

10 Ottobre 2018

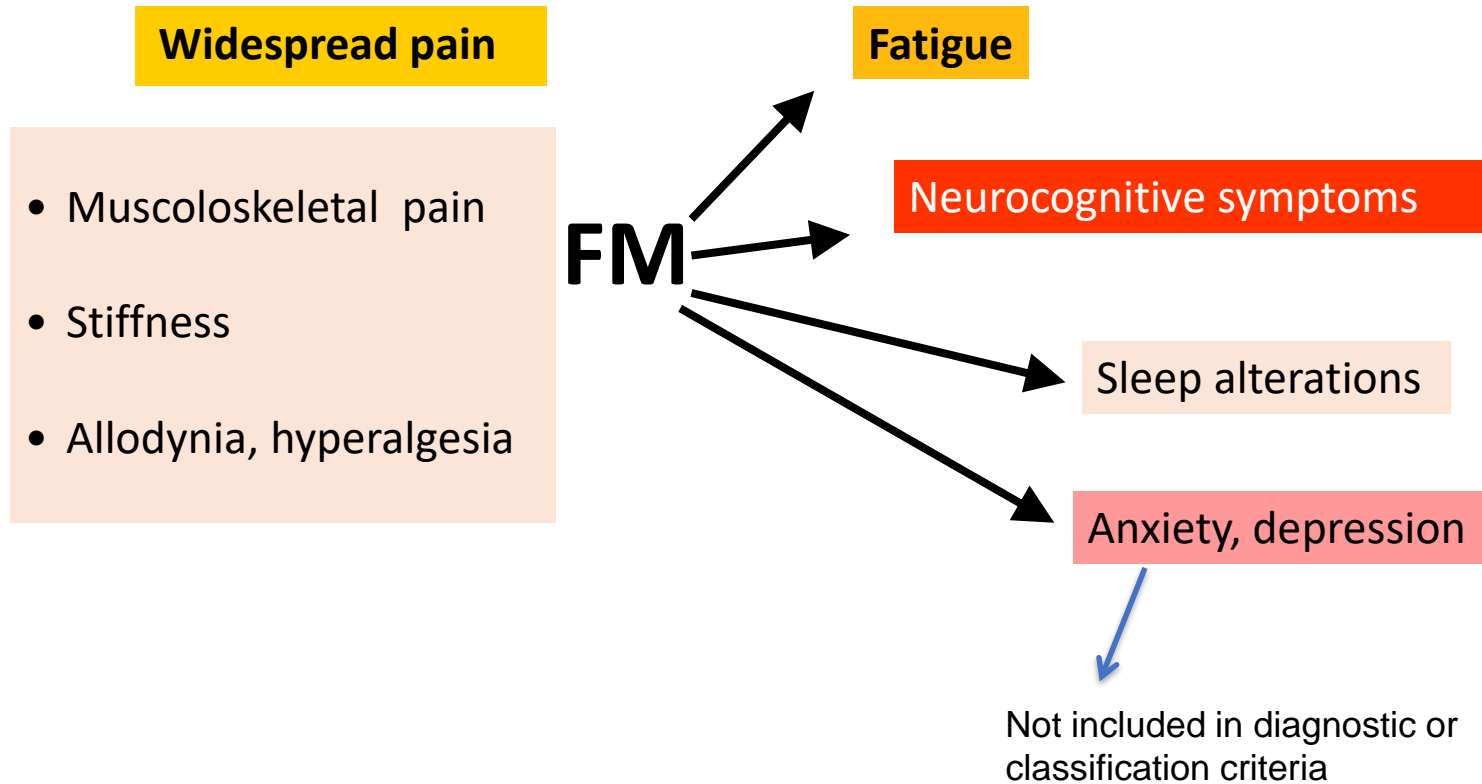
Sindrome fibromialgica Audizione Senato

Piercarlo Sarzi-Puttini

Definizione

- La Fibromialgia (FM) è una condizione clinica comune di dolore muscoloscheletrico diffuso nella quale i pazienti presentano tipicamente allodinia e iperalgesia in aggiunta a molti sintomi di accompagnamento
- La presenza e la severità della FM, che è spesso basata sulla descrizione dei sintomi riportati dai pazienti, non può essere determinata da rilievi clinici oggettivi, alterazioni radiografiche o da esami routinariamente utilizzati in laboratorio

FM is a syndrome characterized by chronic widespread pain associated with a variety of ancillary symptoms



Epidemiologia

Epidemiologia del dolore cronico diffuso e della fibromialgia

- La prevalenza del dolore cronico diffuso nella maggior parte dei paesi industrializzati interessa il 10-11% della popolazione.

