



## Position Paper on Fibromyalgia

1. The CRA recognizes fibromyalgia as a valid syndrome affecting up to 3% of Canadians.
2. Fibromyalgia presents a spectrum of severity between and within patients with fluctuation over time, and comprises chronic widespread pain as the pivot symptom, with most patients also experiencing fatigue, sleep disturbance, mood disorders, and/or other somatic symptoms to variable degree.
3. The diagnosis of fibromyalgia can be made following clinical evaluation which includes a full history, physical examination, and limited laboratory testing. The tender point examination is not required to confirm the diagnosis or gauge the severity of the condition.
4. Patient care should be centered in primary care with specialist referral limited to selected patients who may present particular challenges in management, or for those presenting atypical symptoms. Specialist confirmation of the diagnosis is no longer required.
5. Ideal care will be symptom-based by targeting the most troublesome symptom(s) and must always include non-pharmacologic strategies that promote healthy lifestyle habits with focus on active patient participation.
6. Pharmacologic treatments will likely be required for most patients but can be expected to provide only modest symptom relief. Only duloxetine and pregabalin are Health Canada approved for the treatment of fibromyalgia pain, but other medications may be used off-label to address specific symptoms.
7. Pharmacologic treatments should be used according to the “start low, go slow” method with regular evaluation for efficacy and side-effects, some of which can mimic fibromyalgia symptoms.
8. A simple question assessing the patient’s global impression of change with use of the 7 point Likert scale (1 much worse, 2 moderately worse, 3 a little worse, 4 the same, 5 a little better, 6 moderately better, 7 much better) allows an easy assessment of the overall fibromyalgia status, and can also be applied specifically to monitor individual symptoms.
9. New symptoms presenting in a patient with established fibromyalgia should be evaluated according to good medical practice, with caution to avoid excessive investigation which can lead to unnecessary medicalization.

10. Maintenance or improvement of function is the ideal outcome goal with encouragement for patients to remain in the workforce. Those currently receiving disability benefits should participate in a rehabilitation program with the objective of returning to work.
11. While fibromyalgia symptoms may be truly disabling in a very select number of patients, the CRA believes that the current societal culture of disablement surrounding this condition should be dispelled and that the mere diagnosis of fibromyalgia does not equate with disablement.

*This position paper is in accordance with the principles outlined in the 2012 Canadian Fibromyalgia Guidelines which can be accessed at [http://rheum.ca/en/publications/cra\\_fm\\_guidelines](http://rheum.ca/en/publications/cra_fm_guidelines).*