**CARE GUIDE for Fibromyalgia**

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<th>SUGGESTED GUIDELINES</th>
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<th>IMPORTANT FINDINGS MEASUREMENTS AND VALUES</th>
<th>INTERVENTION</th>
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| Confirm Diagnosis     | History of chronic pain > 3 months | The American Pain Society (APS) proposes the following objective criteria for the diagnosis of fibromyalgia:  
  • Widespread pain for at least 3 consecutive months - all of the following are present:  
    ➢ pain in the left side of the body  
    ➢ pain in the right side of the body  
    ➢ pain above the waist  
    ➢ pain below the waist  
  • In addition, axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present  
  Use a pressure algometer (dolorimeter) to determine pressure pain thresholds at both lateral epicondyles and the midpoints of the trapezii to aid in diagnosis and assess response to therapy. An abnormal test produces pain at less than 4 kg/cm² of pressure  
  • Pain in 11 of 18 tender point sites on digital palpation  
  • Hypothyroidism and polymyalgia rheumatic may mimic fibromyalgia but blood tests can determine if an individuals has either of these conditions (28)  
  • Diagnostic tests to rule out other conditions: Complete Blood Count (CBC), Thyroid Stimulating Hormone (TSH), comprehensive metabolic panel- including uric acid, Creatine Phosphokinase (CPK), Erythrocyte Sedimentation Rate (ESR), C- | • Begin treatment with pharmacologic and non-pharmacologic therapies | • Monitor over time to assess treatment progress |

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### Pharmacologic Management

- **Prescribe medication based on individual symptoms and functional status**

- **Functional status, visual analog scale for pain intensity, degree of fatigue and global self-assessment may be evaluated and quantified using tools such as the Fibromyalgia Impact Questionnaire Revised (FIQR) available at:**
  

- **The use of strong opioids is discouraged**

### Medication efficacy:

- **Strong evidence:**
  - Amitriptyline
  - Cyclobenzaprine (Flexeril)
  - Some anti-convulsants, including gabapentinoids (pregabalin, gabapentin)
  - Serotonin Norepinephrine Re-uptake Inhibitor (SNRI) (duloxetine, milnacipran)
  - Gamma-hydroxybutyrate

- **FDA approved for fibromyalgia:**
  - Pregabalin (Lyrica) 300 or 450 mg per day for pain
  - Duloxetine (Cymbalta) 30 mg/once a day x 1 week, then increase to 60 mg/once a day

- **Re-evaluate and change medication plan as needed**
### Non-Pharmacologic (1,4,5,12,20,28)

- **Start concurrently with medication management**
- **Daily relaxation to help reduce stress**
  - Deep-breathing exercises
  - Meditation
- **Set and maintain a regular sleep pattern**
  - Go to bed and wake up at same time each day
  - Avoid napping
- **Exercise often**
  - As symptoms decrease with pharmacologic treatment, individuals should start to increase their physical activity

### Pharmacologic

- **Milnacipran (Savella) 50 mg bid titrated over 1 week**
- **Modest evidence(33)**
  - Selective Serotonin Re-uptake Inhibitors (SSRI)

Other individual provider approaches to the treatment of fibromyalgia may include any of the following: topical lidocaine or topical capsaicin, tramadol, propranolol at bedtime, clonidine, increased potassium intake, roxalixene, modafinil, or pramipexole (under investigation).

**NOTE:** See FDA black box warnings for suicidality in children, adolescents and young adults (18-24 yrs) for antidepressants and secondary to anti-epileptics.

