



# Fibromyalgia (Oxford American Respiratory Library)

*Daniel Clauw, Daniel Wallace*

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Characterized by chronic widespread pain, fibromyalgia presents complex problems in both its diagnosis and treatment. Fibromyalgia is a fairly common condition, affecting 2-4% of the population. The condition's prevalence has increased dramatically since 1990. The condition is not new, but has been known by various names, such as fibrositis and myofascial pain syndrome until 1990, when the American College of Rheumatology (ACR) published new classification criteria and first used the name fibromyalgia. The absence of objective diagnostic testing and the overlap with other condition often leads to a significant delay in diagnosis. There is a general misconception that the condition is unresponsive to treatment. However, published research shows that diagnosing and managing fibromyalgia leads to meaningful improvement in the patient's symptoms and quality of life.

Patients with fibromyalgia often demonstrate symptoms additional to pain and are consequently diagnosed with one or more co-occurring syndromes and conditions, complicating diagnosis and treatment. The comorbidities most commonly associated with fibromyalgia are sleep disturbance, depression, anxiety, and other psychiatric disorders. Another condition frequently demonstrated by fibromyalgia patients is irritable bowel syndrome. Chronic fatigue syndrome also commonly co-occurs, and is often confused with fibromyalgia upon initial diagnosis. Numerous pharmacological therapy options exist to treat pain and related symptoms of fibromyalgia. Achievement of desired treatment outcomes requires careful patient selection, drug administration and monitoring. Accurate diagnosis of chronic pain syndromes is critical, as some commonly used medications to treat many pain conditions are relatively ineffective with fibromyalgia.

Despite increasing recognition as a relatively common cause of chronic pain, fibromyalgia continues to generate controversy among clinicians. Given the intricate and challenging nature of treating fibromyalgia and comorbid disorders, it is imperative to educate primary care providers on the initial symptoms, complications, and treatment strategies for fibromyalgia, as most patients with the condition will see a primary care provider for initial diagnosis/referral, and follow-up-care. In the years since the release of the ACR criteria, increasing recognition and advances in research have provided key insights into the etiology of fibromyalgia, resulting in the use of several successful pharmacological, as well as non-pharmacological, treatment approaches. However, despite the efforts of professional medical organizations and patient care groups, awareness of the current state of clinical assessment and treatment of fibromyalgia by healthcare professionals continues to be lacking.

This book is designed to provide a succinct and practical guide to help primary care physicians, internists, specialists, and allied health professionals effectively diagnose and manage patients with fibromyalgia. This concise volume will provide an essential understanding of the pathophysiology of the pain, subtypes, and pitfalls in the diagnosis of this chronic condition.



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