

FIBROMYALGIA RESEARCH REVIEW

JOANNA RAWLING

IMPROVING THE DOCTOR-PATIENT INTERACTION FOR FIBROMYALGIA SUFFERERS.

The quality of the interaction between the patient and their doctor is extremely important in chronic pain conditions such as fibromyalgia syndrome (FMS). However, unsuccessful attempts to control FMS often lead to frustration for both the doctor and the patient. Doctors find it difficult to treat FMS due to the lack of medication available and the wide range of symptoms experienced by sufferers. On the other hand, FMS patients frequently feel misunderstood, rejected, belittled and ignored by doctors. As the authors of a recent article in the *Journal of Psychosomatic Research* state, "The inability to understand the doctors' explanations and skepticism of the treatment can lead to an impaired physician-patient relationship and consequent dropout from treatment."

The German research team thus decided to test whether the quality of the doctor-patient interaction could be improved for fibromyalgia sufferers by the principle of "shared decision making." Shared decision making involves collaboration between the doctor and patient in order to choose the final therapy. An important aspect of shared decision making is the mutual exchange of information between the doctor and patient, and doctors must take the patient's perspective into account when making decisions about treatment. The researchers split 149 FMS patients into two groups: a shared decision making (SDM) group (76 patients), and an information only group (73 patients). Ten doctors were recruited for the study, of whom four treated the SDM group and six treated the information only group. Patients in the information only group were provided with a computer-based information package that contained information on fibromyalgia symptoms, diagnosis, treatment and prognosis. In contrast, patients in the shared decision making group, in addition to having access to this information package, were treated by doctors who had previously completed an SDM training program designed to promote patient-centred communication. The results of the test were evaluated by questionnaires, given to both doctors and patients alike.

The German researchers concluded that shared decision making (SDM) between the doctor and patient, combined with an FMS information package for patients, resulted in a more successful doctor-patient relationship than an information package alone. Strikingly, just one session with a doctor trained in shared decision making was sufficient for the positive effect to be noticed among the FMS patients. During shared decision making training, the doctors learned to consider their patients' individual needs and to meet the patients' expectations. It is likely that both aspects contributed towards improving the doctor-patient interaction. However, due to the short duration of this study, it is not known whether the positive effects of SDM would continue long-term, following potential setbacks and failures in treatment. The effect of shared decision making was greater



for the patient than for the doctor, as no difference in the doctor-patient relationship was noted by the doctors between the two treatment groups. The sample size of doctors (10) was unfortunately small, and it would be of interest to sample the benefits of shared decision making among a greater number of doctors/patients and over a longer time period. Finally, it is not known how doctors' preexisting prejudices would influence their ability to treat FMS patients according to principle of shared decision making.

C. Bieber, K.G. Muller, K. Blumenstiel, A. Hochlehnert, S. Wilke, M. Hartmann and E. Wolfgang. 2008. "A shared decision making communication training program for physicians treating fibromyalgia patients: Effects of a randomised controlled trial." *Journal of Psychosomatic Research* 64:13-20.

Department of Psychosomatic and General Internal Medicine, Medical Hospital, University of Heidelberg, Heidelberg, Germany.

DO JUDGES RATE FMS DISABILITY CLAIMS AS CREDIBLE?

Chronic pain conditions such as fibromyalgia syndrome (FMS) present a special challenge to the court system. People unfamiliar with these conditions may fail to believe that such conditions even exist - they resist believing in an invisible illness like FMS that they cannot "see". Further complicating the matter is that FMS is neither progressive nor fatal, and does not show up on any standard medical tests. However FMS significantly compromises the ability of the patient to function, and is among the most disabling of chronic disorders with respect to its affect on quality of life. With no known cause, predictable course or effective treatment, FMS is a difficult diagnosis for those wishing to claim disability insurance.

The authors of a recent article published in the *International Journal of Law and Psychiatry* comment that in a legal context, more visible injuries create expectation of impairment, leading to a wish to compensate on the part of the judge or jury. In contrast, the opposite expectation frequently occurs where there is no visible injury and medical evidence indicates no abnormalities. The courts and insurance carriers are naturally concerned about providing compensation for problems that appear to have no medical basis. But why should FMS sufferers have to pay the price for the lack of medical tests available to conclusively diagnose FMS? Surely the patient's perception of what they are physically able to do is more important than a diagnostic label or medical cause of an illness? Unfortunately chronic pain sufferers are often accused of exaggerating or fabricating their symptoms, and courts only consider their condition credible when it is backed up by a member of the medical profession. Credibility is an increasingly important issue for disability claims, since there is no simple method for assessing disability in FMS claimants.