**Non-Pharmacologic**

1. Start concurrently with medication management
2. Daily relaxation to help reduce stress
3. Deep-breathing exercises
4. Meditation
5. Set and maintain a regular sleep pattern
6. Go to bed and wake up at same time each day
7. Avoid napping
8. Exercise often
   - As symptoms decrease with pharmacologic treatment, individuals should start to increase their physical activity

**Pharmacologic**

1. **Strong Evidence**
   - Cardiovascular exercise
   - Cognitive Behavioral Therapy
   - Patient Education
   - Multidisciplinary (combinations of above)
2. **Moderate Evidence**
   - Strength Training
   - Acupuncture
   - Hypnotherapy
   - Biofeedback
   - Balneotherapy
3. **Discuss healthy lifestyle with patient:**
   - get 8 hours of sleep a night
   - smoking cessation (if smoker)
   - eat a diet high in fiber and fruit
   - alcohol cessation with the exception of one 6 ounce glass of red wine at night(12)

**Begin one or more therapies and add additional as needed**
<table>
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<tr>
<th>Referral &lt;sup&gt;(3,4)&lt;/sup&gt;</th>
<th>• Refer to specialist(s)</th>
<th>• Patients not responding to therapy</th>
<th>• Refer to rheumatologist, pain specialist, physiatrist, or psychiatrist</th>
<th>• Coordinate care and monitor patient progress as needed</th>
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</table>
| Immunizations <sup>(11)</sup> | • Influenza Vaccination | • Document if patient has received an influenza vaccination
  • Document if adverse event occurs | • Administer vaccination yearly |
| | • Pneumonia Vaccination | • Document if patient has received a pneumonia vaccination
  • Document if adverse event occurs | • There are two different types of pneumococcal vaccines:
  - PCV13 (pneumococcal conjugate vaccine)
  - PPSV23 (pneumococcal polysaccharide vaccine)
  Administer appropriate vaccine as indicated
  [http://www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html) |
| Tobacco Use <sup>(14-19,23,33)</sup> | • Provide smoking cessation counseling and other forms of treatment as a routine component of care
• Advise all individuals not to use tobacco products, or e-cigarettes<sup>(23)</sup>
• Advise no exposure to environmental tobacco smoke at work, home and public place<sup>(22)</sup> | • Tobacco use patterns
• Prior attempts to quit
• Readiness assessment
• Combination therapy with counseling and medications is more effective than either component alone
• Use of e-cigarettes
  - e-cigarettes are not supported as an alternative to smoking or to facilitate smoking cessation<sup>(15,33)</sup>
• Factors to consider when choosing a pharmacotherapy<sup>(14)</sup>
  - Clinician familiarity with the medications and contraindications for selected patients | Think: 5 A’s<sup>(16)</sup>
• Ask about smoking
• Advise to quit
• Assess willingness to quit
• Assist user to quit (i.e., refer to smoking cessation program and consider pharmacotherapy)
• Arrange follow-up
• Alcohol is associated with relapse so patients should consider limiting and/or abstaining from alcohol while quitting tobacco<sup>(15)</sup>
• Anticipate triggers or challenges that may occur when stopping tobacco. Discuss these with the patient so they can develop a plan to deal successfully with issues that arise<sup>(15)</sup> | • Ongoing support for smoking cessation
• Follow-up should begin within the first week after quit date. Second follow-up with the first month<sup>(12)</sup>
• In person
• Via telephone
• Assess at each visit
  - smoking status
  - weight gain
  - nicotine withdrawal symptoms | • Yearly
• As indicated |
### Depression Screening

<table>
<thead>
<tr>
<th><strong>Screen for</strong></th>
<th><strong>Validated depression screening tool such as the Patient Health Questionnaire (PHQ-2 or PHQ-9), Hospital Anxiety and Depression Scales in adults, the Geriatric Depression Scale in older adults, and the Edinburgh Postnatal Depression Scale (EPDS) in postpartum and pregnant women.</strong></th>
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<tr>
<td>presence of depression in adults aged ≥18 years regardless of risk factors.</td>
<td>Risk factors among the general adult populations vary by sex, age, race/ethnicity, education, marital status, geographical location, and employment status. Women, young and middle-aged adults, and nonwhite persons have higher rates depression than their counterparts, as do persons who are undereducated, previously married or unemployed. Other groups at increased risk of developing depression are persons with chronic illnesses (e.g. cancer or cardiovascular disease), other mental health disorders (including substance misuse, or a family history of psychiatric disorders). Risk factors in older adults include disability, poor health status related to...</td>
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#### First line pharmacotherapy adjuvants

