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Aims of the guideline on diagnosis and therapy of fibromyalgia syndrome

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Summary: The guideline aims to give all professions involved in treatment of fibromyalgia syndrome (FMS) a systematically developed guideline for the diagnosis and therapy of FMS. Diagnostic criteria and empirically founded therapies are presented to reduce the present insufficient medical attention of FMS-patients. Recommendations on a stepwise therapeutic approach are designed to improve the quality of medical care, the implementation of effective treatment options as well as the reduction of the utilisation of non-effective therapies and the improvement of patient-physician-relationship. Recommendations on the coordination of medical care (inpatient and outpatient treatment by family physicians, medical specialists and other medical professions, care in acute and rehabilitation hospitals) aim to reduce rivalries between medical societies and to improve an optimal use of resources. A patient's version of the guideline intends to improve the knowledge of patients on the etiology and effective treatment options available thus promoting an effective self-management of patients.

Key words: Fibromyalgia syndrome – Guideline – medical care – self-management

Methodological fundamentals of the development of the guideline

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Summary: The guideline was developed by ten scientific societies and two patient self-help organisation. The process was coordinated by the German Association of Pain Therapy DIVS. The guideline was approved by the Association of the Scientific Medical Societies in Germany AWMF (AWMF number 041/004). April 17,2008. No direct or indirect financial support by pharmaceutical companies was accepted. There were no potential conflicts of interest for any of the 58 participants of the guideline group. The results of a systematic search of the literature (Cochrane Library (1993-12/2006), Medline (1980-12/2006), PsychInfo (1966-12/2006) and Scopus (1980-12/2006) were analysed by eight working groups. A balanced composition of the working groups as to sex, level of medical care and position in medical or scientific hierarchy of their members was realised. Levels of evidence were assigned according to the classification system of the Oxford-Centre for Evidence Based Medicine. Grading of the strengths of recommendations was done according to the German program for disease management guidelines. Standardized, formal procedures to reach a consensus on recommendations were used. The guideline was reviewed by the board of directors of the societies engaged in the development of the guideline. The guideline will be published in several forms: complete and short scientific version, clinical practice and patient version.

Key words: Fibromyalgia syndrome – Guideline – Methodology - Association of the Scientific Medical Societies in Germany - German Association of Pain Therapy

Definition, classification and diagnosis of chronic widespread pain and of fibromyalgia syndrome.

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Summary: **Background:** An interdisciplinary guideline for the definition, classification and diagnosis of chronic widespread pain (CWP) and fibromyalgia syndrome (FMS) was developed in collaboration of ten German medical and psychological associations and two patient self-help organisations. **Methods:** A systematic literature search was performed in the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-2006), PsychInfo (1966-12/2006), and Scopus (1980-12/ 2006). Levels of evidence were assigned according to the classification system of the Oxford-Centre for Evidence Based Medicine. Grading of the strength of recommendation was done according to the German program for disease management guidelines. Standardised procedures to reach a consensus on recommendations were used.

Results: CWP is defined by the criteria of the American College of Rheumatology (ACR) (strong consensus). FMS can be diagnosed for clinical purpose by symptom-based criteria (without tender point examination) as well as by the ACR-criteria (strong consensus).

Key words: Chronic widespread pain - Fibromyalgia syndrome – Definition-
Classification – Diagnosis – Guideline

Etiology and pathophysiology of the fibromyalgia syndrome and of chronic widespread pain

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Summary

Objective: To write a systematic review on the etiology and pathophysiology of the fibromyalgia syndrome (FMS) and of chronic widespread pain (CWP).

Methods: An interdisciplinary level-3 guideline (i.e. systematic literature search and assesment, logic analysis, formal consensus procedure) for the diagnosis and therapy of FMS was created in cooperation of ten medical and psychological

societies and two patients' self-help organizations. A literature search was performed covering all available review articles on the etiology and pathophysiology of FMS and CWP using the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-2006), PsychInfo (1966-12/ 2006), and Scopus (1980-12/ 2006). For the assignment of evidence classes the system of the Oxford-Centre for Evidence Based Medicine was applied. Consensus was achieved during a multi-step nominal group procedure.

