

PE1690/JJ

NHS Forth Valley submission of 22 August 2019

I refer to your letter of 22nd July 2019 and now append below my response.

I would first make the comment that Myalgic Encephalomyelitis (ME) is a historic diagnosis that is no longer used. The current diagnostic terms are fibromyalgia and chronic fatigue syndrome.

Fibromyalgia is a common widespread chronic pain condition that affects approximately 5% of the population. Currently the exact cause of the condition is unclear but it is thought to be multifactorial. It is a disorder of central pain processing resulting in a maladaptive pain response. It can cause a multiplicity of symptoms including morning stiffness, joint and muscle pains, non-dermatomal numbness, Raynaud's phenomenon, cold intolerance, fatigue, headaches, non-restorative sleep, dizziness, cognitive impairment, anxiety, low mood, irritable bowel syndrome, dysuria, chest pain, dyspnoea, blurred vision and subjective weakness. It is considered to be a chronic condition however up to 25% of patients can achieve remission. The evidence base for treatment of fibromyalgia supports the use of graded exercise and cognitive behavioural therapy. There is also evidence to support the use of amitriptyline, duloxetine and gabapentin/pregabalin. Diagnosis of fibromyalgia can be made in primary care and the majority of treatment would be expected to occur in the community. Where there is diagnostic uncertainty patients in Forth Valley are assessed by rheumatology and patients who fail to respond to standard treatment can be referred to the chronic pain team. There are local guidelines that support this pathway.

The chronic pain service in Forth Valley will see patients with fibromyalgia and chronic fatigue syndrome regularly in the pain management clinic. Assessment would involve a review of case notes including previous assessments and investigations. A 45 minute initial biopsychosocial assessment would then take place with the aim of identifying and agreeing a management plan. Most commonly management plans would include medication advice, supported self management, and other symptomatic treatments. Patients are also followed up regularly in the clinic to monitor progress and adapt plans as necessary.

SIGN guideline 136 highlights pathways for patient assessment in primary care and guidance on referral to secondary care. There is also local Forth Valley fibromyalgia guidance which has been recently updated by the Rheumatology and Pain Management team.

The Rheumatology, Pain Management and Neurology Consultant teams all support the use of graded exercise and Cognitive Behavioural Therapy (CBT) where used appropriately for patients.

I trust that the above meets the requirements of your request.