

Fibromyalgia / Widespread Pain

Most patients with Fibromyalgia / Widespread Pain can be safely diagnosed and treated in Primary care

Consider
Diagnosis of
Fibromyalgia if
the patient has:

- Widespread pain generally symmetrical NOT restricted to specific joints or muscle areas
- Poor sleep
- May have had numerous attendances for different symptoms with nil on previous investigations
- Examination – no joint swelling, hypermobility or (significant) restriction
- Symmetrical tenderness to pressure or movement of most joint and muscle regions
- Normal bloods (see below for screen)

Not if

- Evidence of active synovitis
- Raynauds, Sicca symptoms
- Troublesome mouth ulcers
- Rash or sun sensitivity, Hair thinning

Expectations of the GP - Diagnosis and management

1

- To complete baseline bloods
- FBC ESR CRP TSH Creatinine Kinase, Calcium, Alk Phos, U&E
- Vitamin D in high risk patients

2

- Rule out possible Differential Diagnoses
- Inflammatory Arthritis/ Arthropathies, PMR, Hypermobility syndromes, Polymyositis /dermatomyositis, Vasculitides Hypo / hyperthyroidism, MS, Neuropathies, Osteomalacia, Statins

3

- To explain diagnosis and self-management strategies / support **without** referring on for a Specialist opinion.
- Direct patient to relevant self-help information**

Only consider referral to Integrated MSK, Pain & Rheumatology (IMPReS) single point of access (SPOA) for more complex presentations from a diagnostic point of view **Or** if patient is struggling to manage their symptoms (Pain Management).

Referrals received without the above may be returned.

**Self Help Links:

Arthritis Research UK - [Fibromyalgia Arthritis Research UK](#)

Patient UK – [Fibromyalgia](#)

Pain Tool Kit - [Pain Toolkit by Pete Moore](#)