APPENDIX C

Practice Recommendations

Section 1: The diagnosis

The clinical evaluation	1. Fibromyalgia, a condition than can wax and wane over time, should be diagnosed in an individual with diffuse body pain that has been present for at least 3 months, and who may also have symptoms of fatigue, sleep disturbance, cognitive changes, mood disorder, and other somatic symptoms to variable degree, and when symptoms cannot be explained by some other illness [Level 5 [2, 12, 45, 46], Grade D]. 2. All patients with a symptom complaint suggesting a diagnosis of fibromyalgia should undergo a physical examination which should be within normal limits except for tenderness on pressure of soft tissues (ie. hyperalgesia which is increased pain following a painful stimulus) [Level 4 [2, 3, 66], Grade D]. 3. Examination of soft tissues for generalized tenderness should be done by manual palpation with the understanding that the specific tender point examination according to the 1990 ACR diagnostic criteria is not required to confirm a clinical diagnosis of fibromyalgia [Level 5 [1, 2], Grade D].
Testing & confirming the diagnosis	4. Fibromyalgia should be diagnosed as a clinical construct, without any confirmatory laboratory test, and with testing limited to simple blood testing including a full blood count, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), creatine kinase, and thyroid stimulating hormone (TSH). Any additional laboratory or radiographic testing should depend on the clinical evaluation in an individual patient that may suggest some other medical condition [Level 5 [75, 76], Grade D]. 5. The primary care physician should establish a diagnosis of fibromyalgia as early as possible, without need for confirmation by a specialist, and communicate this diagnosis to the patient. Repeated investigations after diagnosis should be avoided unless driven by the onset of new symptoms, or signs on physical examination [Level 5[6, 77, 82, 83], Grade D]. 6. The ACR 2010 diagnostic criteria for fibromyalgia can be used at initial assessment to validate a clinical diagnosis of fibromyalgia with the understanding that symptoms vary over time [Level 3 [1, 2, 58], Grade B].
Differential diagnosis & coexisting conditions	7. Healthcare professionals should be aware that some medical or psychological conditions may present with body pain similar to fibromyalgia, and patients with other medical illnesses may have an associated fibromyalgia [Level 5 [76, 86, 87, 90, 91], Grade D].
The healthcare team	8. Management of persons with fibromyalgia should be centered in the primary care setting with knowledgeable healthcare professionals, and ideally, where possible, this care may be augmented by access to a multidisciplinary team [Level 1 [96, 97], Grade A] or team member to provide support and reassurance [Level 3 [101, 102], Grade C]. 9. Specialist consultation, including referral to a sleep specialist or psychologist may be required for selected subjects, but continued care by a specialist is not recommended and should be reserved for those patients who have failed management in primary care or have more complex co morbidities [Level 5 [77], Grade D].
Education & knowledge	10. In caring for persons with fibromyalgia, healthcare professionals should be educated regarding the pathogenesis of fibromyalgia [Level 5, Consensus], empathetic, open, honest, should not demonstrate negative attitudes, and should practice shared decision-making [Level 3 [106, 107, 110], Grade D]. 11. Healthcare professionals should be knowledgeable that objective neurophysiologic abnormalities have been identified in patients with fibromyalgia in the research setting, but are not available in clinical practice for either the diagnosis or care of persons with fibromyalgia [Level 5 [111, 117], Grade D]. 12. Patients and healthcare professionals should acknowledge that genetic factors as well as previous adverse events may have contributed to the development of fibromyalgia, but focusing excessively on a triggering event could compromise patient care and should therefore be discouraged [Level 5 [123, 126, 130], Grade D].

Section 2: Management

Treatment overview	13. A treatment strategy for patients with fibromyalgia should incorporate principles of self-management using a multimodal approach [Level 1 [131, 132], Grade A]. It is recommended that attention should be paid to individual symptoms in a patient tailored approach, with close monitoring and regular follow-up, particularly in the early stages of management [Level 5 [131] Grade D]. 14. Patients should be encouraged to identify specific goals regarding health status and quality of life at the initiation of treatment, with re-evaluation of goals during the follow-up [Level 5 [102], Grade D].
Non pharmacologic overview	15. Non pharmacologic strategies with active patient participation should be an integral component of the therapeutic plan for the management of fibromyalgia [Level 1 [132, 137], Grade A]. Encouraging self-efficacy and social support will facilitate the practice of health promoting lifestyles [Level 3 [141, 142], Grade D]. 16. Persons with fibromyalgia should be encouraged to pursue as normal a life pattern as possible, using pacing and/or graded incremental activity to maintain or improve function [Level 4 [143, 144], Grade D].
Psychological interventions	17. The attainment of effective coping skills and promotion of self-management can be facilitated by multicomponent therapy [Level 5 [137], Grade D]. 18. Interventions that improve self-efficacy should be encouraged to help patients cope with symptoms of fibromyalgia [Level 1 [168], Grade A]. 19. Psychological evaluation and/or counselling may be helpful for persons with fibromyalgia in view of the associated psychological distress [Level 5, Consensus], and patients should be encouraged to acknowledge this distress when present and be informed about the negative impact this may have on wellbeing [Level 3 [149], Grade D]. 20. CBT even for a short time is useful and can help reduce fear of pain and fear of activity [Level 1 [150, 151], Grade A].
Physical activity	21. Persons with fibromyalgia should participate in a graduated exercise program of their choosing to obtain global health benefits and probable effects on fibromyalgia symptoms [Level 1 [174-178, 184, 185], Grade A].
Complementary and Alternative Medicine	22. Patients should be informed that there is currently insufficient evidence to support the recommendation of complementary and alternative medicine (CAM) treatments for the management of fibromyalgia symptoms, as they have mostly not been adequately evaluated regarding benefit [Level 1 [194, 195, 200], Grade A]. 23. Patients should be encouraged to disclose use of CAMs to the healthcare professional who should be understanding and tolerant of this disclosure and should provide information on current evidence-based understanding of efficacy and risks where available [Level 5, Consensus].

