

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
- Unrefreshed sleep
- Excess fatigue
- Poor memory and concentration
- Examination – no joint swelling, hypermobility or (significant) restriction
- Symmetrical tenderness to pressure or movement of most joint and muscle regions
- Hyperalgesia: excessive sensation or pain response to a minor mechanical stimulus
- Normal bloods (see below for screen)
- May have had numerous attendances for different symptoms with nil on previous investigations

Not if

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

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.

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

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

Please note pain symptoms in the absence of specific features suggestive of inflammatory arthritis or autoimmune disease should **not** prompt a referral to rheumatology

**Self Help Links: Versus Arthritis - [Versus Arthritis - Link to Fibromyalgia page](#)

Patient UK – [Fibromyalgia](#)

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