

# Pain Review Monthly

Oct 2017

This month we look at the diagnostic criteria for Fibromyalgia.

Back in 1990, American College of Rheumatology devised a diagnostic criteria<sup>(1)</sup>. This involved:

- 1) widespread pain *in combination with*
- 2) tenderness at 11 or more of the 18 specific tender point site

This was **REVISED** by the same group in 2010<sup>(2)</sup>, and the following is still the **current recommended diagnostic criteria:**

(and it unfortunately is slightly more tricky. Note "tender points" is no longer a valid criteria.)

A patient satisfies diagnostic criteria for fibromyalgia if the following 3 conditions are met:

- 1) **Widespread Pain Index (WPI)**  $\geq 7$  and **Symptom Severity (SS)** scale score  $\geq 5$   
or **WPI** 3–6 and **SS** scale score  $\geq 9$ .
- 2) Symptoms have been present at a similar level for at least 3 months.
- 3) The patient does not have a disorder that would otherwise explain the pain.

-----  
**Widespread Pain Index (WPI):** note the number areas in which the patient has had pain over the **past week**. In how many areas has the patient had pain? Score will be between 0 and 19.

- |   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Shoulder girdle, left  | <input type="checkbox"/> Hip / buttock, left  | <input type="checkbox"/> Neck       | <input type="checkbox"/> Jaw, left  |
| <input type="checkbox"/> Shoulder girdle, right | <input type="checkbox"/> Hip / buttock, right | <input type="checkbox"/> Upper back | <input type="checkbox"/> Jaw, right |
| <input type="checkbox"/> Upper arm, left        | <input type="checkbox"/> Upper leg, left      | <input type="checkbox"/> Lower back |                                     |
| <input type="checkbox"/> Upper arm, right       | <input type="checkbox"/> Upper leg, right     | <input type="checkbox"/> Chest      |                                     |
| <input type="checkbox"/> Lower arm, left        | <input type="checkbox"/> Lower leg, left      | <input type="checkbox"/> Abdomen    |                                     |
| <input type="checkbox"/> Lower arm, right       | <input type="checkbox"/> Lower leg, right     |                                     |                                     |

WPI score \_\_\_\_\_

**Please turn over** for **Symptom Severity (SS)** Scale

1. Wolfe F, A. SH, Yunus MB, Bennett RM, Bombardier C, Goldenberg DL, et al. The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia. Arthritis and Rheumatism. 1990;33(2):160-72.

2. Wolfe F, Clauw DJ, Fitzcharles MA, Goldenberg DL, Katz RS, Mease P, et al. The American College of Rheumatology preliminary diagnostic criteria for fibromyalgia and measurement of symptom severity. Arthritis Care and Research. 2010;62(5):600-10.

# Pain Review Monthly

Oct 2017

**Symptom Severity (SS) Scale:** is the sum of following TWO scores:

## Score 1:

Using scale of 0 to 3, indicate the patient's level of symptom severity over the **past week** in each of the 3 symptom categories. Choose only 1 level of severity for each category

The score 1 is the sum of the numbers of all 3 categories. It will be between 0 and 9.

### **Fatigue**

- 0 = no problem
- 1 = Slight or mild problems;  
generally mild/intermittent
- 2 = Moderate;  
considerable problems;  
often present and/or at a  
moderate level
- 3 = Severe; pervasive  
continuous, lift-disturbing

### **Waking unrefreshed**

- 0 = no problem
- 1 = Slight or mild problems;  
generally mild/intermittent
- 2 = Moderate;  
considerable problems;  
often present and/or at a  
moderate level
- 3 = Severe; pervasive  
continuous, lift-disturbing

### **Cognitive**

- 0 = no problem
- 1 = Slight or mild problems;  
generally mild/intermittent
- 2 = Moderate;  
considerable problems;  
often present and/or at a  
moderate level
- 3 = Severe; pervasive  
continuous, lift-disturbing

## Score 2:

Using the symptoms list just below, determine the extent of "other somatic symptoms" the patient may have experience over the **past week** by ticking one box below. The score will be between 0 and 3.

Muscle pain	Depression	Itching	Dry eyes
Irritable bowel	Constipation	Wheezing	Shortness of breath
Fatigue	Pain in upper abdomen	Raynaud's	Loss of appetite
Thinking/memory issue	Nausea	Hives/welts	Rash
Muscle weakness	Nervousness	Ringing in ears	Sun sensitivity
Headache	Chest pain	Vomiting	Hearing difficulties
Abdomen pain/cramps	Blurred vision	Heartburn	Easy bruising
Numbness/tingling	Fever	Oral ulcers	Hair loss
Dizziness	Diarrhead	Loss/change in taste	Frequent urination
Insomnia	Dry mouth	Seizures	Bladder spasms

- 0 = No symptoms
- 1= Few symptoms

- 2 = A moderate number of symptoms
- 3 = A great deal of symptoms

SS Scale Score: Score 1 + Score 2 = \_\_\_\_\_

**2will** physiotherapy &  
pain management

10/75 ellice road, wairau valley, north shore 0629

p: (09) 44 33 611

f: (09) 44 33 613

hello@2will.co.nz

www.2will.co.nz