In light of these complex issues, a group of Canadian researchers decided to investigate judges' perception of credibility in Canadian court cases involving FMS, and the relationship between credibility and the amount awarded to the FMS patient. They found that 89% of the 194 FMS patients wishing to make a claim in court stated that fibromyalgia was preceded by an injury or illness. As expected, the judges awarded higher amounts of money to claimants that they rated as more "credible". In general, medical experts (general practitioners, rheumatologists, psychiatrists and orthopedic surgeons) were perceived as being more credible than the sufferers themselves. On a positive note, regardless of the ongoing debate as to whether FMS is a "compensable condition", the Canadian courts have tended to award FMS cases with compensation. Judges awarded compensation to Canadian FMS sufferers in the vast majority of cases (91%). It is hoped that new research and awareness of fibromyalgia will assist both the FMS patient and the legal system in making disability claims.

J.A. Le Page, G.L. Iverson and P. Collins. 2007. "The impact of judges' perceptions of credibility in fibromyalgia claims." *International Journal of Law and Psychiatry* [E.pub ahead of print].

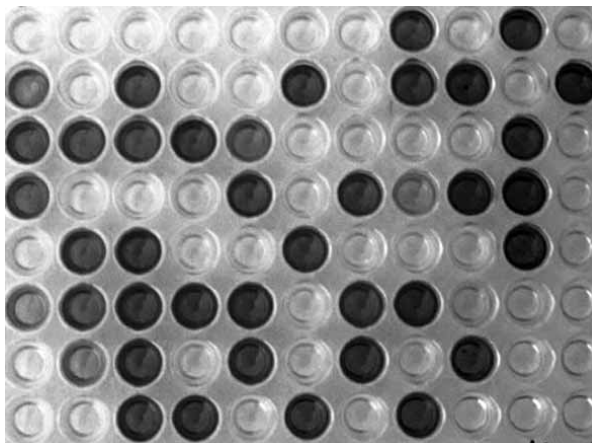
University of British Columbia, Department of Psychiatry, Vancouver, Canada.

SEROTONIN LEVELS ARE NOT USEFUL FOR DIAGNOSING FMS.

There is currently no conclusive laboratory test that is routinely carried out by the medical community to diagnose fibromyalgia syndrome (FMS). Diagnosis of FMS is notoriously difficult, with many sufferers facing a long road to diagnosis, consisting of visits to various specialists and numerous medical tests before they are finally diagnosed with fibromyalgia. Some sufferers of other related conditions, i.e. rheumatoid arthritis, may even be mis-diagnosed. A diagnosis of FMS by conclusive medical evidence would also aid disability claims in the courts, as we have seen in the previous article. And while some companies do offer FMS testing kits, such as the anti-polymer antibody kit (Corgenix), the medical community has not yet embraced these tests as a reliable diagnosis of FMS (see May's Hot Topics from the Forum).

Researchers from Zurich therefore sought to determine whether serotonin levels in patients are useful in diagnosing FMS. Serotonin is a "feel-good" hormone that plays a crucial role in the regulation of deep sleep and pain perception. Several investigators have reported a deficiency of serotonin in FMS sufferers, which may cause sleep irregularities associated with FMS. The Swiss researchers in the current study analysed blood samples from 20 FMS patients, 20 rheumatoid arthritis patients, 20 osteoarthritis patients and from 20 healthy individuals. The levels of serotonin in the blood were determined by two different methods. The first test, known as an Enzyme-Linked ImmunoSorbent Assay (ELISA), is based on the detection of serotonin by specific antibodies that are bound to specially-coated, tiny wells in an ELISA plate (see picture). Positive detection of serotonin is observed by a colour change in each well. The second test

used by the Swiss researchers was High Performance Liquid Chromatography (HPLC). An HPLC machine separates serotonin from other chemicals in the blood samples, based on the time serotonin takes to pass through a separation column.



Serotonin levels were found to be significantly lower in FMS patients compared to the healthy control group and rheumatoid arthritis group by the ELISA method. However, the second method (HPLC), failed to find a difference in the level of serotonin between FMS patients and sufferers of other conditions, in particular clinical depression. Since the two methods did not agree, the researchers unfortunately had to declare the results inconclusive, stating that blood serotonin levels are not useful to diagnose FMS or to distinguish FMS from other similar conditions. It is to be hoped that ongoing research into the diagnosis of FMS may eventually lead to the development of a widely available diagnostic test that would increase the credibility and recognition of FMS, currently considered an "invisible disease".

G. Jaschko, U. Hepp, M. Berkhoff, M. Schmet, B.A. Michel, S. Gay and H. Sprott. 2008. "Serum serotonin levels are not useful in diagnosing fibromyalgia". *Annals of Rheumatic Disease* 66:1267-1268.

University Hospital Zurich, Department of Psychiatry, Zurich, Switzerland.