Wolfe F et al J Rheumatol 1995;22:151-156

Croft P et al J Rheumatol 1993;20:710-713

- La prevalenza della Fibromialgia, utilizzando i criteri classificativi ACR 1990 interessa il 2-5% della popolazione

Wolfe F et al Arthritis Rheum 1995;38:19-28

Croft P et al Br Med J 1994;309:696-699

Prevalenza della fibromialgia nella popolazione generale

Paese	Autore	Definizione della diagnosi	Numero	Range di età	Prevalenza totale	F	M
Tunisia	Guermazi	LFESSQ	1,000	≥ 15	9.3	-	-
Brazil	Senna	COPCORD	3,038	≥ 16	2.5	3.9	0.1
Canada	White	1990 ACR	3,395	≥ 18	3.3	4.9	1.6
USA	Wolfe	1990 ACR	3,006	≥ 18	2.2	3.4	0.5
China	Scudds	1990 ACR	1,467	-	0.8	-	-
Israel	Ablin	LFESSQ + 1990 ACR	1,019	≥ 18	2.0	2.8	1.1
Denmark	Prescott	1990 ACR	1,219	18–79	0.7	-	-
Germany	Branco	LFESSQ + 1990 ACR	1,002	≥ 15	3.2	3.9	2.5
Italy	Salaffi	1990 ACR	2,155	≥ 18	2.2	-	-

Criteria diagnostici FM (ACR 1990)

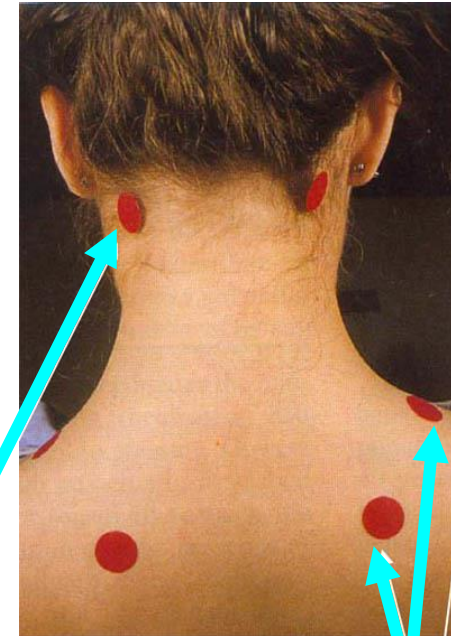
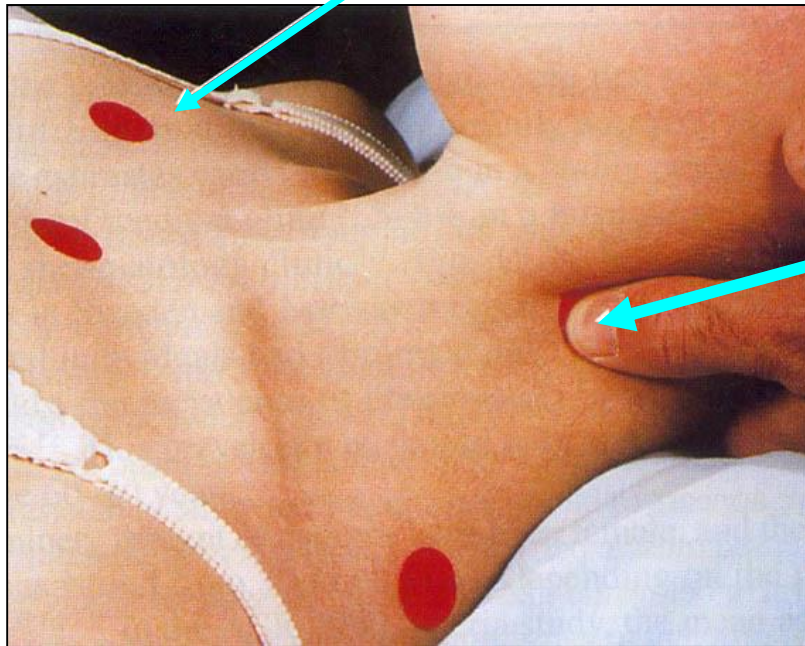
Storia clinica di dolore diffuso

