Fibromyalgia syndrome: A rheumatologists' nightmare?

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Fibromyalgia or Fibromyalgia Syndrome (FMS) is a complex chronic pain disorder of unknown causation frequently associated with debilitating fatigue, unrefreshing sleep, cognitive and affective symptoms. Analogous symptomatic conditions have been medically recognized since the early 1900s, when initially labeled as "fibrositis". Since the early 1980s, FMS has evolved and differentiated after its characterization in a controlled study. Since then, research has focused on multiple aspects of this disorder, including characterization and management of symptoms, psychophysiology, neuroendocrine-immune pathophysiology, including central sensitization mechanisms[1].

In addition to chronic pain, patients with FMS report a number of somatic and cognitive difficulties. These include mood disorders, persistent fatigue, cognitive dysfunction, headaches, irritable bowel syndrome, and insomnia. FMS, therefore, can be conceptualized as an entity with abnormalities spanning a range of symptom domains – cognition, fatigue, mood, anxiety and sleep. This diversity of symptom presentation poses a challenge as to which doctors should primarily take care of FMS patients. However, while FMS patients are not usually immediately referred to rheumatologists, many rheumatologists see enough FMS patients to acquire experience in the subject. The combination of experience treating chronic pain conditions and treating FMS patients specifically often means that rheumatologists offer valuable expertise when it comes to treating FMS.

Are most rheumatologists comfortable treating patients with FMS, especially in set ups where there is little or non-existent multi-disciplinary teams? Several surveys have been conducted amongst rheumatologists about this topic. Very interesting and varied opinions about the disease have arisen. Some rheumatologists have described FMS as a 'nightmare consultation' with some even questioning the existence of the condition as a disease entity! Many see FMS as a symptom description that is slowly evolving into a spurious diagnosis! With such a wide range of opinion, it is likely that patients with fibromyalgia are receiving different levels of support, advice and treatment!

The big question thus is "How can prejudice and skepticism regarding the validity of fibromyalgia be countered?" Knowledge that FMS is grounded in neurophysiological mechanisms will reduce skepticism regarding a syndrome of subjective complaints. Rheumatologists comfort with a biomedical paradigm, which prioritizes diagnostics, adds to the insecurity in management of these patients, with some authors contending that the label of FMS promotes poor health[2,3]. Patient preoccupation with physical symptoms rather than developing control over illness invokes frustration for the healthcare professional and erodes a good therapeutic relationship[4]. The construct of somatization has however never been validated in situations involving pain, and particularly in FMS. In contrast, patients with FMS report frustration with healthcare professionals, dissatisfaction with the clinic visit and seek a concrete somatic diagnosis[5,6]. Although discordance between patient and physician assessment of health perceptions has been reported, rheumatologists have expressed the desire to comply with patients' wishes and avoid frustration[7]. When rheumatologists prejudge FMS patients in moralizing terms and believe them to be illness-focused, demanding and medicalized, the patient doctor alliance will be eroded with adverse effect on patient outcome[5]. Both the individual patient's concept of illness as well as perceived attitudes of the healthcare team influences global well-being. Shared decision-making between patient and physician can improve the

quality of interaction[7]. An early diagnosis may have pharmacoeconomic implications with reduced healthcare costs as measured by fewer investigations, less referral to specialists and reduced healthcare visits [6,7].

Whereas opinion is highly divided amongst rheumalogists as to the approach of patients with FMS, it is my opinion that holistic management of FMS patients is a very useful concept, which allows the clinician to promote beneficial lifestyle changes to patients who appear to have lost their 'pain filter', and who would otherwise resist such initiatives. The complex and multifaceted nature of FMS lends itself better to a holistic (integrative medicine) or biopsychosocial approach than the more specific bio-scientific pathways typical for a pathologically defined disease. A person-centered approach to evaluation and care more effectively addresses and encompasses the biopsychosocial aspects of this disorder than traditional bio-scientific clinical methods. Rheumatologists should not shy away from forming multi-disciplinary teams with other colleagues e.g. psychiatrists, counselors, neurologists, nurses, pain management specialists etc.

References

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