

# Fibromyalgia for Family Physicians

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# Disclosures

- None relevant

# Off-label prescribing

- I will discuss off-label prescribing of medications
- I will use generic names only for medications

# Overview

- Case
- Fibro – what it is not, what it is
- How to diagnose
- Treatment options
- Conclusions

# Case

- 43F overweight presents to clinic for pain “all over”
- Present for years, worsening recently
- No diurnal pattern, morning stiffness ~1 hour
- “exhausted”- wakes through the night, wakes feeling tired in AM
- Puffy hands and feet, no swollen joints
- Irritable bowel, frequent urination without UTI
- Transient rashes on face/trunk, chronic headaches, dry mouth and eyes
- Tried ibuprofen, acetaminophen – no benefit
- Labs: ANA 1:80, CRP 13, otherwise normal

# Fibromyalgia (central hypersensitivity) – What It Is Not

- Autoimmune (not SLE or MS) – ANA is incidental (DON'T ORDER)
- Inflammatory
- Psychiatric
- Factitious or malingering

# What It Is

- Neurologic disorder (fMR, CSF analysis, skin Bx)
- Hypersensitivity of the pain fibres and dysfunction of thalamus
- Based on genetic risk and **some** trigger
  - TRAUMA (F > M ~ 8:2)
  - Chronic pain from other causes
  - Acute medical illness (viral?)

# Diagnosis

- NOT based on tender points
- Based on American College of Rheumatology criteria:
  - Widespread pain
  - Poor/unrefreshing sleep
  - Daily fatigue
  - Cognitive dysfunction (brain fog)
  - Somatic symptoms
- Workup for other causes:
  - CBC, Cr, CRP, ALT, ALP
  - RF, TSH, A1C, ferritin
  - ? x-rays

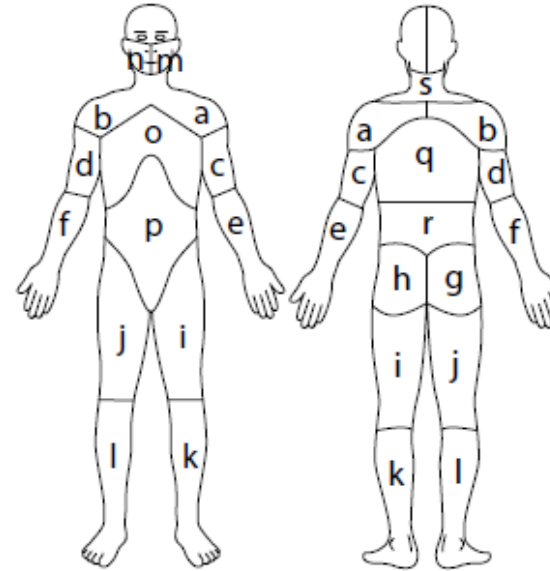


## ACR 2010 Criteria

- [www.RheumInfo.com](http://www.RheumInfo.com)

A patient satisfies diagnostic criteria for fibromyalgia if the following 3 conditions are met:  
 1) Widespread pain index (WPI)  $\geq 7$  & symptom severity (SS) score  $\geq 5$  OR WPI 3-6 & SS score  $\geq 9$ .  
 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.

1. On the diagram, circle all of the areas (letters) of pain over the **LAST WEEK**?



### Guide

- a. Shoulder girdle, left
- b. Shoulder girdle, right
- c. Upper arm, left
- d. Upper arm, right
- e. Lower arm, left
- f. Lower arm, right
- g. Hip (buttock, trochanter), left
- h. Hip (buttock, trochanter), right
- i. Upper leg, left
- j. Upper leg, right
- k. Lower leg, left
- l. Lower leg, right
- m. Jaw, left
- n. Jaw, right
- o. Chest
- p. Abdomen
- q. Upper back
- r. Lower back
- s. Neck

**Widespread  
Pain Inventory  
(WPI)**

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Over the **PAST WEEK**, how **SEVERE** the patient's **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

Over the **PAST WEEK**, how **SEVERE** was the patient's **WAKING FEELING 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

Over the **PAST WEEK**, how **SEVERE** was the patient's **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

Considering **SOMATIC SYMPTOMS** in general, indicate whether the patient has:\*

- 0 = no symptoms
- 1 = few symptoms
- 2 = a moderate number of symptoms
- 3 = a great deal of symptoms

**Symptom  
Severity (SS)  
Scale**

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# Somatic Symptoms

\* Somatic symptoms that might be considered: muscle pain, irritable bowel syndrome, fatigue/tiredness, thinking or remembering problem, muscle weakness, headache, pain/cramps in the abdomen, numbness/tingling, dizziness, insomnia, depression, constipation, pain in the upper abdomen, nausea, nervousness, chest pain, blurred vision, fever, diarrhea, dry mouth, itching, wheezing, Raynaud's phenomenon, hives/welts, ringing in ears, vomiting, heartburn, oral ulcers, loss of/change in taste, seizures, dry eyes, shortness of breath, loss of appetite, rash, sun sensitivity, hearing difficulties, easy bruising, hair loss, frequent urination, painful urination, and bladder spasms.

- All linked by: hypersensitivity

# Treatment

- [www.fmguidelines.ca](http://www.fmguidelines.ca)
- Not: prednisone, NSAIDs, acetaminophen
- Non-medication:
  - Sleep! Proper sleep hygiene
  - Exercise: sustainable, regular, not exhausting
  - Diet: ? Low FODMAP diet (American Gastroenterologic Association) or fermented foods (Balkan yoghurt, sauerkraut, kombucha, kefir)
  - Education: Dr Dan Clauw (Anaesth, UofMich) – YouTube
    - [www.fibroguide.com](http://www.fibroguide.com)

# Treatment

- Meds (only 7) ( bold = FDA-approved)
  1. Amitriptyline – sleep + pain; start 5 or 10mg qhs and increase by 10 until effect!
  2. Cyclobenzaprine – pain > sleep
  3. **Duloxetine** (not venlafaxine) – pain; start 30mg, increase to max 90mg
  4. Tramadol – pain (has SNRI effect, superior to codeine/opioids)
  5. Gabapentin/**pregabalin** – sleep + pain
  6. Trazodone - sleep
  7. Zopiclone - sleep

# Counselling

- Cognitive behavioural therapy is gold standard
  - [www.fibroguide.com](http://www.fibroguide.com)
- Trauma counselling can be very beneficial
- Good luck!

# Conclusion

- Central hypersensitivity common (3-6%)
- Often have family history, unmasked after acute event (trauma, medical)
- Not tender points – chronic widespread pain (all 4 quadrants) as well as poor sleep, daily fatigue, cognitive dysfunction, with somatic symptoms (IBD, chronic cystitis, chronic headaches, rashes, Raynaud's, etc)
- Non-pharm management important!
- Meds target nerve pathways – avoid prednisone
- Don't need referral to rheum necessarily, but okay to refer to me for confirmation/ruling out other causes, management guidelines