Results: FMS aggregates in families (evidence level 2c). Physical and psychological stress at the workplace are risk factors for the development of CWP and FMS. Affective disorders are risk factors for the development and maintenance of FMS. Operant learning mechanisms and sensitization are risk factors for the chronification of FMS (evidence levels 2b). Several factors are associated with the pathophysiology of FMS, but the causal relationship is unclear. This includes alterations of central pain pathways, hyporeactivity of the hypothalamus-pituitary-adrenal axis, increased systemic pro-inflammatory and reduced anti-inflammatory cytokine profiles, and disturbances in the dopaminergic and serotonergic systems.

Conclusions: FMS is the common final pathway of various etiological factors and pathophysiological mechanisms.

Key words: fibromyalgia syndrome – chronic widespread pain – etiology – pathophysiology - systematic review

Principles of treatment, coordination of medical care and patient education in fibromyalgia syndrome and chronic widespread pain.

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Summary:

Background: A guideline for the treatment and diagnostic procedures for fibromyalgia syndrome (FMS) was developed in cooperation with 10 German medical and psychological associations and 2 patient self-help groups.

Methods: A systematic literature search including all controlled studies evaluating physiotherapy, exercise and strength training as well as physical therapies was performed in the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-12/2006), PsychInfo (1966-12/2006) and Scopus (1980-12/ 2006). Levels of evidence were assigned according to the

classification system of the Oxford-Centre for Evidence Based Medicine.

Grading of the strengths of recommendations was done according to the German program for disease management guidelines. Standardised procedures to reach a consensus on recommendations were used.

Results: Patient's information at first diagnosis of FMS is strongly recommended (grade A). Patient-centered communication is recommended (grade B). A stepwise treatment approach depending on the adaptation to restrictions in daily life and response to treatment options can be considered (grade C).

Conclusions: The long-term treatment should be based on principles of basic psychosomatic care and shared decision making on treatment options.

Key words: Fibromyalgia syndrome – Guideline – patient-centered communication – patient education- stepwise treatment approach-

Pharmacological treatment of fibromyalgia syndrome

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Background: An interdisciplinary guideline for the treatment of fibromyalgia syndrome (FMS) and chronic widespread pain (CWP) was developed in cooperation with ten German medical and psychological associations and two patients' self-help organizations.

Methods: Using the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-2006), PsychInfo (1966-12/2006), and Scopus (1980-12/ 2006) a systematic literature search was performed, which included all randomised controlled trials (RCT) evaluating multicomponent therapy in FMS and CWP.. Levels of evidence were assigned according to the classification system of the Oxford-Centre for Evidence Based Medicine. The strength of recommendation was graded according to the German program for disease management guidelines. Consensus was achieved using a multi-step nominal group procedure.

Results: The short-term use of amitriptyline is strongly recommended (grade A). The short-term use of fluoxetine und duloxetine is recommended (grade B).

Conclusions: The recommendations regarding pharmacological treatment of FMS are limited by the short duration of the RCT, the lack of follow-ups and absence of cost-effectiveness studies.

Key words: fibromyalgia syndrome – guideline – systematic review - pharmacological treatment

Physiotherapy, exercise and strength training and physical therapies for the treatment of fibromyalgia syndrome.

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Summary

Background: A guideline for the treatment and diagnostic procedures for fibromyalgia syndrome (FMS) was developed in cooperation with 10 German medical and psychological associations and 2 patient self-help groups.

Methods: A systematic literature search including all controlled studies evaluating physiotherapy, exercise and strength training as well as physical therapies was performed in the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-12/2006), PsychInfo (1966-12/2006) and Scopus (1980-12/2006). Levels of evidence were assigned according to the classification system of the Oxford-Centre for Evidence Based Medicine. Grading of the strengths of recommendations was done according to the German program for disease management guidelines. Standardised procedures to reach a consensus on recommendations were used.

Results: Aerobic exercise training is strongly recommended (strength A). The temporary use of whole body hyperthermia and Spa-therapy is recommended (strength B). Conclusion: Generalizability of most of the studies is restricted due to short study duration (mean 6 to 12 weeks) and small sample sizes.

Key words: Fibromyalgia syndrome – Guideline – Systematic Review –Physical therapy – Aerobic exercise - Physiotherapy

Psychotherapy of fibromyalgia syndrome.

