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Perceptions of Fibromyalgia Syndrome (FMS) in Primary Care Practice

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Abstract:

Purpose: The diagnosis and management of FMS continues to be controversial. In fact, the old term fibromyositis is still the ICD-9 code name used for the disorder. This study describes the perceptions of primary care physicians (PCPs) about FMS, its impact on their practice, and specialty referral patterns.

Methods: 183 PCPs in an academic private practice setting were asked to complete an 18 item questionnaire via email or fax. The primary outcome was physicians' perceptions of FMS (distinct disease, clinical or psychological condition, and use of ACR criteria and laboratory data for diagnosis). Secondary outcomes included management of FMS (medications, other interventions and specialist referrals) and impact of FMS on physician practice activities (proportion of patients in their practice and time requirements for FMS patients).

Results: Eighty seven (48 %) of PCPs completed the survey. The majority (79%) practiced in a group setting, were internists (56%) or family practitioners (42%), and were in practice for an average of 20.7 years (range 4-46 years). 78% believed FMS to be a clinical entity with 85% citing FMS as both a medical and psychological condition. Although 92% were aware of the 1990 ACR Fibromyalgia criteria for diagnosis, only 56% routinely used them in practice. Thyroid function studies (90%) and complete metabolic profile (82%) were frequently used for diagnosis. Rheumatologic testing was also common including rheumatoid factor (76%), ANA (76%), ESR (87%), and CRP (39%). HLA-B27 (2%) and anti CCP(6%) were much less often obtained. X-rays of affected areas were ordered by 36% of physicians while MRI/CT scans by only 1%.

Ninety six % treated FMS with medications: NSAIDs (85%), SSNRIs (79%), SSRIs (75%), tricyclic antidepressants (69%), trazodone (33%), alpha-2 delta inhibitors (66%), cyclobenzaprine ((57%), non-opioid analgesics (46%), and opioids (16%). 98% of PCPs used non-pharmacologic interventions: exercise (93%), physical therapy (91%), education (66%), tender point injections (37%), cognitive behavioral therapy (29%), chiropractic (25%), occupational therapy (18%), TENS (17%), acupuncture (12%) and herbals (7%). Most PCPs (93%) use rheumatologists for evaluation and management referral. Other referrals included pain specialist (46%), physiatrist (24%), psychologist (22%), and psychiatrist (21%). For one third of the PCPs, more than 5% of their patients had FMS. Eighty seven % reported that FMS patients required more time than other patients.

Conclusions: Although PCPs believe that FMS is a clinical entity, only about one half use the ACR Fibromyalgia criteria for diagnosis. Rheumatologic laboratory testing is commonly utilized, and most PCPs believe that rheumatologists should be actively involved in the evaluation and management of these patients.

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