

Practising Well: Your Community of Practice

December 15, 2021

Panelists:

Dr. Melissa Holowaty

Dr. Bryan MacLeod

Dr. Farah Tabassum

With Drs. Javed Alloo and Peter Selby



The Chronic Pain of Fibromyalgia



Ontario College of
Family Physicians

**Practising
Well**
Teaching.
Learning.
Connecting.



Family & Community Medicine
UNIVERSITY OF TORONTO



We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. Even today, as we meet in this virtual space for reasons of improving wellness, many Indigenous communities face barriers of access to the internet and the opportunities it brings.

The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to stay mindful and reflect on this from the territories where you sit or stand today, as we commit ourselves to gaining knowledge, forging a new, culturally safe relationship, and contributing to reconciliation.

Etuaptamumk : Two-eyed Seeing

Term coined by Mi'kmaw Elder, Albert Marshall, 2004.

Learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing



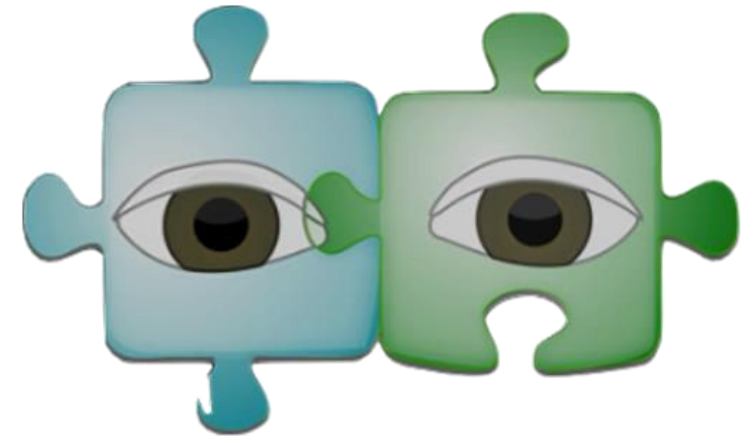
Learning to see from the other eye with the strengths of Western knowledges and ways of knowing

...learning to use both eyes together for the benefit of all.

Decolonizing the Colonized Mind, CTLT@UNBC



<http://achh.ca/wp-content/uploads/2014/09/Latimer-et-al-2014-FPCFR.pdf>



<https://achh.ca/about-us/guiding-principles/two-eyed-seeing/>

https://physiotherapy.ca/sites/default/files/aboriginal_childrens_hurt_and_healing.pdf