- Il dolore è considerato diffuso quando sono presenti tutte le seguenti localizzazioni: dolore al lato sinistro del corpo, dolore al lato destro, dolore al di sopra della vita, dolore al di sotto della vita; dolore scheletrico assiale in almeno 1 sede (rachide cervicale, torace anteriore, rachide dorsale o lombosacrale).
- *Dolore in 11 di 18 aree algogene alla palpazione digitale.*

Wolfe F et al.: "The American College of Rheumatology 1990 criteria for the classification of fibromyalgia". Arthritis Rheum, 1990; 2: 160-172.

Tender Points Map

Second Rib: (front chest area) at second costochondral junctions

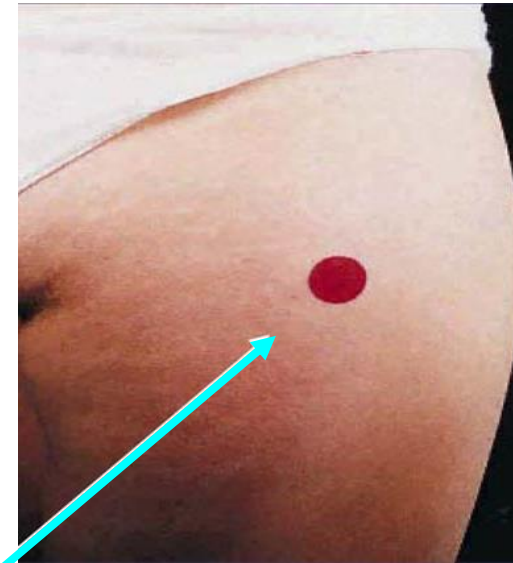


Occiput: (back of the neck) at suboccipital muscle insertions

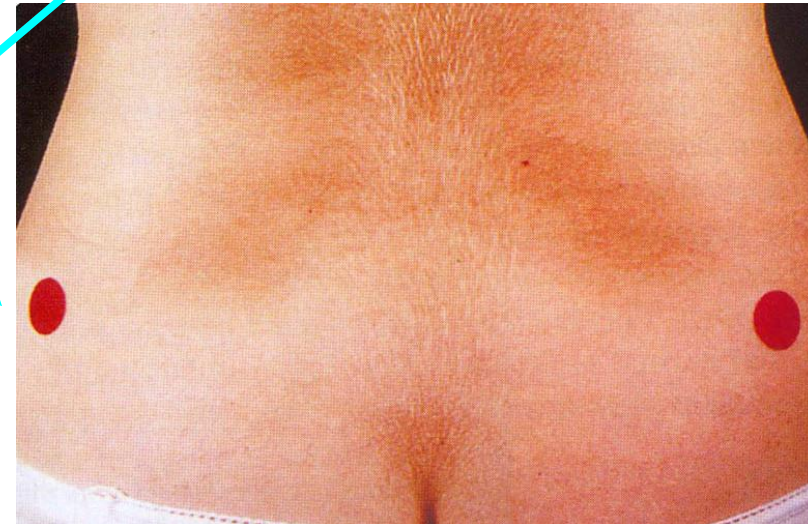
Low Cervical Region: (front neck area) at anterior aspect of the interspaces between the transverse processes of C5-C7

Trapezius Muscle: (back shoulder area) at midpoint of the upper border

Supraspinatus Muscle: (shoulder blade area) above the medial border of the scapular spine



- **Lateral Epicondyle:** (elbow area) 2 cm distal to the lateral epicondyle
- **Gluteal:** (rear end) at upper outer quadrant of the buttocks
- **Greater Trochanter:** (rear hip) posterior to the greater trochanteric prominence.
- **Knee:** (knee area) at the medial fat pad proximal to the joint line.



ACR 2010 criteria

- Widespread pain index
 - Pain in the past week
 - 19 areas
 - Score = 0-19
- Somatic Symptom Scale
 - fatigue
 - waking up un-refreshed
 - cognitive symptoms
 - Symptoms generally
 - Score= 0-12

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ORIGINAL ARTICLE

The American College of Rheumatology Preliminary Diagnostic Criteria for Fibromyalgia and Measurement of Symptom Severity

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ROBERT S. KATZ,⁵ PHILIP MEASE,⁶ ANTHONY S. RUSSELL,⁷ I. JON RUSSELL,⁸ JOHN B. WINFIELD,⁹
AND MUHAMMAD B. YUNUS¹⁰

This criteria set has been approved by the American College of Rheumatology (ACR) Board of Directors as Provisional. This signifies that the criteria set has been quantitatively validated using patient data, but it has not undergone validation based on an external data set. All ACR-approved criteria sets are expected to undergo intermittent updates.

