

Case presentation and topic discussion

Dr Surjya Ghosh GP ST2

Rheumatology teaching group

27/05/2015

Case

- 43 yr old Caucasian female
- 6 months ago involved in RTA – rear ended, no LOC.
- Developed severe neck and lower back pain
 - Initially diagnosed with cervical and lumbar strain/sprain.
- Pain persistent despite analgesics and muscle relaxants
 - Xrays and MRI – cervical and lumbar disc disease, no neuroforaminal encroachment.

Case

- Physiotherapy for several weeks with minimal benefit.
- 2nd month of continued pain started to affect her sleep
 - Able to fall asleep.
 - Frequent awakenings due to pain and woke up tired in the morning.

Case

- 2 months post RTA, pain starting to generalise above and below the waist.
- FH: depression in mother and sister. No personal hx of depression.
- Unable to return to work.
- Latest examination
 - ↓ROM neck and lower back
 - Some sciatic notch and nerve tenderness.

Case

- She has normal blood tests.
- Tender point exam = 18/18, with negative control points.
- What is your differential diagnosis?

Fibromyalgia

- Aetiology
- Epidemiology
- Pathogenesis
- Clinical features
- Diagnostic criteria
- Diagnostic process
- Differential diagnosis
- Management
- Prognosis

Aetiology

- Exact aetiology is unknown
- Altered central pain processing
- Dysfunction of the hypothalamic-pituitary-adrenal axis
- Sleep disturbances
- Genetic factors
- Immune system
- Psychiatric conditions
- Trigger factors
- Research - deficiency in Serotonin and increase in substance P

Epidemiology

- Prevalence in developed countries 2-7%.
- More common than Rheumatoid arthritis
- More common in females.

Pathogenesis

- Multiple factors.
- Sleep disturbance
 - Loss of non-REM sleep.
- Reduced aerobic fitness.
- Viral cause not supported by any evidence

Clinical features

- Pain
- Fatigue
- Non-restorative sleep
- Cognitive dysfunction
- Mood disorder
- Pain related somatic symptoms
- Non-pain related symptoms

Diagnostic criteria

- ACR guidelines 1990.
 - ACR guidelines 2010.
 - 31 point questionnaire
 - Does not require tender-point count
 - Wide spread pain index (WPI)
 - System severity score (SS)
1. $WPI \geq 7$ and $SS \geq 5$ or $WPI 3-6$ and $SS \geq 9$
 2. Symptoms present at similar level ≥ 3 months.
 3. No disorder that would otherwise explain the pain.

Diagnostic process

- Difficult due to vague and generalized symptoms
- GP should try and establish diagnosis ASAP.
- Educate link between poor sleep, tiredness and pain.
- Avoid lengthy, costly and unnecessary investigations.
- Not a diagnosis of exclusion.
- Physical and mental health, with attention to psychosocial context
- Physical examination in all patients.
- Limited investigations.

Differential diagnosis

- Hypothyroidism
- Chronic fatigue syndrome
- SLE
- Inflammatory myopathy
- Hyperparathyroidism
- Polymyalgia Rheumatica
- Osteomalacia
- Psychiatric conditions
- Sleep disorders

Management

- No cure at present.
- Aim to improve symptoms and maintaining optimal function.
- Multimodal and patient-tailored approach is best.
- Identify specific goals.
- Non-pharmacological:
 - Physical therapies active and passive.
 - Acupuncture
 - Psychological therapies
- Pharmacological
 - Analgesia
 - Antidepressants
 - Anticonvulsants

Prognosis

- Poor
- 20% symptom free at 5 years.
- Treatment may help with coping strategies.