



Best Practices in Fibromyalgia Diagnosis and Multimodal Management

Insights from the Fibromyalgia Working Group

Consensus Delphi Statements

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Etiology and Pathophysiology

- Fibromyalgia is associated with evidence of lowered pain thresholds and enhanced sensory perception.
- Psychological and/or physical stressors may contribute to the development or aggravation of fibromyalgia symptoms, particularly in genetically predisposed individuals.
- Genetic analyses, functional neuroimaging studies, altered neurotransmitter levels associated with nociceptive processing, and results from experimental pain paradigms support augmented pain signaling in patients with fibromyalgia.

Assessment and Diagnosis

- Fibromyalgia is a medical condition that is diagnosed based on criteria, not by exclusion, and can coexist with other chronic pain conditions.
- Patient-reported symptoms and the demonstration of lower than normal pressure pain threshold remain the accepted means for assessing and diagnosing fibromyalgia.
- The 1990 American College of Rheumatology criteria provide a useful framework for the diagnosis of fibromyalgia, although other methods to identify chronic widespread pain together with commonly associated symptoms and disorders can be employed.
- Patients with suspected fibromyalgia should be evaluated for relevant symptom domains, with emphasis on widespread pain, tenderness, fatigue, stiffness, nonrestorative sleep, cognitive dysfunction, and mood disturbance.
- Comprehensive assessment of fibromyalgia symptoms includes evaluation of effects on physical functioning, mental health, quality of life, social relations, and self-perception of health status.
- Patients with fibromyalgia should undergo an informed assessment of sleep function, including poor sleep habits, sleep disturbances, and comorbid sleep/wake disorders, to assist therapeutic decision making.
- Based on symptomatology, patients with fibromyalgia should be assessed for commonly associated medical and psychiatric comorbidities (eg, irritable bowel syndrome, migraine, sleep/wake disorders, rheumatoid arthritis, mood disorders).

- Clinicians should consider using validated self-report measures, such as the Revised Fibromyalgia Impact Questionnaire or the Brief Pain Inventory, to gauge symptom severity in patients with fibromyalgia and to monitor response to treatment.

Treatment

- Fibromyalgia treatment should begin with evidence-based patient education on the disorder and available treatment options.
- Fibromyalgia most often requires multimodal treatment, with both pharmacologic agents to address specific symptoms and nonpharmacologic approaches to improve symptoms and associated disability.
- Selection of pharmacotherapy should begin with medications associated with the strongest evidence, and regimens should be tailored to address important symptom domains.
- Agents with different mechanisms of action can be combined if patients do not adequately respond to monotherapy.
- Although no strong evidence supports nonsteroidal anti-inflammatory drugs (NSAIDs) for fibromyalgia pain, patients may have comorbid degenerative or inflammatory pain conditions that are responsive to NSAIDs (eg, bursitis, tendonitis, osteoarthritis).
- Opioids should be prescribed cautiously, if at all, for fibromyalgia because of insufficient data supporting their efficacy and concerns about common adverse effects, misuse and abuse potential, and possible opioid-induced hyperalgesia.
- If sleep problems are significant or persist despite treatment, nonpharmacologic strategies and/or pharmacologic agents that promote restorative sleep should be considered.
- Fibromyalgia patients should be encouraged to exercise according to fitness level and general medical condition, beginning with low impact exercise and moving toward more strenuous aerobic exercise.
- Cognitive behavioral therapy is an effective evidence-based treatment modality for fibromyalgia, although outcomes are highly dependent on the program and the practitioner and benefits for many symptoms often represent short-term gains.