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Comparing Practice Patterns in Fibromyalgia Syndrome (FMS): Rheumatology versus Primary Care

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Abstract:

Purpose: The prevalence of FMS is 5 million in the US which exceeds the combined prevalence of RA, SLE, scleroderma, PMR and gout. The purpose of this study is to assess the impact of FMS on the practices of rheumatologists and primary care physicians (PCPs) in Pennsylvania.

Methods: A questionnaire was sent via email or fax to 199 rheumatologists throughout Pennsylvania and 183 PCPs in southwestern Pennsylvania. The primary outcome measures compared rheumatologists' and PCPs' perceptions about the diagnosis of FMS (clinical or psychological condition, use of the 1990 ACR criteria and laboratory, and imaging study ordering). Secondary outcomes compared treatments (pharmacologic and non-pharmacologic) and the impact of FMS patients on their practices (proportion of patients with FMS, office time spent). Analysis was performed using descriptive statistics and chi-square test for comparisons.

Results: Seventy four (37% response) rheumatologists and eighty seven (48% response) PCPs completed the survey. The majority rheumatologists and PCPs, 72%, and 85% respectively, believed that FMS is both a medical and psychological condition ($p < 0.05$) and 8% of each believed FMS to be a primarily a psychological condition. For diagnosing FMS rheumatologists more commonly used the ACR criteria, 75% vs. 56% ($p < 0.05$). Both rheumatologists and PCPs most commonly obtained ESRs (86% for both), thyroid function tests (94% and 91%, respectively), and complete metabolic profiles (78% and 82%, respectively). However, rheumatologists more commonly obtain vitamin D levels (49% vs 17%; $p < 0.05$) and anti-CCP (32% vs 6%; $p < 0.05$) compared to PCPs. Pharmacologic and non-pharmacologic interventions are used by over 95% of rheumatologists and PCPs. Rheumatologists most commonly prescribed cyclobenzaprine (87% vs 56% $p < 0.05$), SNRIs (87%), or alpha-2 delta ligand inhibitors (87% vs 67% $p < 0.05$); whereas PCPs most commonly prescribe NSAIDs (85%; $p < 0.05$ vs rheumatologists), SNRIs (79%; $p = 0.8$ vs rheumatologists), and SSRIs (75%; $p < 0.05$ vs rheumatologists). Exercise and physical therapy are the most commonly recommended non-pharmacological interventions with both rheumatologists (97% and 87%, respectively) and PCPs (93% and 91%, respectively). Rheumatologists more often use cognitive behavior interventions

(52% vs 29% p<0.05). Sixty one % of rheumatologists report that more that 10% patients in their practices have FMS compared to 3% of PCPs patients. For rheumatologists, 56 % reported that more 5% of their rheumatoid arthritis patients had FMS. Both rheumatologists (90%) and PCPs (87%) spend more time with FMS patients compared to those without FMS.

Conclusion: Although similarities exist in rheumatologists and PCPS perceptions of the pathophysiology of FMS, the methods to confirm a diagnosis differ between groups. Choices of medications also differ with rheumatologists using less NSAIDs and more alpha-2 delta ligand inhibitors than PCPs.

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