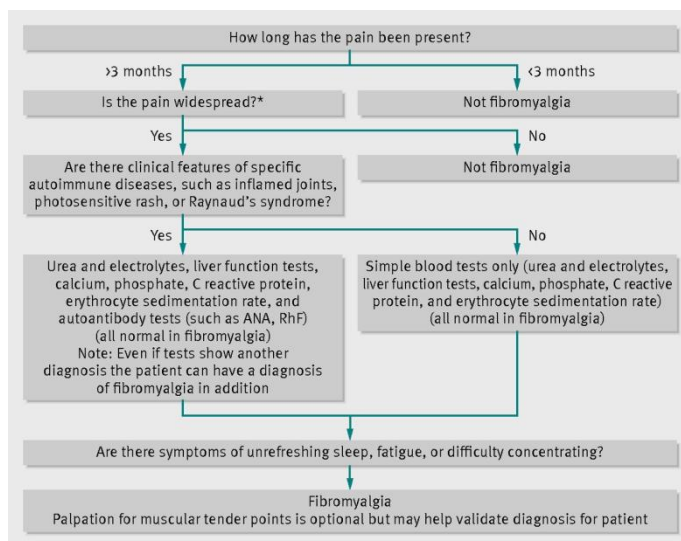


Fibromyalgia Referral Guideline – NHS Lanarkshire Rheumatology Department

Fibromyalgia is a syndrome of chronic widespread pain and tenderness associated with fatigue, unrefreshing sleep and perception of cognitive dysfunction. There is no association with polymyalgia and there is no organic muscle or joint pathology.

Fibromyalgia is a clinical diagnosis. There are no specific diagnostic tests. The diagnosis of chronic widespread pain can be made with a history of 3 or more months of generalised pain, affecting both sides of the body and above and below the waist, with no other explanation. Previous diagnostic criteria for fibromyalgia have included specific tender points on examination but these have proved hard to standardise and are not required for diagnosis.



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The majority of patients with fibromyalgia DO NOT require Rheumatology review; consideration of referral to the Pain service may be appropriate in some patients. In particular, patients who have previously been discharged from Rheumatology with a diagnosis of fibromyalgia/widespread pain are very unlikely to benefit from further review.

Strategies that may prove helpful for patients with fibromyalgia include

- Information such as that provided by ARUK (www.arthritisresearchuk.org)
- Regular aerobic exercise (20 minutes 2-3x/week) which has the best evidence for improvement in both pain and fatigue
- A pain management approach including elements of education, exercise and psychological support such as CBT
- Pharmacotherapy –consider
 - Amitriptyline 10mg nocte, increasing in 10mg increments to a maximum dose of 50mg nocte
 - Gabapentin 300mg nocte escalating as BNF according to response
 - Duloxetine 60mg
 - Pregabalin escalating as BNF according to response
- Avoid opioid analgesia

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