# Fibromyalgia Referral Guide

<table>
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<th>Diagnosis/Definition</th>
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<td>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.</td>
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## 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 considered by PCP. If there is a psychiatric condition this needs to addressed and treated by the PCP or Psych consultant.

## Ongoing Management and Objectives:
Medical treatment includes Tricyclics, Muscle relaxants, Antidepressants and Nsaisds 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

## Criteria for Return to Primary Care:
Fibromyalgia patients will be seen on a one time basis for diagnosis and outlining a treatment plan. Sucessful treatment requires a close relationship with the patients PCP.

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**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.