# Fibromyalgia Management in Primary Care: Is Pharmacotherapy Alone Just one Part of the Treatment?

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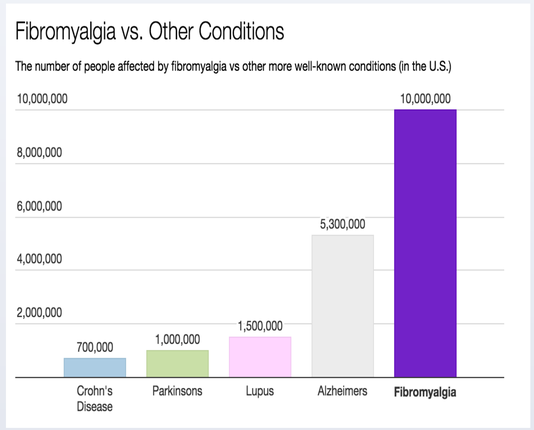
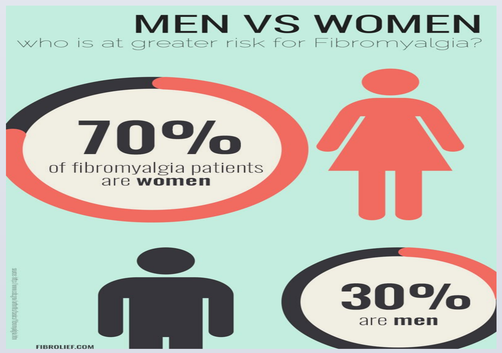
## BACKGROUND

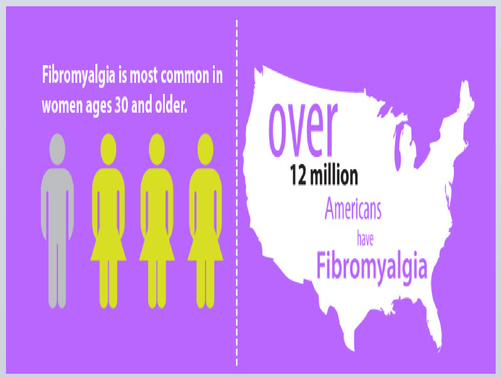
- In primary care setting, there is a significant knowledge gap and barriers on the diagnosis and management of fibromyalgia as reported by Nurse Practitioners.




Fibromyalgia affects both men and women as well as their health-related quality of life (HRQoL).




Fibromyalgia continues to be a health concern given the increased number of people affected.




## OBJECTIVES

- To determine the efficacy of pharmacotherapy compared to combination of pharmacotherapy and physical exercise on health-related quality of life of adult with fibromyalgia
- To provide an understanding of barriers leading to poor diagnosis and management of fibromyalgia adult patient
- To highlight current recommended evidence-based guidelines

## METHODS

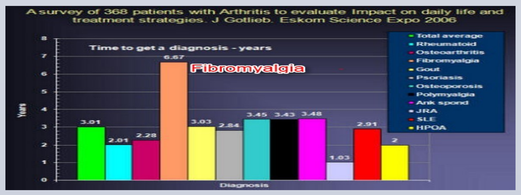
Five research studies were chosen

- Fibromyalgia: Management Strategies for Primary Care Providers (Arnold et al., 2016)
- Depression and Trait-anxiety Mediate the Influence of Clinical Pain on Health- Related Quality of Life in Fibromyalgia (Galvez-Sanchez et al., 2020)
- Patterns of Pharmacologic and Non-pharmacologic Treatment, Treatment Satisfaction and Perceived Tolerability in Patients with Fibromyalgia: A Patients' Survey (Rico-Villademoros et al., 2020)
- The Effects of Extremity Strength training on Fibromyalgia Symptoms and Disease Impact in an Existing Multidisciplinary Treatment Program. (Kas et al., 2016)
- Treatment Patterns Associated with ACR-recommended Medications in the Management of Fibromyalgia in The United States (Liu et al., 2016)

## RESULTS

Arnold et al. (2016)

- Lack of awareness on diagnosis and management of fibromyalgia
- Inconsistencies in symptoms recognition and treatment practices
- Cultural differences regarding treatment expectations.
- Patient dissatisfaction due to unmet needs




Galvez-Sanchez et al. (2020)

- FMS patients exhibit markedly lower HRQoL than healthy individuals.
- Impairments are seen at physical, psychological and social levels of functioning.

