

DIAGNOSTIC TESTS IN FIBROMYALGIA ENOUGH IS A ENOUGH

By: Mary Cronin, M.D.

Fibromyalgia (FM) is a very common chronic pain syndrome characterized by diffuse musculoskeletal pain and fatigue. It is estimated that 10% of the general population has a chronic widespread pain syndrome. Malaise, fatigue and arthralgias are very common but nonspecific complaints. Although patients with chronic systemic disease not infrequently have secondary FM, patients with FM are often misdiagnosed as having a systemic connective tissue disease. The type and sheer number of symptoms patients present with such as, Raynaud phenomenon, sicca symptoms, paresthesia, headaches, bowel problems, can be confusing.

Diagnostic tests should be ordered based on signs and symptoms elicited during a careful history and physical exam. Fibromyalgia patients frequently have symptoms that suggest a systemic connective tissue disease such as SLE or RA but signs are lacking on physical exam. What is found are classical and nonclassical trigger points. Serologic testing is not routinely recommended as 10% of patients with fibromyalgia can have a positive ANA similar to the 5-10% positivity rate in healthy women. Only if there is a real concern about a connective tissue disease should ANA and more specific antibodies be ordered. Up to 25% of patients referred to rheumatology for possible SLE had FM and a "positive" ANA, not SLE. An ANA of 1/80 in a homogenous pattern is normal.

Although fibromyalgia may be associated with Lyme disease, treatment of Lyme disease does not "cure" fibromyalgia. 25 - 50% of patients referred to Lyme disease clinics had FM and never had Lyme disease. Lyme serologies should be done only if the history or physical exam supports the possibility of Lyme infection, i.e. right place, right time, rash, true arthritis, neuropathy. Paresthesias are common in patients with fibromyalgia. An EMG/NCV is useful only if there is a physical finding on a careful neurologic examination. A finding of proximal muscle weakness would also be an indication for further diagnostic testing including a CK.

Sleep studies should only be done if the history is suggestive of obstructive sleep apnea or restless leg syndrome. Treatment of these disorders may improve fibromyalgia symptoms. Fibromyalgia is not as common in men. A referral for a sleep study should be considered in men as up to 40% of men with fibromyalgia had sleep apnea when studied.

Nothing replaces the basic history and physical examination in the diagnosis of fibromyalgia. There should be a diagnostic workup limited to a complete blood count, routine blood chemistries, sedimentation rate and thyroid function tests. These tests are usually normal in FM. An abnormality is one of these tests would then warrant further investigation.

Goldenberg DL. Fibromyalgia Syndrome a Decade Later: What have we learned? Arch Int Med 159:777-785, 1999.

About the Author

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