

CARE GUIDE for *Fibromyalgia*

SUGGESTED GUIDELINES	PROCESS	IMPORTANT FINDINGS MEASUREMENTS AND VALUES	INTERVENTION	FOLLOW-UP
Confirm Diagnosis (1-6,8)	History of chronic pain > 3 months	<p>The American Pain Society (APS) proposes the following objective criteria for the diagnosis of fibromyalgia:</p> <ul style="list-style-type: none"> • Widespread pain for at least 3 consecutive months - all of the following are present: <ul style="list-style-type: none"> pain in the left side of the body pain in the right side of the body pain above the waist pain below the waist • In addition, axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present <ul style="list-style-type: none"> Use a pressure algometer (dolorimeter) to determine pressure pain thresholds at both lateral epicondyles and the midpoints of the trapezii) to aid in diagnosis and assess response to therapy. An abnormal test produces pain at less than 4 kg/cm² of pressure. • Pain in 11 of 18 tender point sites on digital palpation • Diagnostic tests to r/o other conditions – CBC, TSH, comprehensive metabolic panel, including uric acid, CPK, ESR, CRP, ANA, anti-CCP, and rheumatoid factor. Hepatitis C testing, sleep studies, 25-hydroxyvitamin D, transferrin, and pseudogout studies if indicated by history or preliminary lab results. • Psychological screening tests if indicated: e.g., the Minnesota Multiphasic Personality Inventory, the Social Support Questionnaire, the Sickness Impact 	<ul style="list-style-type: none"> • Begin treatment with pharmacologic and non-pharmacologic therapies 	<ul style="list-style-type: none"> • Monitor over time to assess treatment progress

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		<p>Profile, or the Multidimensional Pain Inventory (MPI).</p> <p>The American College of Rheumatology (ACR) proposes subjective diagnostic criteria. This criteria may be found in the ACR journal Arthritis Care & Research Vol. 62, No. 5, May 2010, pp 600–610 DOI 10.1002/acr.20140</p>		
<p>Pharmacologic Management (1, 3, 4, 5, 7, 8, 9, 10-</p>	<ul style="list-style-type: none"> Prescribe medication based on individual symptoms and functional status 	<ul style="list-style-type: none"> Functional status, visual analog scale for pain intensity, degree of fatigue and global self-assessment may be evaluated and quantified using tools such as the Fibromyalgia Impact Questionnaire (FIQ) available at: http://www.myalgia.com/FIQ/FIQ.htm 	<p>Medication efficacy:</p> <ul style="list-style-type: none"> Strong evidence <ul style="list-style-type: none"> ➤ Amitriptyline: often helps sleep and overall well-being; dose 25-50 mg ➤ Cyclobenzaprine 10-30 mg at bedtime Modest evidence <ul style="list-style-type: none"> ➤ SSRI ➤ SNRI ➤ Some anti-convulsants, including gabapentin Newly approved for fibromyalgia: <ul style="list-style-type: none"> ➤ Pregabalin (Lyrica) 300 or 450 mg per day for pain ➤ Duloxetine 30 mg/once a day x 1 week, then increase to 60 mg/once a day ➤ Milnacipran 50 mg bid titrated over 1 week <p>Other individual provider approaches to the treatment of fibromyalgia may include any of the following: topical</p>	<ul style="list-style-type: none"> Re-evaluate and change medication plan as needed

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			lidocaine or topical capsaicin, tramadol, propranolol at bedtime, clonidine, increased potassium intake, raloxifene, modafinil, or pramipexole (under investigation). (NOTE: See FDA black box warnings for suicidality in children, adolescents and young adults (18-24 yrs) for antidepressants and secondary to anti-epileptics.	
Non-Pharmacologic (1, 4,5)	<ul style="list-style-type: none"> Start concurrently with medication management 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Strong Evidence <ul style="list-style-type: none"> ➤ Cardiovascular exercise ➤ Cognitive Behavioral Therapy ➤ Patient Education ➤ Multidisciplinary (combinations of the above) Moderate Evidence <ul style="list-style-type: none"> ➤ Strength Training ➤ Acupuncture ➤ Hypnotherapy ➤ Biofeedback ➤ Balneotherapy 	<ul style="list-style-type: none"> Begin one or more therapies and add additional as needed
Referral ^(3,4)	<ul style="list-style-type: none"> Refer to specialist(s) 	<ul style="list-style-type: none"> Patients not responding to therapy 	<ul style="list-style-type: none"> Refer to rheumatologist, pain specialist, physiatrist, or psychiatrist 	<ul style="list-style-type: none"> Coordinate care and monitor patient progress as needed

Reference List

<p>1. Buckhardt CS, Goldenberg D Crofford L Gerwin R Gowens S Jackson K Kugel P McCarberg W Rudin N Schanberg L Taylor AG Taylor J Turk D. Guideline for the management of fibromyalgia syndrome pain in adults and children. American Pain Society (APS); (2005), -109. 2007. 3-10-2007. [Buckhardt CS, Fibromyalgia Guideline]</p>	<p>2. Gerwin RD. A review of myofascial pain and fibromyalgia--factors that promote their persistence. <i>Acupunct Med.</i> 2005;23:121-34. [Gerwin RD, Acupuncture 2006]</p>
<p>3. University of Texas, School of Nursing, Family Nurse Practitioner Program. Management of fibromyalgia syndrome in adults. Austin (TX): University of Texas, School of Nursing; 2009 Austin, Texas. [University of Texas, Fibromyalgia Treatment Guideline]</p>	<p>4. Hassett AL, Gevirtz RN, Nonpharmacologic Treatment for Fibromyalgia: Patient Education, Cognitive-Behavioral Therapy, Relaxation Techniques, and Complementary and Alternative Medicine. <i>Rheumatic Disease Clinics of America.</i> 35 (2009) 292-407.</p>
<p>5. American Academy of Family Physicians. Fibromyalgia in Family Medicine: Challenges in Pain Management, 2011 American Academy of Family Physicians – Pain Management Series http://www.aafplearninglink.org/index.aspx</p>	<p>6. Wolfe F, Clauw D, Fitzcharles M, Goldenberg D, Katz R, Mease P, et al. The American College of Rheumatology Preliminary Diagnostic Criteria for Fibromyalgia and Measurement of Symptom Severity. 2010 <i>American College of Rheumatology: Vol 62, No.5, May 2010</i> pp 600-610</p>
<p>7. Bennett RM, Friend R, Jones KD, Ward R, Han BH, Ross RL. The Revised Fibromyalgia Impact Questionnaire (FIQR): Validation and Psychometric Properties. <i>Arthritis Research & Therapy.</i> 2009;11(4):R120.</p>	<p>8. Boomershine CS, Crofford, LJ. A symptom based approach to pharmacologic management of fibromyalgia. <i>Nat. Rev. Rheumatol.</i> 5, 191-100 (2009); doi:10.1038/nrrheum.2009.25</p>
<p>9. FDA Proposes New Warnings About Suicidal Thinking, Behavior in Young Adults Who Take Antidepressant Medications. FDA. 2007. 7-6-2007. [FDA Warning: Antidepressants]</p>	<p>10. FDA. Information for Healthcare Professionals Suicidality and Antiepileptic Drugs. FDA. 1-31-2008. 2-7-2008. [FDA – Antiepileptic Drugs]</p>