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

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**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](http://www.arthritisresearchUK.org)

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**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](http://www.ggcprescribing.org.uk):
  - amitryptiline 10 - 25mg nocte
  - gabapentin 300 - 600mg tds as tolerated
  - pregabalin 150 - 450mg as tolerated
  - duloxetine 30 - 60mg nocte

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