

## Pathway for management of chronic widespread pain

### Diagnosis of fibromyalgia<sup>8</sup>

A patient satisfies diagnostic criteria for fibromyalgia if the following 3 conditions are met:

1. Widespread pain index (WPI)  $\geq 7$  and symptom severity (SS) scale score  $\geq 5$  or WPI 3-6 and SS scale 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

WPI note the number of areas in which the patient has had pain in the last week. Score will be 0-9

Area	Tick if present	Area	Tick if present
Shoulder girdle left		Shoulder girdle right	
Upper arm left		Upper arm right	
Lower arm left		Lower arm right	
Hip/buttock left		Hip/buttock right	
Upper leg left		Upper leg right	
Lower leg left		Lower leg right	
Jaw left		Jaw right	
Chest		Abdomen	
Upper back		Lower back	
Neck			
<b>WPI Total score =</b>			

#### Symptom severity scale (SS scale)

Symptom	Score
Fatigue	
Waking un-refreshed	
Cognitive symptoms	

For each of the symptoms above indicate the level of severity over the past week using the following scale:

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

#### Somatic symptoms

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, nervousness, chest pain, blurred vision, fever,

diarrhoea, dry mouth, itching, wheezing, Raynauds phenomenon, hives/welts, ringing in the ears, heartburn, oral ulcers, loss of/change in taste, seizures, dry eyes, shortness of breath, loss of appetite, rash, sun sensitivity, hearing difficulties, bruising, hair loss, frequent urination, painful urination, bladder spasms

Considering these 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

The SS score is the sum of the severity of the 3 symptoms (fatigue, waking unrefreshed, cognitive symptoms) plus the extent of the symptoms in general. The final score is between 0 and 12

WPI score =

Symptom Severity score =

Somatic symptom score =

SS score = Symptom severity score + somatic symptom score =

### **Examination**

To exclude other causes of widespread pain

Musculoskeletal examination

Neurological examination, particularly looking for weakness or upper motor neurone signs

Palpate for lymphadenopathy

Examine for finger/toenail abnormalities skin rashes, psoriasis, alopecia

Examine any other systems identified in history

Differential diagnoses <sup>1,2</sup>	Red Flags
<p>Generalised osteoarthritis</p> <p>Inflammatory arthritis</p> <p>Giant cell arteritis</p> <p>Polymyalgia rheumatica</p> <p>Connective tissue disorders, eg: lupus</p> <p>Sjögren syndrome</p> <p>Systemic vasculitis</p> <p>Myopathies, including autoimmune myositis</p> <p>Hypothyroidism</p> <p>Hyperthyroidism</p> <p>Hyperparathyroidism</p> <p>Diabetes</p> <p>Peripheral neuropathies</p> <p>Multiple sclerosis</p> <p>Myasthenia gravis</p> <p>Motorneuron disease</p>	<p>Abnormal neurological signs present (including muscle abnormalities)</p> <p>Visual disturbance/change</p> <p>Swollen joints (synovitis)</p> <p>MTP/MCP joint tenderness (or pain on squeeze test)</p> <p>Morning joint stiffness (lasting over 30 minutes)</p> <p>Unexplained rise in erythrocyte sedimentation rate (ESR)</p> <p>Unexplained blood/protein on urine dipstick</p> <p>Weight loss</p> <p>Fever</p> <p>Lymphadenopathy</p> <p>Recent onset Raynaud's phenomenon</p> <p>Skin rashes</p> <p>Dry eyes and mouth</p>

## Pharmacological information for fibromyalgia<sup>3,4,5,10,11</sup>

An over-reliance upon medication can be misplaced and send the wrong message to patients

### Simple analgesia:

The World Health Organization (WHO) ladder should be used as a step-wise approach to management

Agree goals of therapy before prescribing and adjust choice of medications to meet the needs of the individual

Discuss risks and benefits of potential medications, particularly discuss potential side-effects

### **Guidance**

Few trials have evaluated the benefit of appropriate use of analgesic combinations in patients with chronic widespread pain

Combinations may produce improved efficacy and fewer adverse effects, as lower doses of individual medications are required

**The use of strong opioids in widespread pain is controversial due to a relative lack of evidence but is generally not recommended<sup>12,13,14,15</sup>**

- Paracetamol 1gm qid
- NSAID – rarely helpful and not indicated for long-term management
- Escalate in a stepwise approach to include weak opioids and/or tramadol
- NB: Consider dihydrocodeine in people who do not respond to codeine, as a small but significant proportion of people lack the enzyme to convert codeine (a prodrug) into its active form.
- TCA: (Some evidence that these may help).
  - Amitriptyline 10mg-50mg nocte
  - Nortriptyline 10mg-50mg nocte
  - Dosulepin 25mg-50mg nocte
- Anticonvulsants:
  - Gabapentin 100mg tds to 900mg tds increasing slowly to either good effect or limited by side-effects
  - Pregabalin 25mg nocte to 300mg bd increasing slowly to either good effect or limited by side-effects
- SNRIs:
  - Duloxetine 30mg – 90mg nocte (limited evidence from US trials)
- All medication should be reduced and withdrawn after a trial period if there is not measurable benefit

## **Bristol Fibromyalgia Service**

### **Referral criteria**

The following basic tests should have been completed in order to exclude other causes of pain. We also require a print out of the actual results for our records.

- FBC
- ESR or PV
- CRP
- Renal function
- Liver function
- Calcium
- Thyroid function
- Creatine kinase
- Random blood glucose
- Urinalysis for blood, sugar, and protein

### **Refer to Appropriate Specialist if Diagnosis In Doubt**

### **Exclusion criteria**

- Major psychiatric illness with psychotic or manic features.
- Concurrent rehabilitation from another service.
- Ongoing medical investigation

### **What the service offers**<sup>3,4,6,7,9,16,17,18</sup>

- Multi-disciplinary assessment
- Consultation and advice in liaison with Primary Health Care Team.
- Direct clinical work (group or individual).
- Multi-component rehabilitation package for symptom management. Complex case management.

<b>Investigation checklist</b>	
<p>The following test results are required in addition to a <b>referral letter</b> detailing the patient's history and reason for referral.</p> <p>Please complete <b>ALL</b> the required blood tests in the table below.</p> <p><b>Please attach a printout of these results to the referral.</b></p>	
<b><u>Full blood count</u></b>	
<b>ESR or PV</b>	
<b>C-reactive protein</b>	
<b><u>Urea and electrolytes</u></b>	
<b>Liver function tests</b>	
<b>Calcium</b>	
<b>Creatine kinase</b>	
<b>Thyroid function</b>	
<b><u>Random blood glucose or equivalent</u></b>	

If inflammatory arthritis is suspected on the basis of stiffness, swelling, or MTP/MCP joint tenderness, refer urgently to specialist rheumatological care – there is no added benefit to checking rheumatoid serology

#### **Vitamin D**

There is no evidence linking chronic widespread pain in the general population to hypovitaminosis D. In some population subsets, or when vitamin D deficiency is specifically suspected, a trial of oral vitamin D therapy should be considered

Routine checking of baseline vitamin D levels is not indicated unless there are abnormalities of bone profile or additional physical signs

## References

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