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Case Report

Interdisciplinary assessment-oriented treatment of fibromyalgia: a case report

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ABSTRACT

Patients with fibromyalgia (FM) have often tried many outpatient treatments, and breakthrough pain frequently stops them from performing everyday tasks and participating in society. FM-pain that has become chronic, therefore, affects quality of life. This case study describes the administration of interdisciplinary inpatient pain therapy due to a primary diagnosis of fibromyalgia with integrated complementary medicine. The female patient, who had several concomitant disorders and had been suffering from pain for many years, benefited from the holistic treatment approach in terms of a reduction in pain and an improvement in physical functions and mental health. The ability to have a positive effect on pain symptoms in the longer term is essential. Compliance with the treatments used should also be improved, so that a healthier lifestyle and better pain management can continue after discharge from hospital. These results are supported by other study results and should provide the impetus for major studies to evaluate holistic pain therapies in FM.

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1. Introduction

The case study concerns a patient who received interdisciplinary treatment for acute exacerbation of chronic fibromyalgia (FM) pain syndrome. FM tends to have a severe impact on health-related quality of life, working activities and social life.¹ Patients with FM, in whom pain has stopped

functioning as an indicator and warning system and become a disease in itself, are usually very limited in their ability to perform many everyday tasks. If there is an acute exacerbation of the FM pain in various parts of the body, the physical impairment makes outpatient treatment methods more difficult and the unimodal approach often becomes ineffective. In many patients, the pain is rooted in other disorders and often associated with depression, gastrointestinal complaints,

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headache, migraine and sleep disorders.² In patients with FM, the process by which pain becomes chronic is often accompanied by problems. It is common for patients with FM to have several pain-associated musculoskeletal disorders and other chronic disorders involving pain.^{3,4} In many cases, a range of interacting drugs are administered, and the problem of polypharmacy can develop.⁵ The correct choice of pain management for patients is influenced by communication and agreement between treating doctors and therapists. However, in patients with FM, it is common for pain to be underestimated and inadequately treated. These patients have tried many different treatments, which are often based on different diagnoses but not as successful as hoped. Inadequate pain therapy can then lead to a clear decrease in quality of life and even immobility.⁶ The physical and mental impairment caused by the pain puts patients at risk of losing their social networks.

An interdisciplinary approach to FM pain syndrome is not yet standard practice in health systems, as it is costly in terms of personnel, who are not yet appropriately reimbursed.^{4,7}

2. Interdisciplinary inpatient treatment (OPS 8-983)

The Operations and Procedures Catalogue (OPS) is an adaptation of the International Classification of Procedures in Medicine (ICPM) published by the World Health Organisation. In the case study, OPS 8-983 was used. This procedure allows patients to be treated by a variety of disciplines: physiotherapy, ergotherapy, pain therapy, cognitive behaviour therapy, and conversational psychotherapy in different patient-related combinations and with a therapy density of at least 11 hours per week. The team is led by a specialist in rheumatology.

If a patient with FM has several musculoskeletal and general medical disorders at the same time, the situation becomes more challenging for those involved in the inpatient treatment process. The approach described in the case study should not only be confined to the primary disorder, but also treat concomitant diseases efficiently. The case study describes the integration of complementary medicine into a holistic treatment concept, that is, conventional medicine supplemented with complementary medicine, and assesses the results.

3. Case report

The 64-year-old female patient was born and educated in German and she lives with her husband. She had been reporting pain in various parts of her body for six years. On admission, she complained of significantly increased pain in her muscles and all over her body, particularly in her cervical spine and the nape of her neck with radiation into both shoulder blades and arms. Her neck muscles were tense and tender. The patient also reported an increase in lumbar/sacral pain with radiation into the sacroiliac joint, particularly on the left, and then the left leg as far as the knee. She had pain in all major joints, particularly both elbows, shoulders and knees. The patient described the pain as dragging, pressing and sometimes

stabbing and pulsating during acute episodes. The knee pain was described as nagging.

She said that the pain was exacerbated by the cold and cold, damp weather as well as physical and mental stress but alleviated by heat and the application of heat. However, the excessive heat of the previous days had made her feel much worse. She was clearly exhausted and under considerable strain. Her mood was said to be depressive, and she felt weak and unmotivated. She reported problems falling and staying asleep because of the pain. She felt listless and tired, unsettled and unstable. She reported morning stiffness lasting 1.5 hours and difficulty getting going. After waking up in the mornings, it took great effort to move from a lying to a sitting and then standing position and start moving.

Symptoms typical of fibromyalgia reported by the patient included daytime tiredness, profuse sweating, sometimes shortness of breath, anxiety, severe irritability and constant rumination.

The results of the general physical examination on admission were summarised as follows:

Heart: regular heart action. BP 140/80 mmHg on the right, 130/80 mmHg on the left. HR 70/minute.

Abdomen: soft abdominal wall, obese. No palpable enlargement of the liver or spleen. No costovertebral angle tenderness on either side. No enlarged lymph nodes, resistance or tenderness. Active bowel sounds over all four quadrants.

Spine: no pain on percussion. Tenderness over the cervical, thoracic and lumbar spine. No blocks. Clear muscle tension in the shoulder girdle and nape of the neck. Limited rotation of the cervical spine and reclination at the end of the range of motion. Moderate tenderness at L5 on the left. Bilateral myogelosis in the cervical and lumbar spine.

As a result of the medical examination, the following diagnoses were made: fibromyalgia syndrome (International Statistical Classification of Diseases and Related Health Problems (ICD) M79.70), disc disc prolapse L3/L4 (ICD M54.16), lumbar and other disc discomfort with radiculopathy (ICD M51.1), compression of nerve roots and nerve plexus in disc injuries (ICD G55.1), polyneuropathy (ICD G 662.9), and gonarthrosis (ICD M15.9). Further diagnoses were a recurrent depressive disorder, presently moderate episode (F33.1), an intertriginous eczema (ICD L30.4), essential hypertension (ICD I10.90), obesity due to excessive calorie intake: body mass index [BMI] of 38 (ICD E66.01) and vitamin D deficiency (ICD E55.9).

4. Evidenced-based assessment according to OPS 8-983 and quality measurement

In addition to the case history, a standardised admission assessment was conducted for quality assurance and risk management purposes.⁸ For a complete record of the course of the patient's pain, assessment parameters from as far back as 2011 were analysed.

The Mainz Pain Staging System (MPSS) was used to assess the chronicity of the pain.⁹ It covers four areas: temporal and spatial aspects of the pain and the patient's use of medication and the healthcare system. The patient was classified as stage 3 (Table 1). The Pain Disability Index (PDI) was used to record

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