Fibromyalgia case study

A 45 year old woman has a 2 year history of widespread pain, and the GP has wondered if she has fibromyalgia after screening blood tests were normal. She is taking oramorph 30mg 5-6 times a day to manage her pain.

How would you manage her condition using RAT?

Recognise

Is this fibromyalgia?

- Do symptoms fit? Widespread pain > 3/12, post-exertional fatigue, non-refreshing sleep. Sensitivity to light, noise or smell. Cognitive impairment.
- Ensure clinical picture does not suggest that other condition is missed e.g. rheumatological or neurological

Assess

Severity

- Pain scores
- Impairment of functioning e.g. ability to work, exercise, sleep, socialise

Type

- Fibromyalgia is classified as a chronic primary pain in ICD11. It does not fall into the nociceptive category (as no tissue damage), nor the neuropathic category (not due to a lesion or disease of the somatosensory system). Appears to be due to dysfunction of the nervous system.

Underlying pathophysiology not fully understood but research has shown changes e.g.

- high ACTH but lower or normal cortisol
- excess substance P in CSF
- reduced serotonin and noradrenalin in descending pathways
- cortical and subcortical augmentation of pain processing on fMRI

Other factors

- Physical
  - multiple other possible symptoms (1)

- Psychological
  fibromyalgia frequently accompanied by low mood and anxiety. Has she had previous treatment for these, and if so, what was the outcome?
  Pain often poorly understood by society, family or partner, adding to the distress.
  Significant mental health condition to be excluded.

Treat

Non-pharmacological

- Explanation : Patient is likely to have been seen by numerous clinicians in the past and been told “there is nothing wrong” when tests were normal. She may incorrectly confuse this with being told the pain is therefore not real. She needs to feel listened to and that her pain is believed to be able to move forwards with management.
- Self-management strategies - Should be trialled first, and are mainstay of management of fibromyalgia. There is no cure but symptoms can sometimes improve with lifestyle modifications.
- Encourage gentle aerobic exercise, relaxation strategies, mindfulness, Tai Chi. Reduce stress if possible.
- Seek help for low mood/anxiety from community services or mental health team if required.
- Techniques such as trigger point injections and acupuncture do not provide lasting benefit.
- Poor sleep very likely. Encourage good sleep hygiene rather than medication.

Consider referral to specialist pain services for input from multidisciplinary team.
Psychological strategies including cognitive behavioural therapy, acceptance and commitment therapy, and compassion-focussed therapy can be helpful.
Bodyreprogramming course provides a non-pharmacological approach. (2)

Pharmacological

Generally consider if non-pharmacological approaches not effective.
However, side-effects may outweigh any benefits, particularly regarding cognitive impairment. Try simple analgesics first.

Opioids:

- Strong opioids not appropriate in fibromyalgia. Some patients might benefit from weak opioids or tramadol, but trial cautiously (if at all) and discontinue if no clear benefits.
- This patient is on excessive opioid dose for chronic pain of any type. Numerous risks associated with this, including hyperalgesia.(3)
- Likely that her pain is no longer responsive to opioids and trial of reduction should be undertaken. Reduction should be undertaken slowly i.e. 10-20% every 2-4 weeks, pausing if required.

Role of neuropathic medications:

- TCAs, gabapentinoids and SNRIs can be considered.
- Evidence around gabapentinoids limited after first 3-6 months.
- Duloxetine can be helpful in some cases.

May be preferable to use multimodal drug therapy in low doses to minimise side-effects.

(1) 2016 Revisions to the 2010-2011 Fibromyalgia Diagnostic Criteria American College of Rheumatologists

(2) www.bodyreprogramming.co.uk

(3) maximum opioid dose in chronic pain 100-120mg of morphine equivalence per 24 hours. Risks of falls, effects on endocrine and immune system, depression and opioid hyperalgesia. “Opioids Aware” Royal College of Anaesthetists
https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware/clinical-use-of-opioids