

# Fibromyalgia Guidance – for diagnosis and management in Primary Care

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## Features

- Widespread musculoskeletal pain lasting at least three months at a similar level
- Presence of other symptoms: fatigue, non-refreshing sleep, trouble thinking/brain fog
- No other disorder which would otherwise explain symptoms. This requires history and examination to look for underlying causes such as autoimmune conditions, metabolic or endocrine disorders.
- This is based on the 2016 ACR Criteria for Fibromyalgia, full details link: <http://www.southdevonandtorbayccg.nhs.uk/resources/Documents/fibromyalgia-criteria-table.pdf>

*Features such as normal refreshing sleep, or morning stiffness which eases with exercise, should raise suspicion for other conditions*

## Suggested Investigations:

- The following is not an exhaustive list, but investigations should include basic tests such as FBC, U&E, LFT, TSH, ESR, and CRP.
- Any further tests should be based on any clinical suspicion for other conditions and may include RF, anti CCP, ANA, ANCA, CK, Bone profile, Vitamin D, PTH and rule out obstructive sleep apnoea
- If there is any concern regarding underlying Rheumatic disease or diagnostic uncertainty, secondary care referral may be warranted.

## Management:

- Once diagnosed, the patient should be given information about the condition and management. ([Printable booklet from Arthritis Research UK](#))
- Exercise has the strongest evidence base and should be first-line. This should include graded aerobic and resistance training. Patients should be encouraged to choose exercises they can gradually increase in frequency and duration. NHS resources where patients can access guidance
  - Fitness exercise videos – 24 instructor-led videos for use at home (<https://www.nhs.uk/conditions/nhs-fitness-studio/>)
  - Fitness guides (<https://www.nhs.uk/live-well/exercise/get-active-your-way/>)
  - 12 week fitness plan provides an example of graded exercise and can be adapted to suit the patient's needs and exercise preferences (<https://www.nhs.uk/live-well/exercise/12-week-fitness-plan/#week-1>)
  - Referral to physiotherapy, if available
- There is limited evidence to support use of analgesia, anti-inflammatory drugs or stronger pharmacological interventions.
- Cognitive behavioural therapy has proven to be effective in people with mood disorders or poor coping strategies.

**A diagnosis of fibromyalgia is valid irrespective of other diagnoses. A diagnosis of fibromyalgia does not exclude the presence of other clinically important illnesses.**