As disclosed in the manuscript, these criteria were developed with support from the study sponsor, Lilly Research Laboratories. The study sponsor placed no restrictions, offered no input or guidance on the conduct of the study, did not participate in the design of the study, see the results of the study, or review the manuscript or submitted abstracts prior to the submission of the paper. The recipient of the grant was Arthritis Research Center Foundation, Inc. The authors received no compensation. The ACR found the criteria to be methodologically rigorous and clinically meaningful.

ACR is an independent professional, medical and scientific society which does not guarantee, warrant or endorse any commercial product or service. The ACR received no compensation for its approval of these criteria.

Objective. To develop simple, practical criteria for clinical diagnosis of fibromyalgia that are suitable for use in primary and specialty care and that do not require a tender point examination, and to provide a severity scale for characteristic fibromyalgia symptoms.

Methods. We performed a multicenter study of 829 previously diagnosed fibromyalgia patients and controls using physician physical and interview examinations, including a widespread pain index (WPI), a measure of the number of painful body regions. Random forest and recursive partitioning analyses were used to guide the development of a case definition of fibromyalgia, to develop criteria, and to construct a symptom severity (SS) scale.

Results. Approximately 25% of fibromyalgia patients did not satisfy the American College of Rheumatology (ACR) 1990 classification criteria at the time of the study. The most important diagnostic variables were WPI and categorical scales for cognitive symptoms, unrefreshed sleep, fatigue, and number of somatic symptoms. The categorical scales were summed to create an SS scale. We combined the SS scale and the WPI to recommend a new case definition of fibromyalgia: (WPI ≥ 7 AND SS ≥ 5) OR (WPI 3–6 AND SS ≥ 9).

Conclusion. This simple clinical case definition of fibromyalgia correctly classifies 88.1% of cases classified by the ACR classification criteria, and does not require a physical or tender point examination. The SS scale enables assessment of fibromyalgia symptom severity in persons with current or previous fibromyalgia, and in those to whom the criteria have not been applied. It will be especially useful in the longitudinal evaluation of patients with marked symptom variability.

INTRODUCTION

The introduction of the American College of Rheumatology (ACR) fibromyalgia classification criteria 20 years ago began an era of increased recognition of the syndrome (1). The criteria required tenderness on pressure (tender points) in at least 11 of 18 specified sites and the presence

of widespread pain for diagnosis. Widespread pain was defined as axial pain, left- and right-sided pain, and upper and lower segment pain.

Over time, a series of objections to the ACR classification criteria developed, some practical and some philosophical

Supported by Lilly Research Laboratories.

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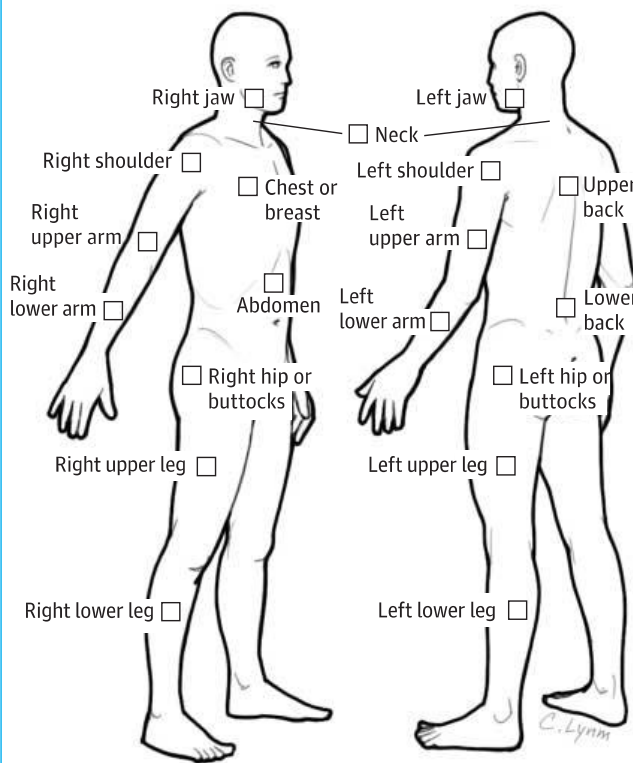
Boston, Massachusetts; ⁵Robert S. Katz, MD: Rush University Medical Center, Chicago, Illinois; ⁶Philip Mease, MD: Seattle Rheumatology Associates and Swedish Medical Center, Seattle, Washington; ⁷Anthony S. Russell, MD: University of Alberta, Edmonton, Alberta, Canada; ⁸I. Jon Russell, MD, PhD: University of Texas Health Sciences Center, San Antonio; ⁹John B. Winfield, MD: University of North Carolina, Chapel Hill; ¹⁰Muhammad B. Yunus, MD: The University of Illinois College of Medicine, Peoria.

