

About Fibro Fact Sheets

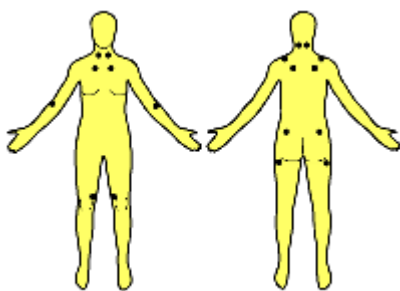
Information on Fibromyalgia Syndrome Fact Sheet 4

How Is Fibro Diagnosed?

There is currently no definitive test for Fibro and there is no way for doctors to "see" the condition in patients as part of regular clinical practice, although complicated brain scans have shown positive readings in research studies into Fibro³¹.

In making the diagnosis, the physician will first rule out other conditions that might be causing some of the symptoms (see right).¹³ This is done primarily through blood tests and physical exams, although further testing may be done, such as x-rays and even MRIs if checking for conditions such as Rheumatoid Arthritis or MS. It is worth noting that the presence of another condition does not rule out the possibility of Fibro as a diagnosis. Fibro is not a diagnosis of exclusion and should be diagnosed by its own characteristic features, but it is important for the diagnosing physician to know whether your symptoms could be explained by another condition - for example, joint pain could be explained by Rheumatoid Arthritis - and so whether some of those characteristic features are already accounted for.

When all possible other causes of the symptoms have been ruled out (or taken into account), then the physician will first look at the patient's symptoms and symptom history to see if they tie in with a Fibro diagnosis.



ACR Tender Point Diagram

The American College of Rheumatology (ACR) published a set of criteria for the diagnosis of Fibro in 1990³².

For this, patients need to have had pain in all four quadrants of the body (i.e. on both the left and right sides and above and below the waist) for at least 3 months. For the ACR criteria, patients also need to have 11 out of 18 specifically chosen tender points (see diagram on left).³² The tender points are spots on the body where everyone is more sensitive and so where it is easiest to test for the hypersensitivity to pain that characterises Fibro.

There can be many more points on the body in which patients are sensitive, but these were chosen as the standard 18 to test.³ In order for the test to have most meaning, the physician needs to follow some basic guidelines for doing the test.

Conditions that are checked for or ruled out as part of a Fibro diagnosis include:

- ME/CFS, a condition with many symptoms that overlap with Fibro symptoms that can be very hard to rule out.
- Systemic Lupus (SLE), an autoimmune condition. It is relatively common for people with SLE to also develop Fibro.
- Rheumatoid Arthritis (RA).
- Polymyalgia Rheumatica (PMR), a painful inflammatory condition that typically affects older women.
- Multiple Sclerosis.
- Thyroid conditions.
- Crohns Disease, Ulcerative Colitis and Coeliac Disease.
- Lyme Disease, an infectious condition carried by ticks. Other, similar, conditions should also be ruled out if they seem likely.
- Chronic myofascial pain, a condition that can also be a symptom of Fibro.
- Hypermobility Syndrome, which is also thought to be a risk factor for developing Fibro.
- Sleep apnoea, a condition where you stop breathing momentarily during sleep.
- Neuropathic pain, which is pain caused by damage to the nerves.
- Vitamin and mineral deficiencies - low levels of vitamin D and magnesium in particular can cause symptoms similar to Fibro and may be worsening the condition in people who have Fibro as well.

References available online at: <http://www.fibroaction.org/Pages/About-Fibro-References.aspx>

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