

- **What is Fibromyalgia?**

Fibromyalgia is a chronic condition of widespread pain and profound fatigue. The pain tends to be felt as diffuse aching or burning, often described as head to toe. It may be worse at some times than at others. It may also change location, usually becoming more severe in parts of the body that are used most.

- A central nervous system dysfunction is primarily responsible for the increased pain sensitivity in fibromyalgia. i.e. pain is amplified in those with FIBROMYALGIA where others may experience a slight ache or stiffness.
- The name fibromyalgia is made up from “**fibro**” for fibrous tissues such as tendons and ligaments; “**my**” indicating muscles; and “**algia**” meaning pain.

- **Prevalence**

The current prevalence of FIBROMYALGIA is thought to be between 2.9% and 4.7% based on a recent multi country European survey (Feb 09). This was based on two measurements of FIBROMYALGIA symptoms and even at the higher symptom criteria this would account for 1.8 million people in the UK and up to 14.3 million across Europe.

- **Effects**

The fatigue ranges from feeling tired, to the exhaustion of a flu-like illness. It may come and go and people can suddenly feel drained of all energy – as if someone just “pulled the plug”.

- People with mild to moderate cases of fibromyalgia are usually able to live a normal life, given the appropriate treatment. If symptoms are severe, however, people may not be able to hold down a paying job or enjoy much of a social life.

- **Chronic Pain**

Sir Liam Donaldson commented in the 2008 Annual report, *“Chronic pain reduces the quality of life more than almost any other condition. The impact of pain on people's lives is significant, bringing emotional and financial burdens to patients and their loved ones. A major initiative to widen access to pain services is badly needed.”*

- The attitude of decision makers throughout Europe needs to be changed so that fibromyalgia is recognised; health professionals are better able to deal with fibromyalgia patients; diagnosis and treatments are readily available; further research funds are accessible and data on fibromyalgia is collected.
- Most people have to wait for an appointment with a consultant, usually a rheumatologist, before getting a confirmed diagnosis, when it should be possible to be diagnosed by the GP.

- Once diagnosis is made, there is still the minefield of treatment options. At worst some patients are still being told, “There is nothing that can be done; there is no cure; learn to live with it. It’s psychological – all in your mind.” At best there are one or two centres that offer a range of managing and coping strategies using pain relief units, physiotherapists, counsellors, hydrotherapy and other treatments.
- There are also many hospitals with very good supportive departments but, unfortunately, this is a postcode lottery.
- At the European Parliament in May 2008, a Global Impact Study, conducted by Harris Interactive, was presented which showed that 82% of primary care physicians and 63% of specialists in the UK reported that they had little or no fibromyalgia training. In fact, the UK had the worst results compared with France, Germany, Italy, Spain and the Netherlands. Those of us involved with fibromyalgia in the UK are not surprised.
- Although more doctors are becoming knowledgeable about fibromyalgia, many people who contact Fibromyalgia Association UK tell us that, having read about the symptoms of fibromyalgia, it has been down to them to suggest the possibility of this as a diagnosis to their GP. This diagnosis stills seems to be overlooked, despite the prevalence of the condition.
- The European League against Rheumatism (EULAR) issued the first guidelines for the treatment of fibromyalgia and published them in the September 2007 issue of the Annals of Rheumatic Diseases. This nine point plan covers the treatment and diagnosis of fibromyalgia. Whilst these guidelines are not yet adopted by the National Institute for Health and Clinical Excellence (NICE), they can be seen as a significant step forward. They are featured on the NHS Evidence website accessible to GPs
- Specific recommendations on pharmacologic management are as follows:
 - Tramadol is recommended for management of pain. Although other treatment options may include simple analgesics (eg, paracetamol) and other weak opioids, corticosteroids and strong opioids are not recommended.
 - Antidepressants are recommended for the treatment of FIBROMYALGIA because they decrease pain and often improve function. Appropriate options may include amitriptyline, fluoxetine, duloxetine, milnacipran, moclobemide, and pirlindole.
 - Tropicsetron, pramipexole, and pregabalin are recommended for the treatment of FIBROMYALGIA because they reduce pain.
- Specific recommendations on non-pharmacologic management of FIBROMYALGIA are as follows:
 - Heated pool treatment, with or without exercise, is effective.
 - For some patients with FIBROMYALGIA, individually tailored exercise programs can be helpful. These may include aerobic exercise and strength training.

- For certain patients with FIBROMYALGIA, cognitive behavioural therapy may be beneficial.
- Based on the specific needs of the patient, relaxation, rehabilitation, physiotherapy, psychological support, and other modalities may be indicated.