Diagnosis & Treatment of Fibromyalgia

Fibromyalgia is a well-defined chronic pain syndrome characterized by diffuse pain in muscles and joints.

Criteria for Diagnosis of Fibromyalgia from the American College of Rheumatology

**CRITERIA**
The diagnosis of fibromyalgia should be considered if a patient meets the following three criteria:

1) The patient scores ≥7 on the widespread pain index (WPI) and ≥5 on the symptom severity (SS) scale [both detailed below], or the patient scores 3–6 on the WPI and ≥9 on the SS scale.

2) The patient’s 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 their pain.

**WIDESPREAD PAIN INDEX**
Check the boxes below for each area in which the patient has had pain during the past week. Assign one point for each box. The total score will be between 0 and 19.

- [ ] Shoulder girdle, left
- [ ] Shoulder girdle, right
- [ ] Upper arm, left
- [ ] Upper arm, right
- [ ] Lower arm, left
- [ ] Lower arm, right
- [ ] Hip (buttock, trochanter), left
- [ ] Hip (buttock, trochanter), right
- [ ] Upper leg, left
- [ ] Upper leg, right
- [ ] Lower leg, left
- [ ] Lower leg, right
- [ ] Jaw, left
- [ ] Jaw, right
- [ ] Chest
- [ ] Abdomen
- [ ] Upper back
- [ ] Lower back
- [ ] Neck

**SYMPTOM SEVERITY SCALE**
The symptom severity scale evaluates (1) the severity of three specific symptoms plus (2) the severity of somatic symptoms in general. The total score will be between 0 and 12.

1) Use the following scale to indicate the severity of each of the three symptoms below during the past 7 days:

- 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

**SCORE (0–3)**

- Fatigue
- Waking unrefreshed
- Cognitive symptoms
2) Use the following scale to indicate the extent to which the patient has had somatic symptoms in general during the past 6 months.*

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

* Somatic symptoms that might be considered:
  - Heartburn
  - Irritable bowel syndrome
  - Constipation or diarrhea
  - Abdominal pain/cramps
  - Nausea/vomiting
  - Loss of appetite
  - Frequent urination
  - Painful urination
  - Bladder spasms
  - Muscle pain
  - Muscle weakness
  - Chest pain
  - Shortness of breath
  - Dizziness
  - Seizures
  - Fever
  - Hair loss
  - Easy bruising
  - Loss of/change in taste
  - Ringing in ears
  - Dry mouth or eyes
  - Oral ulcers
  - Blurred vision
  - Raynaud phenomenon
  - Wheezing
  - Itching
  - Hives/welts/rash
  - Thinking or remembering problem
  - Headache
  - Fatigue/tiredness
  - Numbness/tingling
  - Insomnia
  - Depression
  - Nervousness
  - Sun sensitivity
  - Hearing difficulties

Does the patient meet these criteria for fibromyalgia?

Assess for alternative diagnoses:

Routine laboratory evaluation in all patients:
  - Complete blood count
  - Basic metabolic panel
  - Thyroid-stimulating hormone
  - Erythrocyte sedimentation rate and C-reactive protein

If symptoms or physical examination findings are concerning for inflammatory arthritis (joint swelling, prominent morning stiffness, preferential involvement of the metacarpophalangeal joints), add the following other laboratory tests:
  - Rheumatoid factor
  - Anti–cyclic citrullinated peptide
  - Antinuclear antibody

Negative serologic workup does not rule out an inflammatory arthritis. If the clinical presentation is suggestive, consider referral to rheumatology.
Consider alternative diagnoses

Create a therapeutic alliance with the patient, educate the patient, and initiate treatment:

EDUCATIONAL RESOURCES
- The National Fibromyalgia Association: fmaware.org

PHYSICAL ACTIVITY
- Daily stretching
- Low-impact aerobic activities (land- or water-based)
- Tai chi or yoga

PSYCHIATRIC THERAPY
- Cognitive behavioral therapy

FIRST-LINE PHARMACOLOGIC TREATMENT
- Tricyclic antidepressants (TCAs; usual preferred agent given low cost)
- Duloxetine (more effective than TCAs for depression; also preferred if fatigue is prominent)
- Gabapentin (preferred if sleep disturbance is prominent)

SECOND-LINE PHARMACOLOGIC TREATMENT
- Pregabalin
- Cyclobenzaprine
- Milnacipran
- Venlafaxine

Medications from different classes can be combined if there is an inadequate response to monotherapy. TCAs and serotonin–norepinephrine reuptake inhibitors (duloxetine, milnacipran, venlafaxine) together can cause serotonin syndrome.

Opioids, benzodiazepines, and glucocorticoids are not recommended.
References:

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