

Review Article

Guidelines for the successful management of fibromyalgia patients



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ABSTRACT

The successful management of fibromyalgia starts with establishing a firm diagnosis, followed by an evaluation of all other comorbid pain conditions (e.g. osteoarthritis, temporomandibular pain disorder, migraine headaches, myofascial trigger points) and fibromyalgia associated comorbidities (e.g. restless leg syndrome, irritable bowel syndrome). Then, it is necessary to systematically go through a list of problems that need to be addressed: pain, sleep, fatigue, mood disorders, cognitive dysfunction, functional limitations, social functioning, prior therapies and expectations. The most fundamental issue in successful management is initiating patient directed therapies. This involves education regarding the nature of fibromyalgia, the various tools for treating different aspects of the disorder and the development of a constructive and flexible treatment program that will be modified according to the results. All fibromyalgia patients should be given a trial of medications that have been shown to help pain. Non-restorative sleep diminishes the effectiveness of the descending inhibitory pain pathway, thus effective treatment is an essential component of pain management, as well as helping fatigue and cognition. It is important to rule out treatable associated sleep disruptors such as restless legs syndrome and sleep apnea. The basis of attaining effective sleep is the patient's adherence to basic sleep hygiene measures. Cognitive behavioral therapy where feasible, should be pursued. Ideally, hypnotics should be used as a short-term bridge while the patient is establishing behavioral modifications. Regular gentle exercise has repeatedly been shown to benefit fibromyalgia patients and needs to be incorporated in every patient's management strategy. Practicing mindfulness is a useful strategy for minimizing stress and can be incorporated into gentle exercise in the form of yoga and Tai chi. Having fibromyalgia creates an existential crisis for most patients, the management of these clients can be a rewarding experience for the well-informed and empathetic physician.

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1. Introduction

The successful management of fibromyalgia patients seldom results in a cure. This simple statement underlines the stark

reality for both patient and doctor. Patients want to be free of symptoms so that they can enjoy life and be accepted as productive individuals by their family, coworkers and friends. Not being assured of a cure presents patients with an

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Pain location inventory (PLI)

Directions: For each of the following 28 sites, select those locations where you have experienced persistent pain during the past 7 days. The score will be between 0 and 28.

	Neck	Right knee	Left hand	Right arm
	.eft upper back	Left jaw	Right ankle	Left hip
D F	Right wrist	Left lower back	Front of chest	Right foot
	eft thigh	Right hand	Left shoulder	Right upper
D F	Right jaw	Left knee	Right hip	Left arm
D F	Right lower back	Mid- upper back	Left ankle	Right thigh
	.eft wrist	Right shoulder	Mid- lower back	Left foot

10-item SIQR symptoms:

Directions: For each of the following 10 questions, check the <u>one</u> box that best indicates the intensity of the following common symptoms over the last 7 days.

Criteria:

			0 1 2 3 4 5 6 7 8 9 10	
1.	Pain	No pain		Unbearable pain
2.	Energy	Lots of energy		No energy
З.	Stiffness	No stiffness		Severe stiffness
4.	Sleep	Awoke rested		Awoke very tired
5.	Depression	No depression		Very depressed
6.	Memory Problems	Good memory		Very poor memory
7.	Anxiety	Not anxious		Very anxious
8.	Tenderness To Touch	No tenderness		Very tender
9.	Balance Problems	No imbalance		Severe imbalance
10	Sensitivity to loud noises, bright lights, odors and cold	No sensitivity		Extreme sensitivity
	pright lights, odors and cold			

<u>Note</u>: Summate the 10 individual scores; the range will be between 0 and 100. Divide this summated score by 2 to obtain the SIQR symptom score.

A patient fulfilling the following guidelines has a high likelihood of having FM:

- 1. The symptoms and pain locations have been persistent for at least the last 3 months
- 2. Pain location score is \geq 17
- 3. SIQR symptom score is ≥ 21

Fig. 1 – 2014 Alternative criteria.

existential crisis which the medical profession must acknowledge in order to effectively communicate with the patient. For the doctor, not being able to guarantee a cure is just part of being a doctor. However, the complicated demands of fibromyalgia patients are often outside the usual training of many doctors. The pleiotropic symptoms of fibromyalgia can certainly be confusing to doctors on the frontline of care. That is presumably the reason that fibromyalgia was considered primarily a psychosomatic condition in years gone by. Once healthcare providers understand that a clinical presentation with multiple symptoms without obvious tissue pathology or abnormal laboratory tests is a major clue to a diagnosis of fibromyalgia, they are well on their way to correct diagnosis. Indeed, it is the association of specific symptoms with a history of widespread pain that is now recognized as being sufficient to seriously consider a diagnosis of fibromyalgia. A simple one-page questionnaire has been shown to have 80% accuracy in diagnosing fibromyalgia.¹ This questionnaire, the 2014 Alternative Fibromyalgia Criteria, is shown in Fig. 1.

2. The fibromyalgia management checklist

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It is easy to feel frustrated in treating fibromyalgia patients. As with many complicated disorders, the regular use of a guidelines template ensures a logical and comprehensive approach to management.² The critical features of the management are shown in a treatment template (Table 1).

3. Patient education

Variations in the level of education will be the major factor to consider when initiating a treatment program in a new patient. Many will not have heard of fibromyalgia, some will have misinformation from well-meaning friends and the Internet, and a few will have researched the subject in a scholarly way. So a useful way to initiate an education session is to ask the patient what they know about fibromyalgia, its prognosis and treatment. This method of two-way dialog is to Download English Version:

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