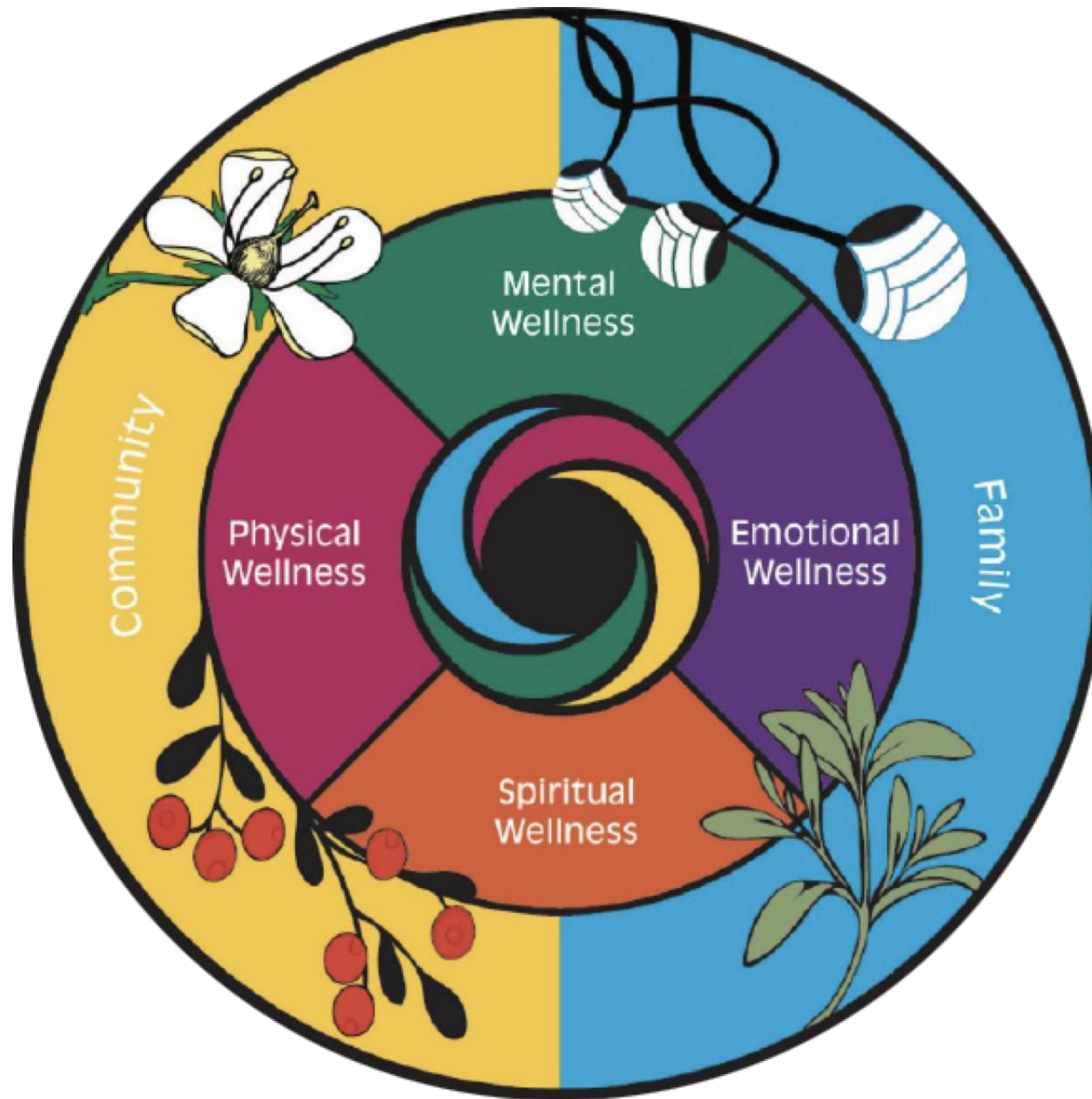
First Peoples Child & Family Review

2014

An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Understanding the Impact of the Pain Experience on Aboriginal Children's Wellbeing: Viewing Through a Two-Eyed Seeing Lens

Margot Latimer,^{1,2} Danielle Simandl,² Allen Finley,^{2,3,4} Sharon Rudderham,⁵ Katherine Harman,⁶ Shelley Young,² Emily MacLeod,² Daphne Hutt-MacLeod,⁵ Julie Francis⁵



Medicine Wheel

First Nations, Inuit and
Metis Wellness ECHO
at CAMH

Your Panelists: Disclosures



Dr. Melissa Holowaty

Relationships with financial sponsors (including honoraria):

- Ontario Medical Association - Board Director, VP HPE Medical Society, Society of Rural Physicians of Canada – Board Member (ended May 2020), College of Family Physicians of Canada – Chair, MIG on Addiction Medicine, ECHO Liver – Advisory Board Member, META:PHI – Advisory Board Member, Ontario College of Family Physicians – CMNs (ended 2019) and Practising Well SPC
- Grants/Research Support: Canadian Institute of Health Research (2019)
- Speakers Bureau/Honoraria: Allergan – Botox Injection Instruction (2019)



Dr. Bryan MacLeod

Relationships with financial sponsors (including honoraria):

- AFMC – opioids, substance abuse and chronic pain curriculum
- OCFP – Practising Well Implementation Group member and Community of Practice speaker
- NOSM, MERLIN 2020 – Education Research Fund
- NOSM LEG – Student Research Funding
- Mindful Self-Compassion faculty (NOSM)