Patient Self-report Survey for the Assessment of Fibromyalgia Based on Criteria in the 2011 Modification of the ACR Preliminary Diagnostic Criteria for Fibromyalgia

Widespread pain

(1 point per check box. Score range : 0-19 points)

- ① Please indicate if you have had pain or tenderness during the past 7 days in the areas shown below. Check the boxes in the diagram for each area in which you have had pain or tenderness.



Symptom severity

(score range: 0-12 points)

- ② For each symptom listed below, use the following scale to indicate the severity of the symptom during the past 7 days.

- No problem
- Slight or mild problem: generally mild or intermittent
- Moderate problem: considerable problems; often present and/or at a moderate level
- Severe problem: continuous, life-disturbing problems

	No problem	Slight or mild problem	Moderate problem	Severe problem
Points	0	1	2	3
A. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Trouble thinking or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Waking up tired (unrefreshed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ③ During the past 6 months have you had any of the following symptoms?

	0	1
A. Pain or cramps in lower abdomen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B. Depression	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Headache	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Additional criteria (no score)

- ④ Have the symptoms in questions 2 and 3 and widespread pain been present at a similar level for at least 3 months?
- No Yes
- ⑤ Do you have a disorder that would otherwise explain the pain?
- No Yes

ACR indicates American College of Rheumatology. Scoring information is shown in black. The possible score ranges from 0 to 31 points; **a score ≥ 13 points is consistent with a diagnosis of fibromyalgia**

This model depicts likely determinants that contribute to the risk of onset and maintenance of **common chronic overlapping pain conditions (COPCs)**.

These factors are determined by **genetic variability and environmental events that determine an individual's psychological profile and pain amplification status.**

