



# Diagnosis & Treatment of Fibromyalgia

Fibromyalgia is a well-defined chronic pain syndrome characterized by diffuse pain in muscles and joints.

## Criteria for Diagnosis of Fibromyalgia

from the American College of Rheumatology

### CRITERIA

The diagnosis of fibromyalgia should be considered if a patient meets the following three criteria:

- 1) The patient scores  $\geq 7$  on the widespread pain index (WPI) and  $\geq 5$  on the symptom severity (SS) scale [both detailed below], or the patient scores 3–6 on the WPI and  $\geq 9$  on the SS scale.
- 2) The patient's symptoms have been present at a similar level for at least 3 months.
- 3) The patient does not have a disorder that would otherwise explain their pain.

### WIDESPREAD PAIN INDEX

Check the boxes below for each area in which the patient has had pain during the past week. Assign one point for each box. The total score will be between 0 and 19.

- |   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Shoulder girdle, left  | <input type="checkbox"/> Hip (buttock, trochanter), left  | <input type="checkbox"/> Jaw, left  | <input type="checkbox"/> Upper back |
| <input type="checkbox"/> Shoulder girdle, right | <input type="checkbox"/> Hip (buttock, trochanter), right | <input type="checkbox"/> Jaw, right | <input type="checkbox"/> Lower back |
| <input type="checkbox"/> Upper arm, left        | <input type="checkbox"/> Upper leg, left                  | <input type="checkbox"/> Chest      | <input type="checkbox"/> Neck       |
| <input type="checkbox"/> Upper arm, right       | <input type="checkbox"/> Upper leg, right                 | <input type="checkbox"/> Abdomen    |                                     |
| <input type="checkbox"/> Lower arm, left        | <input type="checkbox"/> Lower leg, left                  |                                     |                                     |
| <input type="checkbox"/> Lower arm, right       | <input type="checkbox"/> Lower leg, right                 |                                     |                                     |

### SYMPTOM SEVERITY SCALE

The symptom severity scale evaluates (1) the severity of three specific symptoms plus (2) the severity of somatic symptoms in general. The total score will be between 0 and 12.

- 1) Use the following scale to indicate the severity of each of the three symptoms below during the past 7 days:

0 = no problem

1 = slight or mild problems, generally mild or intermittent

2 = moderate, considerable problems, often present and/or at a moderate level

3 = severe: pervasive, continuous, life-disturbing problems

### SCORE (0–3)

Fatigue \_\_\_\_\_

Waking unrefreshed \_\_\_\_\_

Cognitive symptoms \_\_\_\_\_

2) Use the following scale to indicate the extent to which the patient has had somatic symptoms in general during the past 6 months.\*

0 = no symptoms

1 = few symptoms

2 = a moderate number of symptoms

3 = a great deal of symptoms

\* Somatic symptoms that might be considered:

- |                            |                       |                           |                                   |
|----------------------------|-----------------------|---------------------------|-----------------------------------|
| • Heartburn                | • Muscle pain         | • Loss of/change in taste | • Thinking or remembering problem |
| • Irritable bowel syndrome | • Muscle weakness     | • Ringing in ears         | • Headache                        |
| • Constipation or diarrhea | • Chest pain          | • Dry mouth or eyes       | • Fatigue/tiredness               |
| • Abdominal pain/cramps    | • Shortness of breath | • Oral ulcers             | • Numbness/tingling               |
| • Nausea/vomiting          | • Dizziness           | • Blurred vision          | • Insomnia                        |
| • Loss of appetite         | • Seizures            | • Raynaud phenomenon      | • Depression                      |
| • Frequent urination       | • Fever               | • Wheezing                | • Nervousness                     |
| • Painful urination        | • Hair loss           | • Itching                 | • Sun sensitivity                 |
| • Bladder spasms           | • Easy bruising       | • Hives/welts/rash        | • Hearing difficulties            |

**Does the patient meet these criteria for fibromyalgia?**

yes

no

### Assess for alternative diagnoses:

#### Routine laboratory evaluation in all patients:

- Complete blood count
- Basic metabolic panel
- Thyroid-stimulating hormone
- Erythrocyte sedimentation rate and C-reactive protein

If symptoms or physical examination findings are concerning for inflammatory arthritis (joint swelling, prominent morning stiffness, preferential involvement of the metacarpophalangeal joints), add the following other laboratory tests:

- Rheumatoid factor
- Anti-cyclic citrullinated peptide
- Antinuclear antibody

Negative serologic workup does not rule out an inflammatory arthritis. If the clinical presentation is suggestive, consider referral to rheumatology.

**Clinical or laboratory evidence suggesting another etiology of the pain?**

yes

**Consider alternative diagnoses**

no

**Create a therapeutic alliance with the patient, educate the patient, and initiate treatment:**

#### EDUCATIONAL RESOURCES

- The National Fibromyalgia Association: [fmaware.org](http://fmaware.org)

#### PHYSICAL ACTIVITY

- Daily stretching
- Low-impact aerobic activities (land- or water-based)
- Tai chi or yoga

#### PSYCHIATRIC THERAPY

- Cognitive behavioral therapy

#### FIRST-LINE PHARMACOLOGIC TREATMENT

- Tricyclic antidepressants (TCAs; usual preferred agent given low cost)
- Duloxetine (more effective than TCAs for depression; also preferred if fatigue is prominent)
- Gabapentin (preferred if sleep disturbance is prominent)

#### SECOND-LINE PHARMACOLOGIC TREATMENT

- Pregabalin
- Cyclobenzaprine
- Milnacipran
- Venlafaxine

Medications from different classes can be combined if there is an inadequate response to monotherapy. ⚠️ TCAs and serotonin–norepinephrine reuptake inhibitors (duloxetine, milnacipran, venlafaxine) together can cause serotonin syndrome.

⚠️ Opioids, benzodiazepines, and glucocorticoids are not recommended.



## References:

1. Macfarlane GJ et al. EULAR revised recommendations for the management of fibromyalgia. *Ann Rheum Dis* 2017 Feb; 76:318.
2. Wolfe F et al. The American College of Rheumatology preliminary diagnostic criteria for fibromyalgia and measurement of symptom severity. *Arthritis Care Res (Hoboken)* 2010 May; 62:600.

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