- **Nicotine replacement**
  - OTC - patch, gum, lozenge
  - Rx – nasal spray, inhaler
- Sustained-release bupropion
- Varenicline

**e-Cigarettes**

- Not FDA approved or regulated
- Not enough information about safety or effectiveness for cessation
- One of the FDA-approved safe and effective cessation medications is recommended

**USPSTF recommends screening all adults who have not been screened previously**

- Use clinical judgement and consideration of risk factors, comorbid conditions, and life events to determine if additional screening is indicated
- Administer treatment and/or refer patients who meet criteria for depression to a mental health specialist

**Screening is suggested at subsequent visits**

- Evaluate response to depression treatment with three follow-up contacts in 12 weeks and adjust medication as indicated and/or confer with mental health specialist.
Medical illness, complicated grief, sleep disturbances, loneliness, and history of depression age \(^{(31)}\)
- Effective treatment of depression in adults generally includes antidepressants or specific psychotherapy approaches (e.g., CBT or brief psychosocial counseling), alone or in combination\(^{(31)}\)

| Physical Activity \((2,24,25,26,27)\) | Assess physical activity levels and opportunities for exercise | Graded, progressive exercise programs provide both short and long-term improvement in fibromyalgia\(^{(2)}\)  
Cognitive therapy is effective when combined with exercise\(^{(2)}\)  
Physical activity is defined as anything that gets your body moving  
Two types of physical activity  
- Aerobic  
- Muscle-strengthening  
Aerobic activity  
- Increases heart beat  
- Increases breathing rate  
Moderate-intensity aerobic activity  
- Walking fast  
- Doing water aerobic  
- Riding a bike on level ground or with a few hills  
- Playing doubles tennis  
- Pushing a lawn mower  
Vigorous-intensity aerobic activity  
- Jogging or running  
- Swimming laps  
- Riding a bike fast or on hills  
Appropriate exercises for patients with fibromyalgia include low impact aerobic activities\(^{(27)}\)  
- Walking  
- Swimming  
- Biking  
- Water aerobics  
A good goal for individual’s with fibromyalgia is to work up to at least 30 minutes of aerobic exercise 3 times a week. This is in line with the exercise recommendations for the general population listed below\(^{(27)}\)  
- At least 150 minutes per week of moderate intensity aerobic exercise, or 75 minutes per week of vigorous exercise (or a combination of moderate and vigorous activity) **and**  
- Muscle Strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms) **OR**  
- 75 minutes of vigorous-intensity aerobic activity every week **and**  
- Muscle strengthening activities on 2 or more days a week that work all major muscle groups

Assess physical activity at each visit
This guideline is intended as an educational reference and not as a substitute for the clinical judgment of the treating physician concerning appropriate and necessary care for a specific patient. This guideline is based on the clinical references listed at the end of the document. Note that a specific treatment or therapy listed may not be a covered benefit for all individuals. Please check the individual's eligibility and benefits plan.

### Reference List


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<th>Exercise Recommendations</th>
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<tr>
<td>Playing singles tennis</td>
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<tr>
<td>Playing basketball</td>
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<tr>
<td>Muscle-strengthening</td>
</tr>
<tr>
<td>Lifting weights</td>
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<tr>
<td>Working with resistance bands</td>
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<tr>
<td>Doing exercises that use your body weight for resistance (i.e. push-ups, sit-ups)</td>
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<tr>
<td>Heavy gardening (i.e., digging, shoveling)</td>
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<tr>
<td>Yoga</td>
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<tr>
<td>muscle groups (legs, hips, back, abdomen, chest, shoulders and arms)</td>
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<tr>
<td>OR</td>
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<tr>
<td>An equivalent mix of moderate and vigorous-intensity aerobic activity and Muscle strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms)</td>
</tr>
<tr>
<td>Reference</td>
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<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>15. Naftilan, Allen J., Associate Professor of Medicine, Vanderbilt University Medical School; Clinical Director, The Heart Failure Program, The Vanderbilt Heart Institute, Nashville, Tennessee</td>
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