

ABSTRACT NUMBER: 152

# Patients Failing to Fulfill 2016 Criteria for Fibromyalgia Represent a Truly Different Population Subset

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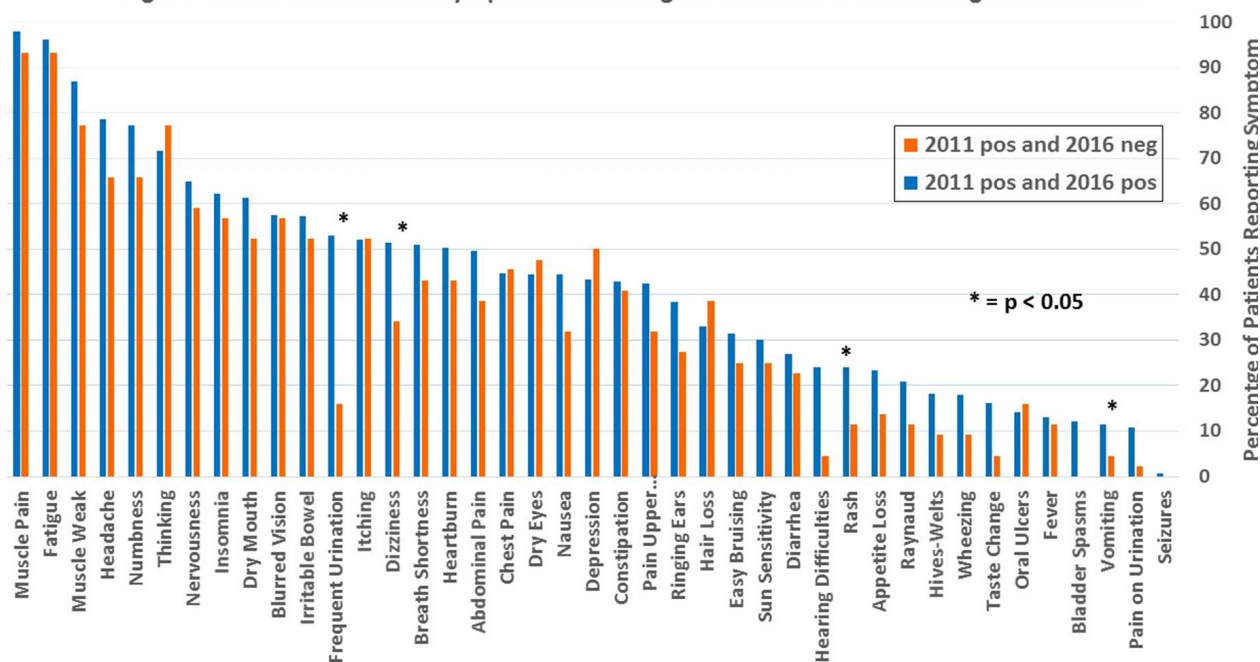
**Background/Purpose:** The 2010/2011 fibromyalgia (FMS) diagnostic criteria (1) were recently revised, with the addition of a generalized pain criterion in order to avoid misclassification of regional pain syndromes; furthermore, the diagnosis of fibromyalgia is now valid irrespective of other diagnoses. Aim of the present study was to evaluate whether patients classified as having (2016+) or not having (2016-) FMS by 2016 revised criteria truly represent different populations.

**Methods:** 334 patients (306 F and 28 M) with a diagnosis of FMS according to 2011 criteria were included in the study; mean age was 46.82 yrs (range 16 – 75), and mean disease duration 6.25 yrs (range 3 months -34 yrs). Widespread Pain Index (WPI) and Symptom Severity Scale (SSS) were assessed by a localized version of the Fibromyalgia Survey Questionnaire; furthermore, patients were asked to report the presence or absence -in the last 7 days- of each of the 41 somatic symptoms suggested by the original 2010 classification paper (2). An evaluation of overall pain level in the last 7 days (0-10 numeric rating scale, NRS), and of fatigue by the FACIT-Fatigue questionnaire were available in 101 and 137 patients respectively. Statistical analysis was performed by IBM SPSS v 22. Differences of mean values and of proportions were evaluated by parametric or non-parametric methods as appropriate.

**Results:** the diagnosis of FMS was confirmed by 2016 criteria in 290 (86.8%) patients, and not confirmed in 44 (13.2%) patients. Mean age ( $47.62 \pm 10.6$  yrs vs  $46.69 \pm 11.7$  yrs,  $p=0.625$ ), mean disease duration ( $6.27 \pm 6.37$  vs  $6.25 \pm 6.10$  yrs,  $p=0.982$ ), the percentage of females (93.2% vs 91.4%,  $p=0.688$ ), and the association with other clinically relevant diseases (27.3% vs 18.6%,  $p=0.179$ ) were not different in the 2016- group as compared to 2016+ group. 2016- patients had significantly lower values of polysymptomatic distress scale (PSD:  $16.59 \pm 2.4$  vs  $21.86 \pm 4.5$   $p < 0.001$ ), and of pain-related variables (WPI:  $7.57 \pm 2.1$  vs  $12.66 \pm 3.4$ ,  $p < 0.001$ ; TP:  $10.54 \pm 5.4$  vs  $13.28 \pm 4.3$ ,  $p=0.001$ ; NRS:  $5.64 \pm 2.9$  vs  $7.46 \pm 1.9$   $p=0.022$ ). SSS was similar in the 2 groups ( $9.03 \pm 1.9$  vs  $9.20 \pm 1.9$   $p=0.599$ ), but the number of somatic symptoms reported was significantly lower in 2016- patients ( $14.44 \pm 5.0$  vs  $17.49 \pm 6.6$   $p=0.005$ , Fig. 1), which reported higher levels of fatigue (FACIT-Fatigue  $28.3 \pm 10.8$  vs  $21.17 \pm 10.0$ ,  $p=0.010$ ).

**Conclusion:** The rate of disagreement between 2011 and 2016 criteria (13.2%) in our study is very close to the results (13.8%) reported in the only comparison study published to date (3). Patients failing to meet 2016 criteria seem to represent a truly different population, characterized by lower polysymptomatic distress, lower overall pain, and fewer somatic symptoms.

**Fig 1. Prevalence of somatic symptoms according to 2011 and 2016 FMS diagnostic criteria**



**References:**

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2. Wolfe F, et al. Arthritis Care Res (Hoboken). 2010 May;62(5):600-10
3. Ablin JN, Wolfe F. J Rheumatol. 2017 Jun 1. [Epub ahead of print]

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