Environmental contributions

Physical

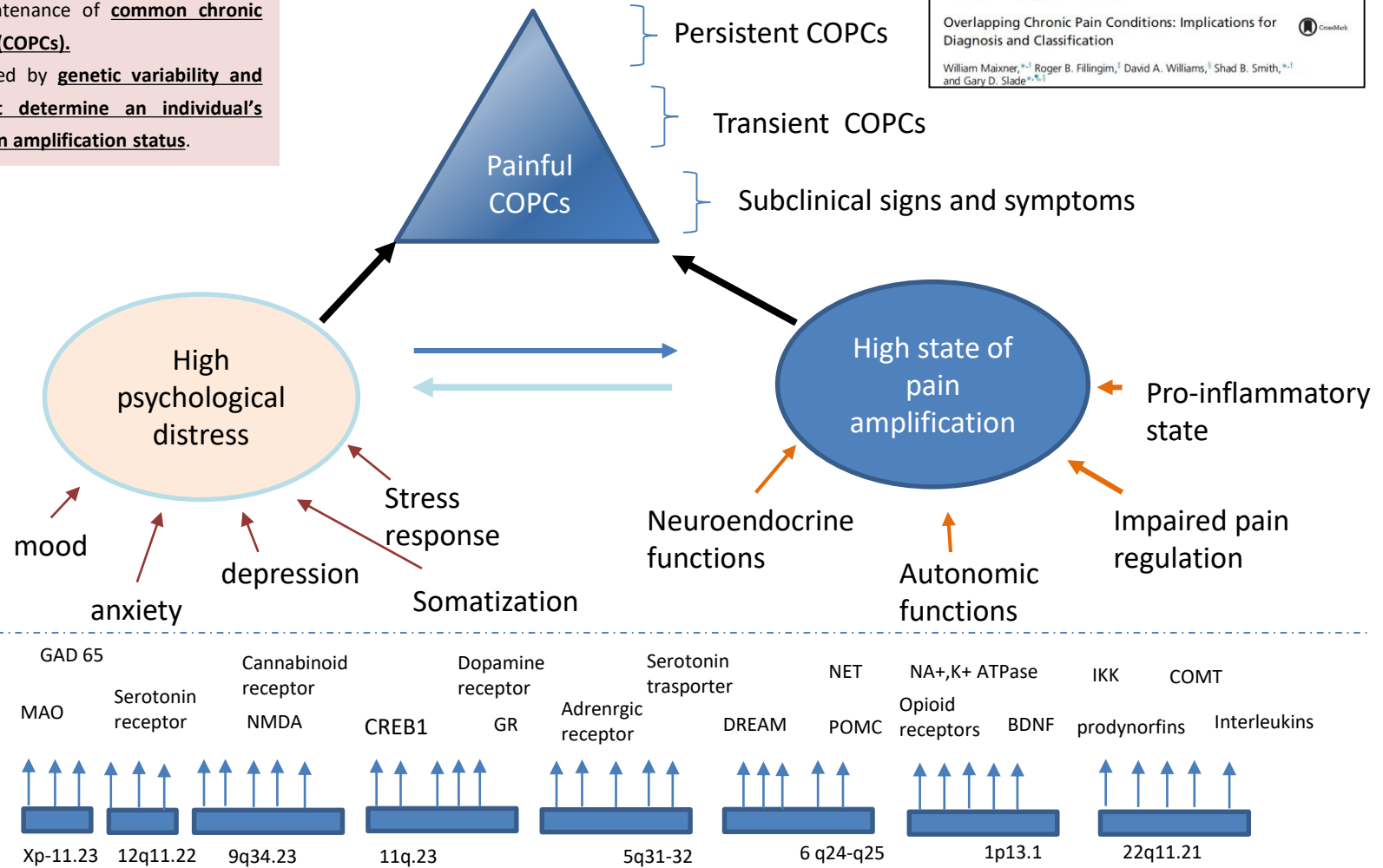
- Trauma
- Abuse
- Sexual
- Smoking

Psychological

- Life stressors

Culture

- Health beliefs



Caratterizzazione meccanicista del dolore

Periferico (nocicettivo)	Periferico e Centrale Neuropatico	Dolore “centralizzato”
<ul style="list-style-type: none">■ Infiammazione o danno meccanico nei tessuti■ Responsivo ai FANS e agli oppioidi■ Risponde alle terapie specifiche ■ Esempi classici<ul style="list-style-type: none">■ Osteoartrosi■ Artrite reumatoide■ Dolore da cancro	<ul style="list-style-type: none">■ Danno o disfunzione dei nervi periferici■ Risponde sia alle terapie farmacologiche che agiscono perifericamente che a livello del sistema nervoso centrale ■ Esempi classici<ul style="list-style-type: none">■ Dolore da neuropatia diabetica■ Nevralgia post-erpetica	<ul style="list-style-type: none">■ Caratterizzato da un disturbo centrale nella processazione del dolore (diffusa iperalgesia/allodinia)■ Responsivo alle molecole neuroattive che modificano la concentrazione dei neurotrasmettitori coinvolti nella trasmissione del dolore ■ Esempi classici<ul style="list-style-type: none">■ Fibromialgia■ Colon irritabile■ Disfunzione temporomandibolare■ Cefalea muscolo-tensiva

ACTION-APS Pain Taxonomy (AAPT) for Chronic Pain

Peripheral nervous system	<p>Complex regional pain syndrome</p> <p>Painful peripheral neuropathies associated with diabetes, impaired glucose tolerance, and human immunodeficiency virus</p> <p>Postherpetic neuralgia</p> <p>Posttraumatic neuropathic pain, including chronic pain after surgery</p> <p>Trigeminal neuralgia</p>
Central nervous system	<p>Pain associated with multiple sclerosis</p> <p>Poststroke pain</p> <p>Spinal cord injury pain</p>
Spine pain	<p>Chronic axial musculoskeletal low back pain</p> <p>Chronic lumbosacral radiculopathy</p>
Musculoskeletal pain	<p><u>Fibromyalgia and chronic myofascial and widespread pain</u></p> <p>Gout</p> <p>Osteoarthritis</p> <p>Rheumatoid arthritis</p> <p>Spondyloarthropathies</p>
Orofacial and head pain	<p>Headache disorders (see International Classification of Headache Disorders)</p> <p>Temporomandibular disorders</p>
Abdominal, pelvic, and urogenital pain	<p>Interstitial cystitis</p> <p>Irritable bowel syndrome</p> <p>Vulvodynia</p>
Disease-associated pain conditions not classified elsewhere	<p>Pain associated with cancer: cancer-induced bone pain, chemotherapy-induced peripheral neuropathy, and pancreatic cancer pain</p> <p>Pain associated with sickle cell disease</p>