Dr. Farah Tabassum

Relationship with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Community of Practice speaker
- Women's College Hospital (employee)
- ICanCME (Steering Committee Member)

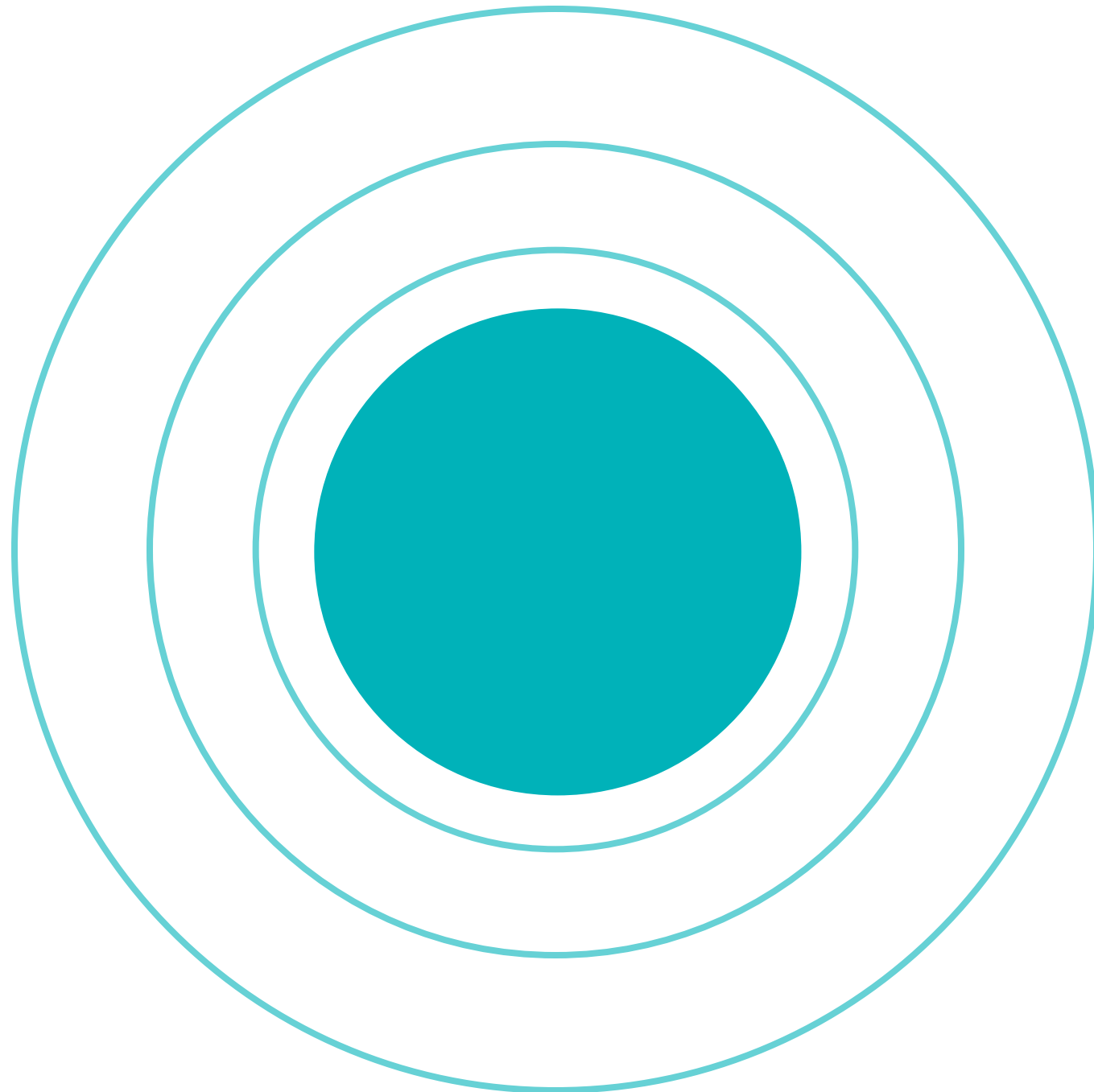
Disclosures

Moderator Disclosures: **Dr. Javed Alloo** @javedaloo

- Relationships with financial sponsors (including honoraria): College of Family Physicians of Canada, Centre for Effective Practice, Ontario Medical Association, Section on General and Family Practice, Centre for Addiction and Mental Health, Trillium Hospitals, Memotext, Ontario College of Family Physicians – Practising Well SPC
- Grants/Research Support: Canadian Institute of Health Research, U of T
- Speakers Bureau/Honoraria: Novo Nordisk Canada, Boehringer Ingelheim, Lupin, Astra Zeneca, Roche, Novopharm, Eli Lilly

Name: **Dr. Peter Selby** @drpselby