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Summary

Background: A guideline for the treatment and diagnostic procedures in fibromyalgia syndrome (FMS) was developed in cooperation with 10 German medical and psychological associations and 2 patient self-help groups.

Methods: A systematic literature search including all controlled studies of evaluated multicomponent therapy was performed in the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-12/2006), PsychInfo (1966-12/2006) and Scopus (1980-12/ 2006). Levels of evidence were

assigned according to the classification system of the Oxford-Centre for Evidence Based Medicine. Grading of the strengths of recommendations was done according to the German program for disease management guidelines. Standardized procedures to reach a consensus on recommendations were used.

Results: Cognitive and operant behavioural therapy is strongly recommended (grade A). Guided imagery/hypnotherapy and written emotional disclosure are recommended (grade B).

Conclusions: Psychotherapeutic programs tailored to FMS-subgroups should be developed and tested.

Key words: Fibromyalgia syndrome – Guideline – Systematic review – Psychotherapy

Multicomponent therapy for the treatment of fibromyalgia syndrome.

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Summary

Background: A guideline for the treatment of fibromyalgia syndrome (FMS) was developed in cooperation with 10 German medical and psychological associations and 2 patient self-help groups. **Methods:** A systematic literature search including all controlled studies evaluating multicomponent therapy was performed in the Cochrane Collaboration Reviews (1993-12/2006), Medline (1980-12/2006), PsychInfo (1966-12/2006) and Scopus (1980-12/ 2006).

Levels of evidence were assigned according to the classification system of the Oxford-Centre for Evidence Based Medicine. Grading of the strengths of recommendations was done according to the German program for disease management guidelines. Standardised procedures to reach a consensus on recommendations were used.

Results: MT is superior to waiting group or treatment as usual (evidence level Ia). MT should be offered to FMS-patients (recommendation strength A).

Conclusions: Future studies should control for medication, other co-therapies and comorbidities. MT-programs tailored to FMS-subgroups should be tested.

Key words: Fibromyalgia syndrome – Guideline – Systematic review – Multicomponent therapy

Alternative and complementary therapies of fibromyalgia syndrome

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Summary:

Introduction: An interdisciplinary S3 level guideline was devised in cooperation with eight medical, two psychological and two patient support groups. Results were elaborated in a multilevel group process.

Methods: On the bases of the „Cochrane Collaboration Reviews“ (1993-2006), „Medline“ (1980-2006), „PsychInfo“ (2006) and „Scopus“ (2006) controlled studies and meta-analyses of controlled studies were analysed.

Results: Only few controlled studies were found, however supporting in part the effectiveness of CAM therapies in the treatment of fibromyalgia syndrome. Due to the lack of information on long term efficacy and cost-effectiveness, only a limited recommendations for CAM therapies can be given.

Conclusion: Within a multicomponent therapy setting, selective CAM therapies (acupuncture, vegetarian diet, homeopathy, Tai Qi, Qi Gong, music- and body oriented therapies) can be recommended for a limited period of time.

Key words: Fibromyalgia syndrome– Systematic Review – Guidelines – Complementary and alternative Therapies

Juvenile fibromyalgia syndrome

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Objective: To develop a guideline for diagnostic procedures and treatment of the juvenile fibromyalgia syndrome (JFMS) in cooperation with 10 German medical and psychological associations and 2 patient self-help groups.

Methods: A systematic literature search, including all controlled studies evaluating diagnosis and treatment of JFMS, was performed in the Cochran Collaboration Reviews (1993-12/2006), Medline (1980-12/2006), PsychInfo (1966-12/2006) and Scopus (1980-12/2006). Levels of evidence were assigned according to the classification system of the Oxford Centre for Evidence-Based Medicine. Grading of the strengths of recommendations was performed according to the German program for disease management guidelines. Standardised procedures to reach a consensus on recommendations were used.

Results: Pain in children/adolescents involving several body areas and lasting >3 months without an obvious somatic cause is called JFMS or pain amplification syndrome. Therapeutically, a multidisciplinary concept with psycho- and physiotherapy, relaxation techniques and patient education is recommended. .

Conclusion: These guidelines will contribute to a better recognition and standardized care of patients with JFMS and facilitate clinical studies.

Key words:

Juvenile fibromyalgia syndrome – diffuse amplified musculoskeletal pain syndrome - guideline – systematic review