ICD (International Classification of Diseases)-10 Version: 2016

Other soft tissue disorders (M70-M79)

M79.7 Fibromyalgia

- Fibromyositis
- Fibrositis
- Myofibrositis

PAIN

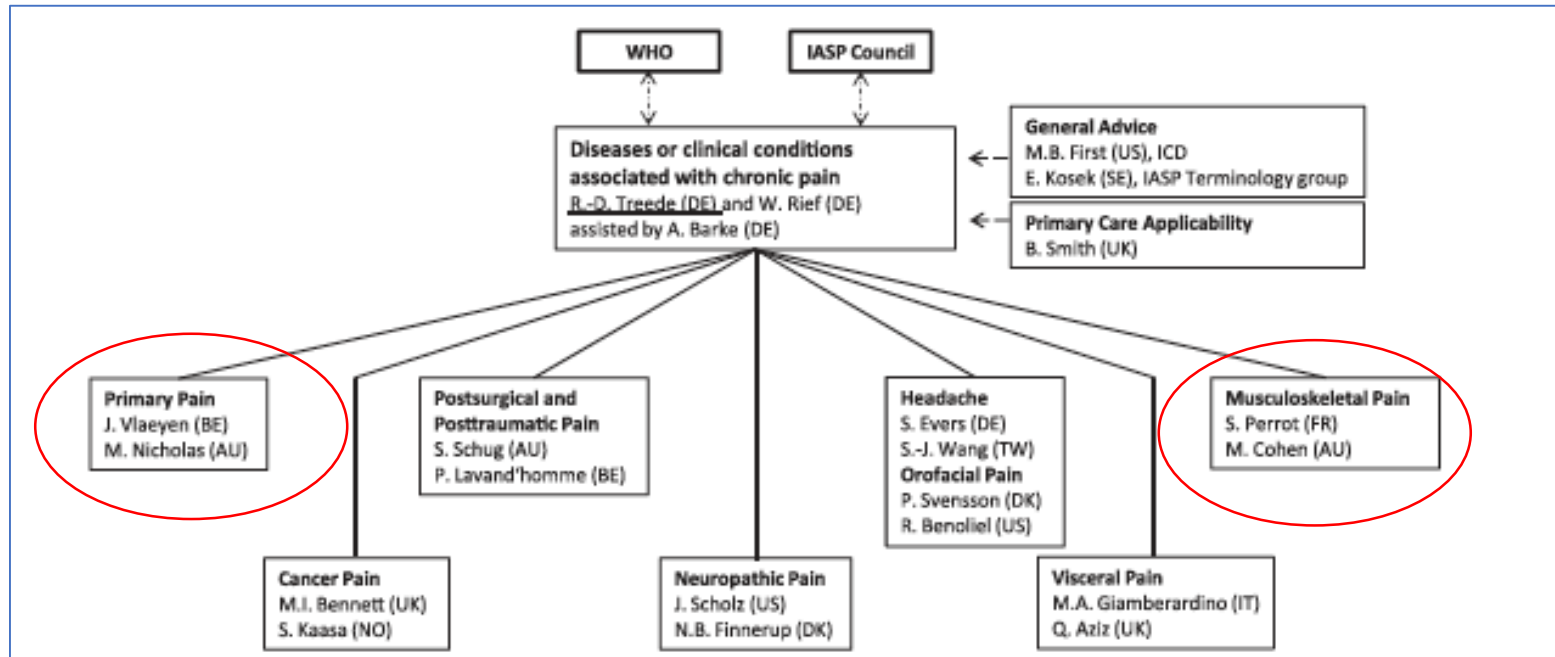
OPEN

A classification of chronic pain for ICD-11

Rolf-Detlef Treede^a, Winfried Rief^b, Antonia Barke^{b,c}, Qasim Aziz^c, Michael I. Bennett^d, Rafael Benoliel^e, Milton Cohen^f, Stefan Evers^g, Nanna B. Finnerup^h, Michael B. Firstⁱ, Maria Adele Giamberardino^j, Stein Kaasa^k, Eva Kosek^l, Patricia Lavand'homme^m, Michael Nicholasⁿ, Serge Perrot^o, Joachim Scholz^p, Stephan Schug^q, Blair H. Smith^r, Peter Svensson^{s,t}, Johan W.S. Vlaeyen^{u,v}, Shuu-Jiun Wang^w

The IASP Task Force, has developed a new and pragmatic classification of chronic pain for the upcoming 11th revision of the ICD.

