Frequently Asked Questions

• How can patients with central sensitization/dysfunctional pain syndromes be identified?
• When should fibromyalgia be suspected?
• How can patients with fibromyalgia be identified?
• What is “fibro fog”?
• What characterizes the sleep problems in fibromyalgia?
• What kind of exercise should be recommended to fibromyalgia patients?
• What are the treatment implications of the pathophysiological changes seen in fibromyalgia patients?
• When should patients suffering from central sensitization/dysfunctional pain syndromes be referred to a specialist?
How can patients with central sensitization/dysfunctional pain syndromes be identified?

Clinical Features of Central Sensitization/Dysfunctional Pain

**Pain**
- Pain all over body
- Muscles stiff/achy
- Headaches
- Pain in jaw
- Pelvic pain
- Bladder/urination pain

**Anxiety/depression**
- Sad or depressed
- Anxiety
- Stress makes symptoms worse
- Tension in neck and shoulder
- Grind/clench teeth

**Fatigue**
- Do not sleep well
- Unrefreshed in morning
- Easily tired with physical activity

**Other symptoms**
- Difficulty concentrating
- Need help with daily activities
- Sensitive to bright lights
- Skin problems
- Diarrhea/constipation

Central Sensitization Inventory (CSI)

• A self-report measure designed to assess key somatic and emotional symptoms often associated with central sensitivity syndromes, including fibromyalgia

• Clinical goal: help better assess symptoms to aid physicians in syndrome categorization, sensitivity, severity, identification, and treatment planning and to help minimize or avoid unnecessary diagnostics and treatment procedures

• Fibromyalgia patients report high CSI scores

• Test demonstrates psychometric strength, clinical utility and validity

When should fibromyalgia be suspected?

- This is a pain drawing
  - Patient colors all areas of the body in which he or she feels pain

- The diagram shows that the pain of fibromyalgia is widespread

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Core Clinical Features of Fibromyalgia

Widespread pain

• Chronic, widespread pain is the defining feature of fibromyalgia

• Patient descriptors of pain include:
  • Aching
  • Exhausting
  • Nagging
  • Hurting

Neurocognitive impairment ("fibro fog")

Sleep disturbance/fatigue

Mood disorders

Morning stiffness

How can patients with fibromyalgia be identified?

**FiRST: Fibromyalgia Rapid Screening Tool**

- Self-administered 6-item questionnaire
- Score of ≥5 is indicative of fibromyalgia
- Sensitivity: 90.5%
- Specificity: 85.7%

**Items**

1. I have pain all over my body.
2. My pain is accompanied by continuous and very unpleasant general fatigue.
3. My pain feels like burns, electric shocks or cramps.
4. My pain is accompanied by other unusual sensations throughout my body, such as pins and needles, tingling or numbness.
5. My pain is accompanied by other health problems such as digestive problems, urinary problems, headaches or restless legs.
6. My pain has a significant impact on my life, particularly on my sleep and my ability to concentrate, making me feel slower generally.

What is “fibro fog”? 

• Compared to those without the condition, patients with fibromyalgia complain more often of:¹
  – Mental confusion
  – Memory decline
  – Speech difficulty

• Performance on cognitive tests shows they have poorer performance than age-matched controls on tasks involving:²
  – Working memory
  – Recognition memory
  – Free recall
  – Verbal fluency
  – Verbal knowledge

What characterizes the sleep problems in fibromyalgia?

- Fibromyalgia patients may complain of:
  - Non-restorative sleep
  - Insomnia
  - Early morning awakening
  - Poor sleep quality

What kind of exercise should be recommended to fibromyalgia patients?

Type of Exercise

- Try to include different types in one session (e.g., aerobic, strengthening, stretching)
- Patient preference and availability should guide selection

Intensity

- Start low, go slow
- Gradually increase to reach moderate intensity level
What are the treatment implications of the pathophysiological changes seen in fibromyalgia patients?

- Mechanisms of action of certain medications may be related to proposed fibromyalgia pathophysiology.
- Understanding of fibromyalgia is evolving.
- However, reproducible central nervous system biomarkers underlying fibromyalgia have not been realized.
- Base treatment on proven clinical efficacy.
- Treatment should be individualized to the patient.

When should patients with fibromyalgia or suspected fibromyalgia be referred to a specialist?

- Specialist consultation recommended for patients:
  - With atypical symptoms that might suggest an alternate diagnosis
  - Who have failed management in primary care
  - Who have complex comorbidities
  - For whom sleep evaluation or psychological consultation is indicated