

Fibromyalgia	Referral Guide: Page 1 of	Rheum
Diagnosis/Definition Diffuse aches and pains in soft tissues, especially in the neck and upper back area. Patients usually have trigger or tender points. This illness is often associated with sleep disturbance and/or depression.		
Initial Diagnosis and Management: The diagnosis is usually made with a history revealing classic symptoms. A H and P needs to be done. Labs typically are normal. Underlying sleep disorder (esp. sleep apnea) needs to be considered by PCP. If there is a psychiatric condition this needs to be addressed and treated by the PCP or Psych consultant		
Ongoing Management and Objectives: Medical treatment includes Tricyclics, Muscle relaxants, Antidepressants and NSAIDs where appropriate. Non medical treatments that may be successful include exercise, stress management and treatment of underlying conditions such as sleep apnea or depression.		
Indications for Specialty Care Referral: Difficulty in diagnosing Fibromyalgia		
Test(s) to Prepare for Consult: CBC, Chem panel, TSH, ESR	Test(s) Consultant May Need To Do:	
Criteria for Return to Primary Care: Fibromyalgia patients will be seen on a one time basis for diagnosis and outlining a treatment plan. Successful treatment requires a close relationship with the patient's PCP.		
Revision History: Created		
Revised		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.