

Fibromyalgia

Disclaimer:
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References:
1. EULAR guidelines for fibromyalgia, 2016.

amitriptyline is usually rubbish above 20mg. Avoid opioids (except tramadol) as it causes up regulation of pain receptors later on.

Table 3 Recommendations				
Recommendation	Level of evidence	Grade	Strength of recommendation	Agreement (%)*
<i>Overarching principles</i>				
Optimal management requires prompt diagnosis. Full understanding of fibromyalgia requires comprehensive assessment of pain, function and psychosocial context. It should be recognised as a complex and heterogeneous condition where there is abnormal pain processing and other secondary features. In general, the management of FM should take the form of a graduated approach.	IV	D		100
Management of fibromyalgia should aim at improving health-related quality of life balancing benefit and risk of treatment that often requires a multidisciplinary approach with a combination of non-pharmacological and pharmacological treatment modalities tailored according to pain intensity, function, associated features (such as depression), fatigue, sleep disturbance and patient preferences and comorbidities; by shared decision-making with the patient. Initial management should focus on non-pharmacological therapies.	IV	D		100
<i>Specific recommendations</i>				
Non-pharmacological management				
Aerobic and strengthening exercise	Ia	A	Strong for	100
Cognitive behavioural therapies	Ia	A	Weak for	100
Multicomponent therapies	Ia	A	Weak for	93
Defined physical therapies: acupuncture or hydrotherapy	Ia	A	Weak for	93
Meditative movement therapies (qigong, yoga, tai chi) and mindfulness-based stress reduction	Ia	A	Weak for	71–73
Pharmacological management				
Amitriptyline (at low dose)	Ia	A	Weak for	100
Duloxetine or milnacipran	Ia	A	Weak for	100
Tramadol	Ib	A	Weak for	100
Pregabalin	Ia	A	Weak for	94
Cyclobenzaprine	Ia	A	Weak for	75

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do not do vit D levels. vit D deficiency is the least of her problems.

could say no point medicalising with a label. just et on and treat, get a diagnosis , then a tablet then a cure.
30% of pts have medically unexplained symptoms !

Fibromyalgia is faulty pain processing. But there is no tissue damage. So they do hae pain.

Sleep disturbance is a big facgtor driving pain.

Tender point examinaiton is rubbish. Its garbage. Dont bother
Canadian 2012 criteria is much more prgmatic.

Bloods should be done = fbc, esr, crp, tsh, maybe ck,
t d is not receommended, as has not effect on pain in fibromyalgia.

remember fibromyagia can co-exist with otehr conditions.

He likes duloxetine. Better tolerated than amitriptyline.