

Juvenile Fibromyalgia Syndrome and Improved Recognition by Pediatric Primary Care Providers

Judith D. McLeod, DNP, RN, CPNP

ABSTRACT

Introduction: Juvenile fibromyalgia syndrome (JFS) is a medically unexplained illness that can cause persistent, diffuse pain in a child or adolescent. This pain can lead to anxiety or depression and absence from school or work, and it can adversely affect a child's quality of life and family relationships. Prompt recognition of JFS may decrease problems for pediatric patients with chronic pain, but pediatric primary care providers' lack of familiarity with JFS can cause a delay in diagnosis.

Method: A project using a developed screening tool, the SORE Scoresheet, was implemented in the pediatric clinic at Kaiser Permanente Fontana from September 2011 to January 2012. Pediatric providers were educated about the tool before the project began.

Results: Twenty-two patients with JFS were referred with use of the SORE Scoresheet. Symptoms of JFS matched at a rate of 93% between the providers and the rheumatologist, and a reduction in the number of weeks to referral and the number of visits before referral was found compared with a sample of patients with JFS from 2010.

Conclusion: Pediatric provider education and development of a screening tool assists with the recognition of JFS. *J Pediatr Health Care.* (2014) 28, e9-e18.

KEY WORDS

Juvenile fibromyalgia syndrome, pediatric fibromyalgia, pediatric chronic pain, JFS

The increase in cost of medical care has become an issue in health care today. Prompt diagnosis and treatment of a patient's condition has become increasingly important to lessen the physical, emotional, and financial burden to the patient and family. Medically unexplained illnesses and conditions are difficult to identify, and the diagnosis for these disorders may be elusive. Inability to confirm a diagnosis because of lack of diagnostic tools or tests may lead to multiple visits with increasing expense and frustration for the patient and family. Improving recognition of a medically unexplained condition is important for improving the care of children with these conditions.

Juvenile fibromyalgia syndrome (JFS) is a medically unexplained illness that can cause persistent diffuse pain in children and adolescents. This pain may lead to anxiety or depression and absence from school or work, and it can adversely affect a child's quality of life and family relationships (Kashikar-Zuck, Johnston, et al., 2010). Prompt recognition of JFS helps to decrease problems for these patients, but pediatric primary care providers' lack of familiarity with JFS may cause a delay in diagnosis.

The purpose of the project was to facilitate the recognition of JFS by primary care providers in the pediatric clinical setting.

REVIEW OF THE LITERATURE

JFS is a relatively new diagnosis in pediatrics, with initial identification of the syndrome by Yunus and Masi in

Judith D. McLeod, Pediatric Nurse Practitioner, Kaiser Permanente, Fontana, CA.

Conflicts of interest: None to report.

Correspondence: Judith D. McLeod, DNP, RN, CPNP, 2041 Business Center Dr, Ste 107, Irvine, CA 92612; e-mail: johmcl@cox.net.

0891-5245/\$36.00

Copyright © 2014 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Published online August 26, 2013.

<http://dx.doi.org/10.1016/j.pedhc.2013.05.008>

1985. Because of the lack of a diagnostic test, JFS is identified by history and physical examination of the child, which pinpoint the criteria that detect the syndrome.

Criteria for Diagnosis of JFS

JFS is defined as a noninflammatory condition characterized by widespread diffuse pain and specific tender points found on a physical examination. Normal laboratory values and related problems, such as migraine headaches or irritable bowel syndrome (IBS), are usually associated with the condition (Siegel, Janeway, & Baum, 1998). Most studies within JFS relate to the research by Yunus and Masi in 1985, which established the criteria for the diagnosis of juvenile fibromyalgia as 3 months of diffuse pain, five or more tender points, and sleep disturbances. It also may be associated with such minor criteria as anxiety, abdominal pain, or headaches. Gedalia, Garcia, Molina, and Bradford (2000) and other investigators conducted studies in which these criteria were used for diagnosis, which then led to the establishment of these criteria as the standard. These criteria are included in the Guidelines for Management of Fibromyalgia Syndrome Pain in Adults and Children that were established by the American Pain Society. Tender point examination was studied in children by Swain, Kashikar-Zuck, Graham, and Prahalad in 2005. They found that children with JFS may have more than five tender points and determined that using tender points is a valid method for diagnosis of JFS in children.

JFS is defined as a noninflammatory condition characterized by widespread diffuse pain and specific tender points found on a physical examination.

Musculoskeletal pain and JFS

Reports of diffuse musculoskeletal pain in children are not uncommon in pediatric practice. The occurrence of musculoskeletal pain syndromes in the general pediatric population of otherwise healthy-appearing schoolchildren and adolescents is 5% to 20%. JFS is associated with about 25% to 40% of these pain syndromes (Anthony & Schanberg, 2001). Juvenile fibromyalgia has a prevalence rate of 6% to 7% in school-aged children, and it is the third most common diagnosis in pediatric rheumatology clinics, representing 15% to 20% of all clients with rheumatology diagno-

ses. The most prevalent group to be diagnosed in the pediatric population is adolescents aged 13 to 15 years (Brown & Greenwood-Klein, 2001; Buskila, 2009; Yunus & Masi, 1985).

Current Therapies for JFS

Current therapies for JFS are individualized for each patient. The therapy may include medications such as amitriptyline (Elavil) for sleep disturbances and tramadol (Ultram) for pain. Medications such as pregabalin (Lyrica), duloxetine (Cymbalta), and milnacipran (Savella) are approved by the United States Food and Drug Administration for adults but have not yet been approved for children. Clinical trials are ongoing for the use of these medications for JFS in children (Buskila, 2009; McCarberg, 2011; Mease et al., 2009). Cognitive behavior therapy is useful in the JFS population for coping with the syndrome and exercise is encouraged, including physical therapy if indicated. Some patients choose to try alternative therapies such as acupuncture and massage for the pain. The best treatment plan is a combination of all these therapies (Brown & Greenwood-Klein, 2001; Burckhardt et al., 2005; McCarberg, 2011).

JFS Incidence and Differences From Adult Fibromyalgia

The incidence of JFS in adolescents is higher in girls than in boys, and the incidence by gender becomes most apparent at the onset of puberty (Anthony & Schanberg, 2001; Perquin et al., 2000). However, in the younger age groups, gender may be equivalent (Gedalia et al., 2000).

The clinical presentation of juvenile fibromyalgia differs from fibromyalgia in adults in several ways. Children have diffuse pain but have a higher prevalence of sleep disorders and have fewer tender points on examination—usually less than the 11 points required for adults. Only five tender points are required for diagnosis in children. Hypermobility is also strongly associated with fibromyalgia (Buskila, 2009). Mease and Seymour (2008) reported that fibromyalgia was associated with widespread pain even if the number of tender points does not meet the specific criteria for diagnosis. This phenomenon occurs frequently in the pediatric population. The lower occurrence of tender points may be due to the early stage of the disease in children and adolescents, with fewer areas of tenderness manifested. Longer periods between disease occurrence and diagnosis may result in an increase in tenderness and positive tender points (Siegel et al., 1998).

Download English Version:

<https://daneshyari.com/en/article/5870439>

Download Persian Version:

<https://daneshyari.com/article/5870439>

[Daneshyari.com](https://daneshyari.com)