Prevalence of fibromyalgia at the rheumatology clinic

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TO THE EDITOR,

Fibromyalgia is a common chronic pain syndrome mainly characterized by diffuse musculoskeletal pain and fatigue [1]. The prevalence in the general population ranges from 2–5% and is generally higher among female by a ratio of 8-9:1-2 [2]. The pathogenesis of the syndrome is not fully understood. Many theories attempt to explain it. The most accepted theory is the centralization theory: the conception of pain at the cortex is over-expressed with a continuous perception of pain. Fibromyalgia is associated with physical and mental disability, which has a great impact on society. Even with this high prevalence of fibromyalgia in the general population, however, there are nearly no data on the prevalence of fibromyalgia among patients attending the rheumatology clinic.

In this letter we summarized the primary diagnoses of the first consecutive 1008 visits at the outpatients clinics of Meauhedet (Hadera, Nazareth, and Shefaraam), Maccabi (Nof Hagalil), Laniado Hospital (Netanya), and Nazareth Hospital (Nazareth). Two consecutive visits of the same patient within 2 months with the same diagnosis were considered as one visit only. Fibromyalgia diagnosis was based on the American College of Rheumatology (ACR) criteria from 2010 [3]. Table 1 shows the prevalence of different diagnoses of all 1008 visits.

Fibromyalgia was the primary diagnosis and reason for the visit to the rheumatology clinic in 42% of all the visits, followed by tendinitis/tendinopathy in 9.5%, mechanical back pain in 7.3%, rheumatoid arthritis in 7.2%, and osteoarthritis in 6.5%. Among the fibromyalgia visits, 55% came for follow-up appointments, 23% to obtain a report for the Israeli Social Security Agency (ISSA) or for insurance companies, 9% without a previous diagnosis of fibromyalgia, and 8% to submit a planned request for a medical cannabis license to the Israeli Medical Cannabis Agency, or for request for a medical cannabis license renewal. The rest had different reasons.

Mean age of the fibromyalgia patients was 38.9 ± 12.2 years (range 18–72), female: male ratio was approximately 4:1, 76% had co-morbidities, 7% had secondary fibromyalgia to trauma only, and only 27% were employed. Of the patients, 97% were treated for fibromyalgia with simple analgesics at any time, 81% with simple opiates, 43% with either pregabalin or cymbalta, 18% with strong opiates, and 9% with medical cannabis.

Clearly, fibromyalgia comprises the most common outpatient primary diagnosis at these rheumatology clinics, leaving other diagnoses far behind, including degenerative, inflammatory, and tendon-related problems. This percentage is not surprising given its prevalence in the general population and the lack of effective treatments. However, these results could also be biased by the attitudes of treating rheumatologists toward fibromyalgia, including the issue of prescribing medical cannabis treatment.

The proportion of these visits that determined a primary diagnosis of fibromyalgia, however, is small. Appointments for the rheumatology clinics are scheduled by the patients themselves without any intervention of the rheumatologist. Calls for urgent appointments are usually accepted regardless of the reason. In addition, usually appointments for patients with inflammatory problems are scheduled for 3–4 months in the future, while patients with other causes are asked to schedule an appointment 4–6 months after the last visit.

Fibromyalgia seems under-reported at rheumatology clinics for various reasons, including rheumatologists' failures to even recognize it and its common categorization, at best, under chronic pain syndrome or another diagnosis. Many patients report unpleasant attitudes from physicians and difficult interactions, especially at the offices of the ISSA, in the sense of not being believed [4]. These attitudes are reflected by the low percentages of disability payments granted to these patients by the ISSA. Yet, due to the great impact of this syndrome on the afflicted patients, which is expressed by objective parameters such as quitting jobs, unemployment, and divorce in addition to the emergence of strong lobbies, the ISSA is considering disability compensations for severe cases of fibromyalgia.

Table 1. Distribution of different diagnoses of visits by patients attending the rheumatology clinics

Diagnosis	Number of visits (%)
Fibromyalgia	418 (~42)
Tendinopathy/tendinitis	95
Back pain	73
Rheumatoid arthritis	72
Osteoarthritis	65
Arthralgia	47
Lupus	33
Psoriatic arthritis	33
Sjögren syndrome	27
Carpal tunnel syndrome	23
Sacroiliitis	22
Bursitis	19
Gout	14
Familial Mediterranean fever	13
Polymyalgia rheumatic	12
Raynaud's disease	11
Hyperuricemia	5
Antiphospholipid syndrome	3
Other	23

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