

Fibromyalgia: who should reshape the pain perception of these patients?

Fibromialgia: chi deve rimodulare la percezione del dolore in questi pazienti?

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Fibromyalgia (FM), a poorly-understood chronic condition, is characterized by widespread musculoskeletal pain, fatigue, non-restorative sleep, psychological distress, and specific regions of localized tenderness, all in the absence of otherwise apparent organic disease (1).

While the etiology of FM is unclear, accumulating data suggests that disordered central pain processing likely plays a role in the pathogenesis of symptoms (2). Although various pharmacological treatments have been studied for treating FM, no single drug or group of drugs has proved to be particularly useful in treating FM patients as a whole; and to date, only two drugs (pregabalin and duloxetine) have earned U.S. Food and Drug Administration (FDA) approval for treating the syndrome in the United States (USA) (3, 4).

Obviously, pharmacology is only one piece of the puzzle when it comes to successful management of FM (5, 6).

Appropriate and sensitive diagnostic methods and a multi-faceted treatment plan including proper patient education, aerobic exercise, and cognitive-behavioural therapy have been shown to be effective in alleviating FM symptoms (6,7). Within the past 20 years, cognitive-behavioural pain management models have moved beyond the traditional focus on coping strategies and perceived control over pain to incorporate mindfulness - and acceptance - based approaches (8).

Pain acceptance is the process of giving up the struggle with pain and learning to live life despite pain.

Acceptance is associated with lower levels of pain, disability and psychological distress.

These treatment strategies are simple to understand; however, they present a difficult, sliding wall for both the doctor and the patient to maneuver. We are still in a time when FM is not recognized as a diagnosable illness, and some patients continue to try a variety of different treatments without success or, worse, without knowing exactly why they have pain or the myriad associated symptoms. For this reason, educating health personnel, both general practitioners and specialists, about the concept of FM is an important first step. Who are the best specialists to care for these patients? We do not think there is a specific specialty for FM; however, doctors who are skilled in identifying and managing FM must be available for patients.

Therefore, the second step would be to develop pain centers that focus on chronic, nonmalignant pain disorders to treat these patients properly. Rheumatologists could constitute, in most cases, the best referring physicians for these patients; however, pain specialists, neurologists, and physiatrists could refer similarly - it is less a matter of label than of clinical and psychological skill and attitude (4). Moreover, chronic central pain must become a specific topic of study in graduate and post-graduate medical school programs. The clinician and the patient must work together closely to identify the combination of treatment options and medications that are most beneficial for that patient. Patient education is crucial so that patients who understand their medical condition will be able to manage their symptoms more effectively. Through further research and education, FM patients and their families can improve their quality of life.

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The meeting held in Rome in February 2008 was the first gathering of health professionals from different specialties within the field of FM in Italy. Three international experts joined us for this occasion and gave a strong contribution to this successful expert consensus.

The papers produced in this supplement represent the outcome of this meeting and should constitute, according to the participants, the first Italian consensus specific to FM.

There is still a long road ahead, one that requires good physicians and health care personnel, but it also requires assistance from the health care system, which must contribute resources to this syndrome. In the next few years, we expect official recognition of this syndrome and therapeutic strategies to be delivered through the national health care system. The patient association is also growing, and we know that this association is valuable for its political strength.

In conclusion, we need to reshape the pain perception of our FM patients and the perception of health care personnel toward patients. Moreover, we need to give patients the chance to be treated properly; none of these patients should be ignored or left to face such an invisible and debilitating disease without help.

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