

FIBROMYALGIA RESEARCH REVIEW

JOANNA RAWLING

FIBROMYALGIA IS NOT A RHEUMATOLOGIC DISEASE ANYMORE.

George Griffing is a Professor of Medicine at Saint Louis University, Missouri, USA, and also editor in chief of the Medscape Journal of Medicine. He published an article and an accompanying video in the February 2008 edition of the journal, in which he claims "fibromyalgia is not a rheumatologic disease anymore".

The Medscape Journal of Medicine promotes the interactive nature of research articles, and interested readers can not only read or watch the original article on the internet (<http://www.youtube.com/watch?v=UwsFfh01JJQ>), but also respond to George Griffing with their comments (see below).

Dr. Griffing begins his article (1) with a controversial comment, claiming that all fibromyalgia patients are "difficult-to-treat". He then briefly talks about the history of fibromyalgia: fibromyalgia received official classification by the American College of Rheumatology (ACR) in 1990 (2). The criteria established to classify fibromyalgia were: a history of widespread pain lasting for more than three months, and which affects all four quadrants of the body, combined with the presence of at least 11 of 18 specific tender points. The ACR criteria were aimed at facilitating research by ensuring that patients included in scientific studies throughout the world met the same criteria. However Griffing believes that "these tender points have nothing to do with fibromyalgia". Dr. Griffing is not the first to highlight the fact that tender points may not be useful to diagnose or classify fibromyalgia. Biopsies of tender points have failed to reveal any change in the muscle tissue, and treatment of tender points provides no benefit for fibromyalgia symptoms. In fact, tender points may simply represent locations of the body at which everyone is more tender. Greater pain in response to applied pressure is experienced by fibromyalgia sufferers due to their decreased pain threshold, caused by abnormal pain processing mechanisms. Recent research suggests that altered central nervous system (brain and spinal cord) function, combined with a decreased ability to respond to physical and emotional stress, may be at the root of most FMS symptoms. Therefore it has been suggested that fibromyalgia should not be classed as a rheumatologic disorder, which can be described in anatomical, mechanical or immunological terms, but rather as a "neurologic disorder of central pain processing."

Further support for the idea that fibromyalgia is not a rheumatologic disease come from numerous studies that have failed to find the presence of inflammation in fibromyalgia patients. However, in spite of the fact that fibromyalgia is clearly not an inflammatory disease, Griffing states that the number one class of drugs used to treat fibromyalgia is non-steroidal anti-inflammatory drugs, and therefore "it is not surprising that we have a lot of treatment failures." In contrast, he supports the pharmaceutical industry's view that fibromyalgia is a central pain processing disorder, and research into drugs like Pregabalin (Lyrica), which



are used to treat nerve pain. Griffing hopes that research into similar drugs in the not-so distant future will mean "we will no longer need to refer our fibromyalgia patients to the rheumatologist."

Dr. Griffing's article is blunt and "to the point", however is he is right to challenge a medical system that currently fails to help a large number of fibromyalgia patients? Many doctors do indeed believe that the classification of fibromyalgia as a rheumatologic disease leads to treatment failure. They suggest that the 1990 American College of Rheumatology criteria should be updated, in order to facilitate better diagnosis and understanding of fibromyalgia. Included below are the readers' comments on Dr. Griffing's article and his replies. The readers' comments address the fact that the "classification" of fibromyalgia shouldn't influence the ability of general practitioners to diagnose and aid fibromyalgia patients. Instead of labelling fibromyalgia "difficult-to-treat" and finding fault with the current classification of fibromyalgia as a rheumatologic disorder, perhaps the medical profession should address the real issue: fibromyalgia can be treated, but successful treatment requires patience and the willingness of both the doctor and patient to embark on an interdisciplinary approach, combining diet, exercise and medication, regardless of how fibromyalgia is classified.

1. Griffing GT. "Fibromyalgia is not a rheumatologic disease anymore." *Medscape J Med.* 2008 10:47.
2. Wolfe F, Smythe HA, Yunus MB, et al. "The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia. Report of the Multicenter Criteria Committee." *Arthritis Rheum.* 1990 33:160-172.



READERS' AND AUTHOR'S RESPONSES TO "FIBROMYALGIA IS NOT A RHEUMATOLOGIC DISEASE ANYMORE"

To the Editor,

I just read Dr. Griffing's article on fibromyalgia.

I recently moved to Freehold, New Jersey, and went to a highly recommended internist. After giving him my medical history, he told me that I didn't have fibro-CFIDS. I was diagnosed in November 2000 by a rheumatologist from NYU Medical Center in New York, after going to many doctors who couldn't find anything wrong with me. Most family practitioners and

and internists have no idea what this syndrome is and how to treat it. I have learned to live with fibro-CFIDS with my medications thanks to my doctors, who do not think I'm crazy. Most practitioners and internists do not know how to treat a patient with dignity. Education is the key factor here. Patients who have this syndrome have a very hard time finding a doctor who knows about this syndrome and who is not keeping his or her head in a sandbox. Rheumatologists are the only lifeline that people like me have for our sanity. It is a very long process and until other doctors are educated about this syndrome, will we never let go of our rheumatologists.
Kathryn L. Egna

Author's Reply:

Ms. Egna,

I agree that we need to start educating more healthcare providers about "fibro." There are not enough rheumatologists to go around. I am glad you have found the doctors and medicines to treat your problem.

