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EXPERT REVIEW SUPPLEMENT

CLINICAL CASE UPDATE IN FIBROMYALGIA MANAGEMENT

AUTHORS

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ABSTRACT

Fibromyalgia syndrome (FM) is a common clinical disorder characterized by severe widespread soft-tissue pain, chronicity, and allodynia. Diagnosed by chronic widespread body pain and unusual tenderness in response to digital pressure at anatomically identified soft tissue sites, FM is increasingly being recognized as a central nervous system disorder. FM patients commonly suffer from insomnia and depression, as well as other comorbidities that complicate the diagnosis, such as anxiety, fatigue, headaches, cognitive impairment, and stress intolerance. Important differential diagnoses include the various rheumatological disorders as well as sleep disorders. Because the presentation of FM is heterogeneous, the goal of treatment is an individualized approach that considers the severity of the patient's pain, the presence of other symptoms and comorbidities or stressors, and the degree of functional impairment. New pharmacologic treatments approved by the Food and Drug Administration offer important options to FM patients, and are expected to improve both diagnosis and treatment of FM. In most cases, the management of patients with FM involves both pharmacologic and nonpharmacologic treatments.

In this Expert Review Supplement, I. Jon Russell, MD, PhD, rheumatologist, provides a series of brief case studies to illustrate the range of possible clinical patterns in which FM can be identified. Next, Benjamin H. Natelson, MD, neurologist, outlines diagnostic criteria for FM as well as the differential diagnosis of various comorbid conditions. Finally, Lesley M. Arnold, MD, psychiatrist, reviews the current pharmacologic and psychotherapeutic treatment options for patients with FM as well as overall management strategies for patients with this condition.

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An expert panel review of clinical challenges in psychiatry and neurology

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Statement of Need and Purpose

Fibromyalgia syndrome (FM) is the most common chronic pain syndrome encountered in general medicine, estimated to affect 5 million adults in the United States. FM involves multiple clinical domains, including pain, fatigue, sleep disturbances, depression, and cognitive impairment. Patients with FM report significant negative impact of the illness on social and occupational function and overall quality of life. Much progress has been made in understanding FM, yet management of the condition continues to confound physicians and frustrate patients. Evaluating and treating the multiple domains of FM simultaneously presents a substantial challenge for clinicians. The complex interactions between neurobiological, psychological, and functional/behavioral components of FM, as well as the poor response of patients to conventional pain therapies, have proven particularly challenging. Patients report using an average of 3-4 medications to manage their FM. Research has shown that a multimodal management program yields the most benefit to patients. To implement this paradigm, physicians—including primary care physicians, neurologists, and psychiatrists-need direction regarding the diagnosis of FM, available pharmacologic and nonpharmacologic interventions, and clinical application. Using clinical case studies as an educational tool to discuss the clinical presentation, differential diagnosis, and treatment of FM, will help physicians to identify those patients with symptoms of FM and follow through with adequate treatment.

Target Audience

This activity is designed to meet the educational needs of psychiatrists and neurologists.

Learning Objectives

At the completion of this activity, participants should be better

- · Recognize the clinical presentations of fibromyalgia syndrome (FM) and identify key clinical domains impacted by FM.
- Accurately diagnose FM using diagnostic procedures, including physical examination techniques.

• Integrate available therapy options to develop evidence-based multidimensional treatment plans for patients with FM.

Faculty Affiliations and Disclosures

I. Jon Russell, MD, PhD, is associate professor of medicine/ rheumatology, and director of the University Clinical Research Center at the University of Texas Health Sciences Center in San Antonio, Texas. Dr. Russell is currently, or has been within the last 5 years, a consultant to Allergan, Eli Lilly, Forest, Grunenthal, Jazz, and Pfizer; on the speaker's bureaus of Eli Lilly, Forest, Grunenthal, Jazz, and Pfizer; on the advisory boards of Eli Lilly, Jazz, Pfizer, and Pierre Fabre; and lead investigator in clinical trials funded by Allergan, Autoimmune technologies, Eli Lilly, Grunenthal, Jazz, and Schwarz/UCB Pharma.

Benjamin H. Natelson, MD, is professor of neurology at the Albert Einstein College of Medicine and director of the Pain and Fatigue Study Center at Beth Israel Medical Center, both in New York. Dr. Natelson reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

Lesley M. Arnold, MD, is professor of psychiatry and director of the Women's Health Research Program at the University of Cincinnati College of Medicine in Ohio. Dr. Arnold is a consultant to Allergan, Boehringer Ingelheim, Cypress Biosciences, Eli Lilly, Forest, Organon, Pfizer, sanofi-aventis, Sepracor, Takeda, UCB Pharma, Theravance, Vivus, and Wyeth; is on the speaker's bureaus of Eli Lilly, Forest, and Pfizer; and receives grant/ research support from Allergan, Boehringer Ingelheim, Cypress Biosciences, Eli Lilly, Forest, Pfizer, sanofi-aventis, and Wyeth.

CME Course Director James C.-Y. Chou, MD, is associate professor of psychiatry at Mount Sinai School of Medicine in New York City. Dr. Chou has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, and Pfizer.

Stelian Serban, MD, is assistant professor of anesthesiology and director of acute and chronic inpatient pain service in the Department of Anesthesiology at Mount Sinai School of Medicine in New York City. Dr. Serban reports no affiliation with or financial interest in any organization that may pose a conflitct of interest.

Activity Review Information

The activity content has been peer-reviewed by Stelian Serban, MD Review Date: September 2, 2009.

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To Receive Credit for this Activity

Read this Expert Review Supplement, reflect on the information presented, and complete the CME posttest and evaluation on pages 19 and 20. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by October 1, 2011 to be eligible for credit.

Release date: October 1, 2009 Termination date: October 31, 2011

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