Pharmacologic overview	24. Physicians should identify the most bothersome symptom(s) in order to help direct pharmacologic treatments according to a symptom-based approach. An ideal pharmacologic choice may address multiple symptoms simultaneously and may require a combination of medications, in which case attention must be paid to drug interactions [Level 5 [111, 131], Grade D]. 25. Pharmacologic treatments should be initiated in low doses with gradual and cautious upward titration to reduce medication intolerance [Level 5 [131], Grade D] with regular evaluation regarding continued efficacy and side effect profile, with the knowledge that drug side-effects may appear similar to symptoms of fibromyalgia [Level 5, Consensus]. 26. Physicians prescribing medications for fibromyalgia should be open-minded and aware of the broader spectrum of agents available to treat symptoms, and should not confine treatments to a single category of medications [Level 5, Consensus].

Traditional pain relieving therapies	27. In line with the World Health Organisation step-up analgesic ladder, acetaminophen may be useful in some patients, but with attention to safe dosing [Level 5, Consensus]. 28. In the event that NSAID's are prescribed, particularly for associated conditions such as osteoarthritis, they should be used in the lowest dose and for the shortest period of time in view of possible serious adverse events [Level 5 [218, 219], Grade D]. 29. A trial of opioids, beginning with a weak opioid such as tramadol, should be reserved for treatment of patients with moderate to severe pain that is unresponsive to other treatment modalities [Level 2 [208, 224], Grade D]. 30. Strong opioid use is discouraged, and patients who continue to use opioids should show improved pain and function. Healthcare professionals must monitor for continued efficacy, side effects or evidence of aberrant drug behaviours [Level 5 [233], Grade D].

Non-traditional pain relieving therapies	31. A trial of a prescribed pharmacologic cannabinoid may be considered in a patient with fibromyalgia, particularly in the setting of important sleep disturbance [Level 3 [236, 238, 239], Grade C]. 32. The pain-modulating effects of antidepressant medications should be explained to patients with fibromyalgia in order to dispel the concept of a primarily psychological complaint [Level 5 [249], Grade D]. 33. All categories of antidepressant medications including TCAs, SSRIs and SNRIs may be used for treatment of pain and other symptoms in patients with fibromyalgia [Level 1 [243, 248], Grade A], with choice driven by available evidence for efficacy, physician knowledge, patient characteristics, and attention to side effect profile [Level 5, Consensus]. 34. Anticonvulsant medication use should be explained as having pain-modulating properties and treatment should begin with the lowest possible dose followed by up titration, with attention to adverse events [Level 1 [259, 261, 262], Grade A]. 35. Physicians should be aware that only pregabalin and duloxetine have Health Canada approval for management of fibromyalgia symptoms and all other pharmacologic treatments constitute "off label use" [Level 5, Consensus].

Section 3: The outcome

Patient follow up	36. Clinical follow up should be dependent on the judgement of the physician or healthcare team with likely more frequent visits during the initial phase of management or until symptoms are stabilized [Level 5, Consensus]. 37. In the continued care of a patient with fibromyalgia, the development of a new symptom requires clinical evaluation to ensure that symptoms are not due to some other medical illness [Level 5, Consensus]. 38. Patients should be informed that the outcome in many individuals is favourable even if symptoms of fibromyalgia tend to wax and wane over time [Level 3 [297-299], Grade B]. 39. Patients who have experienced previous adverse lifetime events that have impacted on psychological wellbeing and have not been effectively addressed should be offered appropriate support to facilitate attaining health-related outcome goals [Level 5, Consensus]. 40. Physicians should be alert that factors such as passivity, poor internal locus of control and prominent mood disorder may have a negative influence on outcome [Level 5, Consensus].

Outcome tools	41. Outcome can be measured by narrative report of symptom status or patient global impression of change (PGIC), without need for more complex questionnaires [Level 3 [305, 306], Grade C]. 42. Patient goals and their levels of achievement should be recorded as a useful strategy to follow outcome [Level 5, Consensus]. 43. Tender point examination should not be used as an outcome measure [Level 3 [58], Grade C].

Work recommendations and health cost containment	44. Physicians should encourage patients to remain in the workforce, and if necessary may provide recommendations that could help maintain optimal productivity, as outcome is generally more favourable for those who are employed [Level 3 [321], Grade C]. 45. Patients with fibromyalgia on a prolonged sick leave should be encouraged to participate in an appropriate rehabilitation program with focus on improving function, including return to work if possible [Level 5 [326], Grade D]. 46. In persons with fibromyalgia, other co morbid conditions including depression should be recognized and addressed in order to reduce healthcare costs [Level 3 [335, 336], Grade C].