The goal is to create a classification system that is applicable in primary care and in clinical settings for specialized pain management.



A classification of chronic pain for *ICD-11*

Rolf-Detlef Treede^a, Winfried Rief^b, Antonia Barke^{b,*}, Qasim Aziz^c, Michael I. Bennett^d, Rafael Benoliel^e, Milton Cohen^f, Stefan Evers^g, Nanna B. Finnerup^h, Michael B. Firstⁱ, Maria Adele Giamberardino^j, Stein Kaasa^k, Eva Kosek^l, Patricia Lavand'homme^m, Michael Nicholasⁿ, Serge Perrot^o, Joachim Scholz^p, Stephan Schug^q, Blair H. Smith^r, Peter Svensson^{s,t}, Johan W.S. Vlaeyen^{u,v}, Shuu-Jiun Wang^w

Chronic pain

- **Chronic pain (persistent or recurrent pain lasting longer than 3 months)**

1. Chronic primary pain

- 1.1. Widespread chronic primary pain (including fibromyalgia syndrome)
- 1.2. Localized chronic primary pain (including nonspecific back pain, chronic pelvic pain)
- 1.x. Other chronic primary pain
- 1.z. Chronic primary pain not otherwise specified

7. Chronic musculoskeletal pain

- 7.1. Chronic musculoskeletal pain from persistent inflammation
- 7.2. Chronic musculoskeletal pain from structural osteoarticular changes



Associazione Italiana Sindrome Fibromialgica - Onlus

fm
fibromialgia

Manuale del paziente affetto da sindrome fibromialgica

Piercarlo Sarzi-Puttini
Fabiola Atzeni
Marco Cazzola

sotto l'egida dell'A.I.S.F. Onlus

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ALTERNANDO
Musicoterapia: salute e benessere

Come il suono riesce anche la musica a curare le fibrosi della respirazione. La musica è anche strumento per molti altri scopi di cura e di supporto della mente. **pagina 4**

Dolore cronico e fibromialgia

EDIZIONALE
Educare per essere educati: il rapporto medico-paziente

Una delle grandi difficoltà che affiora lo specialista risiede nel definire le parole utili per spiegare al paziente in maniera semplice, ma efficace, di cosa si tratta. **pagina 8**

Pensieri, fanno male o curano?

Parlando Sara Pavesi, MD

Molti dei nostri pazienti con cui incontro la FM dipendono da qualche malattia cronica o da un trauma che non condiziona, con la mente della malattia ma con le quali dobbiamo lavorare per instaurare un buon rapporto con il paziente senza creare ostacoli e senza offenderlo delegando le sue funzioni a qualcun altro. **pagina 8**

EDIZIONALE
La difficoltà di genere del movimento che sia una patologia organica e che non abbia nessun coinvolgimento psicologico o stress-correlato

Esistono varie tipologie di pazienti con i quali si ha a che fare, esistono pazienti che ritengono che la FM dipenda da qualche malattia cronica o da un trauma che non condiziona, con la mente della malattia ma con le quali dobbiamo lavorare per instaurare un buon rapporto con il paziente senza creare ostacoli e senza offenderlo delegando le sue funzioni a qualcun altro. **pagina 8**

Esistono pazienti che hanno letto su internet o su altri siti tutto quello che c'è da sapere sulla malattia, per cui conoscono il problema ma è difficile per loro capire la storia, etimologia di questa malattia, ma soprattutto perché i farmaci funzionano in maniera così lenta. **pagina 8**

Esistono pazienti affetti da sempre da fibromialgia ma che sono stati diagnosticati con diagnosi diverse, spesso topografiche. **pagina 8**

Supplemento Clin Exp Rheumatol
Marzo 2015

Fibromyalgia and related syndromes
2015
Guest editors