

New data align with EULAR recommendations for fibromyalgia management

3 June 2022



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Dr. Philip Lage-Hansen and colleagues used the EULAR Congress to share their new data on the prevalence of fulfillment of survey-based criteria for fibromyalgia among 248 newly referred patients in a rheumatic outpatient clinic. This observational cohort study also aimed to compare the use of secondary health care services between surveybased fibromyalgia and nonfibromyalgia cases.

Of those completing the questionnaire, 36% fulfilled fibromyalgia criteria at enrolment. These cases were primarily women, and received more public economical support than those without fibromyalgia. At 7 years follow up, adjusted results showed that fibromyalgia cases had higher number of hospital courses, and had undergone more invasive procedures; however, differences concerning number of diagnoses between groups were small.

The study also found that the burden to the secondary health care system is significant.

Neurologists, gastroenterologists, endocrinologists, pain-specialists, psychiatrists, and abdominal surgeons were all consulted more often by people with fibromyalgia compared to those without. However, there was minimal difference between the groups with regards resulting diagnoses. This finding underlines that prolonged and excessive use of health care services with referral to multiple specialists should be avoided. A timely and coordinated effort across medical specialties, could reduce diagnostic delay, facilitate management, and reduce health care utilization in people with fibromyalgia.

EULAR evidence-based recommendations for the management of fibromyalgia state that optimal management should focus on prompt diagnosis, patient education and non-pharmacological treatments. In addition, a recent systematic review showed a small to moderate beneficial health effect for mindfulness and acceptance-based interventions for patients with fibromyalgia. Dr. Heidi Zangi presented results from such an intervention—followed by low threshold physical exercise counseling—compared to treatment as usual for patients diagnosed with fibromyalgia.

Overall, 56.5% of those randomized to the intervention group responded to the questionnaires; of these, only 15% reported clinically relevant improvement. However, there were small improvements evident in pain, fatigue, and self-efficacy for physical activity.

The improvement seen in patients' tendency to be mindful at 12 months was sustained, although only 58% were in paid work compared to 70% at baseline. Although <u>patients</u> still reported high symptom burden and no improvement in their <u>health status</u>, there was no worsening of symptoms, which might have been the case without



any intervention.

Provided by European Alliance of Associations for Rheumatology (EULAR) APA citation: New data align with EULAR recommendations for fibromyalgia management (2022, June 3) retrieved 30 August 2022 from <u>https://medicalxpress.com/news/2022-06-align-eular-fibromyalgia.html</u>

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