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THE INTERNATIONAL JOURNAL OF NEUROPSYCHIATRIC MEDICINE

ADVANCES IN THE DIAGNOSIS, PATHOGENESIS, AND MANAGEMENT OF FIBROMYALGIA SYNDROME

CME PSYCHCAST™

FIBROMYALGIA SYNDROME: PRESENTATION, DIAGNOSIS, DIFFERENTIAL DIAGNOSIS, AND VULNERABILITY

AUTHORS

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ABSTRACT

Fibromyalgia syndrome (FMS) presents with widespread soft tissue pain. Common comorbidities include severe insomnia, body stiffness, affective symptoms, irritable bowels, and urethral syndrome. A 1990 research classification depends on a history of widespread pain and prominent tenderness to palpation at 11 or more of 18 specific tender points. It is a criteria-based diagnosis rather than one by exclusion and can accompany other medical conditions. FMS occurs worldwide, and can present any age, but is most common in adult females. Although numerous studies and reviews contend that FMS may be caused by psychological stress such as sexual abuse, critical epidemiological review fails to support that concept. Existing data suggest that some individuals with FMS may have a dysregulated physiological stress response system that predates the onset of symptoms.

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Termination Date: May 30, 2010

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Faculty Affiliation and Disclosures

Dr. Russell is associate professor of medicine and director of the University Clinical Research Center at the University of Texas Health Science Center in San Antonio, editor of the Journal of Musculoskeletal Pain, and emeritus founding president of the International MYOPAIN Society. Dr. Raphael is associate professor and director of research in the Department of Psychiatry at New Jersey Medical School, University of Medicine and Dentistry of New Jersey (UMDNJ) and associate professor in the Department of Diagnostic Sciences at New Jersey Dental School, UMDNJ.

Dr. Russell is a consultant to and on the advisory boards of Eli Lilly, Jazz, and Pfizer; is on the speaker's bureaus of Ortho-McNeil and Pfizer; and receives research support from Eli Lilly, Jazz, Ortho-McNeil, and Pfizer. He is supported, in part, by the RGK Foundation of Austin Texas. Dr. Raphael is supported, in part, by National Institutes of Health grant DE13486.

This article references unlabeled or unapproved uses of duloxetine, pregabalin, and sodium oxybate.

Peer Reviewer

Eric Hollander, MD, reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

This activity has been peer reviewed and approved by Eric Hollander, MD, Professor of Psychiatry and Chair at Mount Sinai School of Medicine. Review Date: February 15, 2008.

Learning Objectives

At the end of this activity, the participant should be able to:

- Describe how a clinician can quantify the severity of pain in a patient with fibromyalgia syndrome (FMS).
- Know how to distinguish between FMS and the myofascial pain syndrome.
- Learn the prevalence of FMS in the general population and in a variety of practice settings.
- Identify several medical conditions that exhibit a clinical association with FMS.
- Understand the role of traumatic stress in the pathogenesis of FMS.
- Appreciate the distinction between FMS as a "stress disorder" and a "stress vulnerability disorder."

Needs Assessment

It is commonly stated that fibromyalgia syndrome (FMS) diagnosis is very difficult. This uncertainty is unfortunate, since FMS is present in 5% to 10% of female patients in most doctor's waiting rooms. Uncertainty leads to unnecessary but costly laboratory and radiographic testing. Misdiagnoses are common. The belief in the role of psychological trauma, especially childhood sexual and physical abuse, in the onset of FMS is widespread. There is a pressing need for the clinician to critically consider the quality of the evidence on this topic, since assessment and treatment of patients with FMS and comorbid psychiatric disorder may be affected by conceptualization of FMS as a stress disorder.

Target Audience

This activity is designed to meet the educational needs of psychiatrists.

Accreditation Statement

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Mount Sinai School of Medicine and MBL Communications, Inc. The Mount Sinai School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

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Credit Designation

The Mount Sinai School of Medicine designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Policy Statement

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To Receive Credit for this Activity

Listen to the Psychcast™, reflect on the information presented, and complete the CME posttest and evaluation form. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged to measure outcomes for this CME activity. Please submit this posttest by May 1, 2010 to be eligible for credit.

The estimated time to complete this activity is 1 hour.

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By Roland Staud, MD, and Michael Spaeth, MD

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By Harold Merskey, DM, FRCP, FRCPC, FRCPsych

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CME QUESTIONS

1. **Which of the following options is the best generic term for non-arthritic musculoskeletal pain syndromes?**
   A. Non-articular rheumatism
   B. Soft tissue pain syndromes
   C. Myofascial pains

2. **The fibromyalgia syndrome is characterized by:**
   A. Somatic complaints that have no organic basis
   B. Overlapping psychiatric syndromes complicated by comorbid seeking for secondary gain
   C. Well-documented biochemical, physiologic, and imaging evidence for chronic widespread allodynia

3. **Studies of the relationship between fibromyalgia and prior traumatic events have most often recruited tertiary care samples of patients. This sampling strategy has lead to conclusions about the relationship between fibromyalgia and prior traumatic events that are best described as:**
   A. Over-estimated
   B. Under-estimated
   C. Clinical relevant
   D. None of the above

4. **In describing the relationship between fibromyalgia and psychological stressors, fibromyalgia may be called:**
   A. A form of psychogenic pain
   B. A stress disorder
   C. A stress vulnerability disorder
   D. An affective spectrum disorder

5. **Fibromyalgia is often found to be comorbid with a history of post-traumatic stress disorder (PTSD). What is the most likely explanation for this comorbidity?**
   A. Fibromyalgia and PTSD may be directly caused by exposure to traumatic stress
   B. Fibromyalgia and PTSD are both disorders that may be caused by a vulnerability to traumatic stress
   C. Symptoms of fibromyalgia overlap with symptoms of PTSD
   D. Studies recruiting tertiary care patients with fibromyalgia distort the fact that the disorders are not actually comorbid

6. **Which of the following options is not likely to be a risk factor for the development of fibromyalgia?**
   A. Physical trauma
   B. Sexual abuse in childhood
   C. Febrile illness
   D. Family history of fibromyalgia

REGISTRATION

MAY 2008 CME QUIZ

Fax	*Mail*	*Web*
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ANSWER FORM

CME PsychCast™ – Fibromyalgia Syndrome: *Presentation, Diagnosis, Differential Diagnosis, and Vulnerability*

TERMINATION DATE: May 30, 2010

To receive credit, you should score 70% or better (participants will receive certification for their records in approximately 4–6 weeks). Early submission of this posttest is encouraged. Please submit this test by May 1, 2010, to be eligible for credit. If you have any questions about this, or any of our other CME materials, please e-mail CME@mblcommunications.com.

Please circle your answers

1. A B C 2. A B C 3. A B C D 4. A B C D 5. A B C D 6. A B C D

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