at www.ggcprescribing.org.uk/ :

- amitriptyline 10 - 25mg nocte
- gabapentin 300 - 600mg tds as tolerated
- pregabalin 150 - 450mg as tolerated
- duloxetine 30 - 60mg nocte