One caveat, however. I would not lump "CFIDS" with fibro; these are very different medical problems (that may be worthy of another editorial). Thank you for your interest in the editorial.

George T. Griffing, MD, Professor of Medicine, Saint Louis University, St. Louis, Missouri, USA.

To the Editor,

The George T. Griffing, MD, Medscape editorial, "Fibromyalgia Is Not a Rheumatologic Disease Anymore," begins with, "Think of your last patient with difficult-to-treat fibromyalgia: Aren't they all? Did you refer that person to a rheumatologist?" He goes on to argue that this practice may be outdated because, in part, existing evidence shows fibromyalgia is not an inflammatory disease and currently approved medications are not anti-inflammatories.

The criteria for diagnosing fibromyalgia was established by the American College of Rheumatology. I am aware of no other accepted means at arriving at a diagnosis save conducting the history and physical they prescribe. The approval of one pharmaceutical for its treatment and recent studies demonstrating the efficacy of some psychiatric medications have not established new diagnostic criteria. No physician is doing any patient a favor by giving him or her a diagnosis of fibromyalgia without adhering to accepted diagnostic practice.

It is questionable to argue that fibromyalgia is not rheumatologic because it is not inflammatory. There is scant evidence on the etiology of fibromyalgia. Rheumatoid arthritis (RA) is an autoimmune disorder. Inflammation is a prominent symptom, but patients with RA in remission have little or no inflammation. Should we refer patients with RA to immunologists? Sjogren's syndrome is caused by lymphocytes invading glands. It is not a connective tissue disease. Should we refer patients with Sjogren's syndrome to hematologists?

I have worked with patients diagnosed with fibromyalgia in conjunction with rheumatologists. It is not news to me or to those physicians that certain psychiatric medications including antiepileptics, mood stabilizers, and antidepressants are efficacious in the treatment of chronic pain. There is plenty of research to back that up and it's not new. The goal of fibromyalgia treatment is to increase pain tolerance in a chronic condition, which typically responds to aggressive interdisciplinary interventions.

Success in treating fibromyalgia is not measured in absence of symptoms, it is measured in tolerance of them, lack of disability, and quality of life. Dr. Griffing states all patients with fibromyalgia are "difficult-to-treat." I disagree. Patients aren't difficult to treat, including those with fibromyalgia. Sometimes their illnesses don't respond to the treatment we provide. At that point we could choose to get frustrated and label them difficult-to-treat or we could choose to get busy and perhaps get a consult.

Evan M. Peterson, LCS, Clinical and Master's Social Worker, Disaster Mental Health Technician for the American Red Cross, Substance Abuse Professional.
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Author's Reply:

Thank you for your comments, and it sounds like you and your colleagues are very experienced and successful with your patients who have fibro. I would like to congratulate you on your accomplishments! The rest of us, however, find this disease very difficult, and most of my rheumatology friends are not very excited when I tell them I would like to refer one of my fibro patients to them.

It would not serve any purpose to argue whether rheumatologists should or should not see patients with fibro, and that was not the point of my editorial. I think healthcare providers, regardless of specialty, who are interested enough to provide the very best care, should be the "fibro experts."

I would like to correct a small but important point in your letter. The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia are not "diagnostic" criteria. As stated in their article, these criteria are for purposes of standardizing clinical and epidemiologic investigations. They have never been validated for diagnostic purposes. Indeed, as you are aware, patients with fibro hurt everywhere -- not just in those 18 tender points.

George T. Griffing, MD

The Editor,

I had the opportunity to read this Medscape article and certainly respect Dr. Griffing's opinion, but beg to differ in the sense that, if treating physicians follow his suggestion not to refer patients to rheumatologists, many of those who may also have rheumatologic problems will be sorely neglected.

I am one of those people with rheumatologic comorbidities: diffuse idiopathic skeletal hyperostosis, ankylosing spondylitis, and plain old gosh darn painful osteoarthritis.

So, shame on Dr. Griffing!

Josette Lincourt, Saint-Laurent, Quebec, Canada.

Author's Reply:

First, let me say I am happy you found a rheumatologist who is taking good care of your problems. The intent of my article was not to discourage referrals to rheumatologists, but to suggest a paradigm shift of our thinking about this disease. The current thinking about fibro is that it is not your typical immunologic or inflammatory disorder (like ankylosing spondylitis or osteoarthritis), but instead is a neurologic problem of central pain processing. The only connection with rheumatology, therefore, is historical. I appreciate your interest in the editorial.

George T. Griffing, MD