PREDICTIVE VALUE OF 2010 AMERICAN COLLEGE OF RHEUMATOLOGY FIBROMYALGIA DIAGNOSTIC QUESTIONNAIRE FOR THE OUTCOME OF INJECTION BASED THERAPY FOR CHRONIC PAIN – AN OBSERVATIONAL PROSPECTIVE STUDY

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BACKGROUND AND AIMS

Interventional treatment of chronic pain is widely practiced for a variety of chronic pain mechanisms. Response to treatment is varied. Better patient selection methods are required to determine which patients are most likely to benefit.

This study aims to establish whether the 2010 American College of Rheumatology Fibromyalgia diagnostic criteria has any predictive value for outcomes of interventional treatments for chronic non-cancer pain.

METHOD

IRAS registered (project ID;231514) ethically approved prospective research study. Single center study – tertiary pain clinic in the UK.

All English-speaking patients selected for therapeutic interventional pain procedures (excluding spinal cord stimulation) on comprehensive clinical assessment by an interventional pain consultant were eligible for inclusion. Consented patients self-completed the 2010 American College of Rheumatology diagnostic questionnaire.

Primary outcome was >50% pain reduction 3 months after interventional procedure. Statistical analysis included comparison of means with t-test and median with Mann-Whitney test.

The image shows two pages of the 2010 American College of Rheumatology Fibromyalgia Diagnostic Questionnaire. Page 1a is the Research questionnaire, which includes a section for 'Determining Your Widespread Pain Index (WPI)' and a diagram of the human body with checkboxes for pain in various areas. Page 2a is the Symptom Severity Score (SS score) - Part 2a, which includes a section for 'Which of the following OTHER SYMPTOMS have you experienced over the past week?' and a list of symptoms with checkboxes.

RESULTS

187 patients were recruited of which 179 remained in the study.

Prevalence of fibromyalgia questionnaire positive patients in group A ($\geq 50\%$ pain reduction) was 19.4% vs 23.1% in group B ($< 50\%$ pain reduction). There was no statistically significant difference between groups A and B ($p=0.5332$).

There was no statistically significant difference in median Widespread Pain Index or Symptom Severity score between groups A and B ($p=0.6998$ and $p=0.3138$ respectively).

CONCLUSIONS

We conclude that the 2010 American College of Rheumatology Fibromyalgia diagnostic criteria does not have any predictive value in selecting patients for interventional pain treatments, if clinical judgment supports the intervention.

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- Morffi D, Larach DB, Moser SE, et al. Medial branch radiofrequency ablation outcomes in patients with centralized pain. *Regional Anesthesia & Pain Medicine* 2019;44:730-735.