

## THE IMPACT OF FIBROMYALGIA ON RESOURCE USE IN THE UK PRIMARY CARE SETTING

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## THE IMPACT OF FIBROMYALGIA ON RESOURCE USE IN THE UK PRIMARY CARE SETTING

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### Abstract:

Fibromyalgia (FMS) is a complex, chronic condition involving persistent and widespread pain of unknown origin. FMS is sometimes mistaken as psychiatric in origin; however, the precise origin and cause of FMS is unknown (Klippel et al., 1998). Worldwide prevalence rates range from 0.18-12%, with 0.18% in the United Kingdom (UK) (Hughes et al., 2006), 2% in the United States (US) (Wolfe et al., 1997), and 12% in Spain (Carmona et al., 2001). In the UK, there is debate over the existence of FMS (Bohr, 1995), and the reluctance of a general practitioner (GP) to diagnose conditions that are poorly defined (Hughes et al., 2006). Primary symptoms of FMS include generalized muscular pain, multiple tender points, sleep disruption and excessive fatigue. Additional symptoms include headaches, memory and concentration problems, dizziness, numbness/tingling, itching, fluid retention, abdominal cramps or pelvic pain and diarrhea (Hudson et al., 1992). Clearly, these symptoms may have an immense impact on daily life, limiting an individual's functioning and emotional well-being. FMS is associated with significant societal and health care costs. Patients with FMS may repeatedly present to the general practitioner with various symptoms before a definitive diagnosis of FMS is made. As a result, general practitioners may be more likely to diagnose FMS in patients who frequently present with symptoms related to FMS, while patients who

meet the diagnostic criteria but who rarely present at the practice may be missed (Ehrlich, 2003). The condition is of unknown etiology, and this, together with the lack of verifiable diagnostic criteria (i.e. lab tests), has led some to speculate that the disease does not or is at best a surrogate marker for underlying psychosocial problems. As such, the very process of diagnosing a patient with FMS may exacerbate symptoms and lead to increased dependence on health care providers (Ehrlich, 2003). This study examined the diagnoses of FMS made in "real-life" clinical practice and recorded by general practitioners in a large primary care population in the UK.

## Description:

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