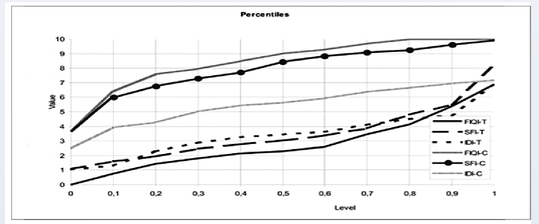
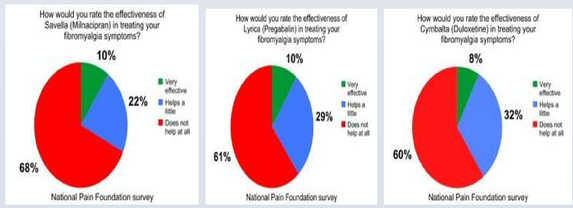



**Figure 4.** *Percentiles of the results of quality of life evaluation by three questionnaires applied to 40 fibromyalgia patients and 40 healthy controls. FIQ = Fibromyalgia Impact Questionnaire; SF-36 = Medical Outcomes Study 36-item Short Form Health Survey; STAI = State-Trait Anxiety Inventory. FIQI-T = FIQ Index – Test; SFI-T = SF-36 Index – Test; IDI-T = STAI Index – Test; FIQI-C = FIQ Index – Control; SFI-C = SF-36 Index – Control; IDI-C = STAI Index – Control.*

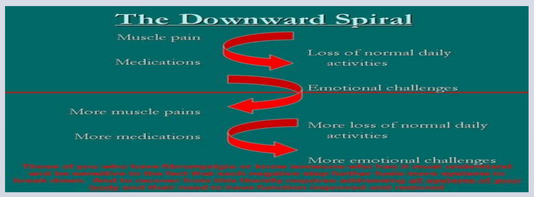
Liu et al. (2016)

- Patients are treated with lower than recommended doses of approved therapies, resulting in poor effectiveness, multiple side effects, and discontinuation.
- Use of higher doses might be prohibited due to poor tolerability.

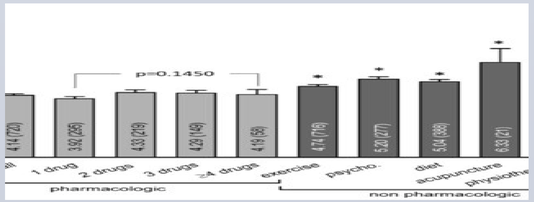



Kas et al. (2016)

- A multidisciplinary approach for the treatment of fibromyalgia.
- Addition of physical exercise to pharmacotherapy results in improved HRQoL.

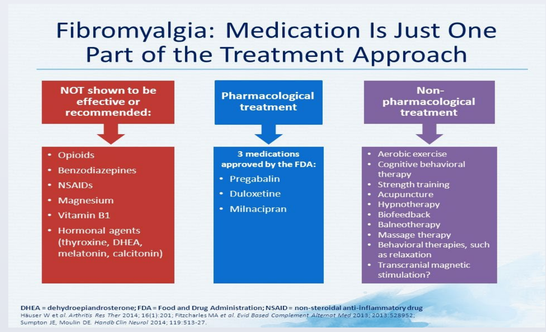



Rico-Villademoros et al. (2020)




## CONCLUSIONS

- Fibromyalgia diagnosis and management remains a challenge in primary care.
- Fibromyalgia profoundly alters HRQoL.
- Patient dissatisfaction with FDA approved pharmacotherapy
- Multidimensional approach to treatment
- Addition of physical exercise in treatment plan improves HRQoL.
- Need for NPs education on fibromyalgia diagnosis and management




## RECOMMENDATIONS

- Fibromyalgia treatment should be tailored to the individual in order to improve HRQoL.
- Preferred physical exercise that meet the ACSM recommendation for exercise FITT-VP for better HRQoL
- NPs and patient education on fibromyalgia management
- Physical exercise followed by pharmacotherapy as mainstay treatment

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