- Relationships with financial sponsors (including honoraria): York Region, CAMH, ECHO, ASAM, FAME, Local CHC, Veteran's Affairs Canada
- Advisory Board/Speaker's Bureau: Canadian Centre on Substance Use and Addiction, CCO, ECHO Ontario, MOHLTC, CAMH – Medical Advisory Committee, Dalla Lana (U of T) – Youth Vaping Cessation
- Other: Pfizer Inc., Johnson & Johnson, Novartis



StatsCan (www150.statcan.gc.ca)

“**Fibromyalgia** can develop in children; however, onset typically occurs during early to middle adulthood, and incidence increases with age. It is estimated that fibromyalgia affects 900,000 Canadians,⁶ or **approximately 3% of the population.**”

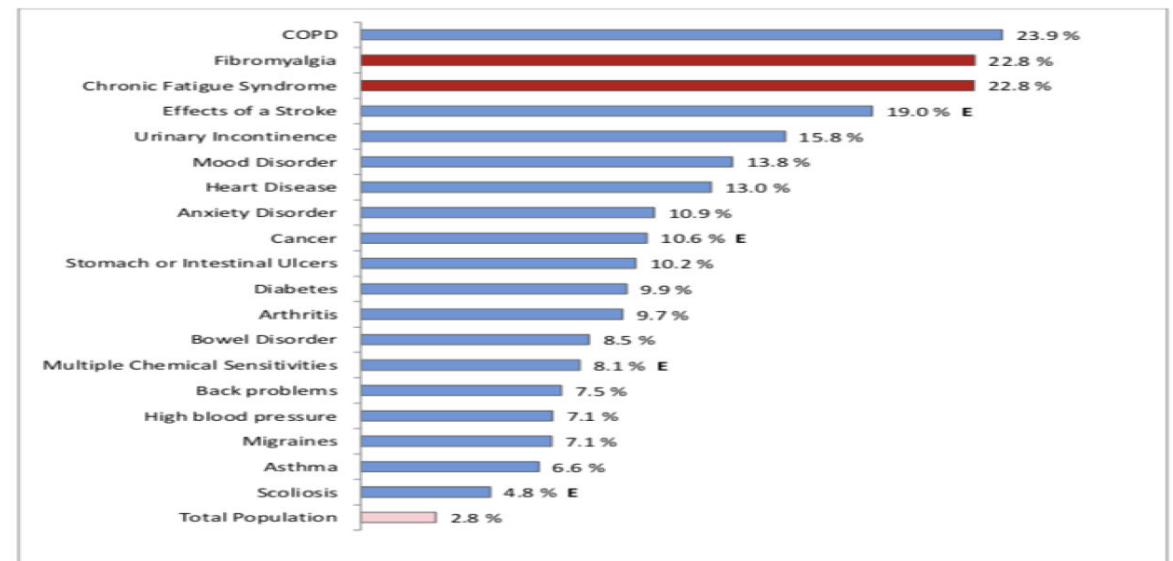
(previous 2006 study estimated 1.1% of population, up to 6x more common in women)

A leading cause of disability.

<https://pubmed.ncbi.nlm.nih.gov/16672135/>

https://mefmaction.com/docs/CCHS_Stats_2014.pdf

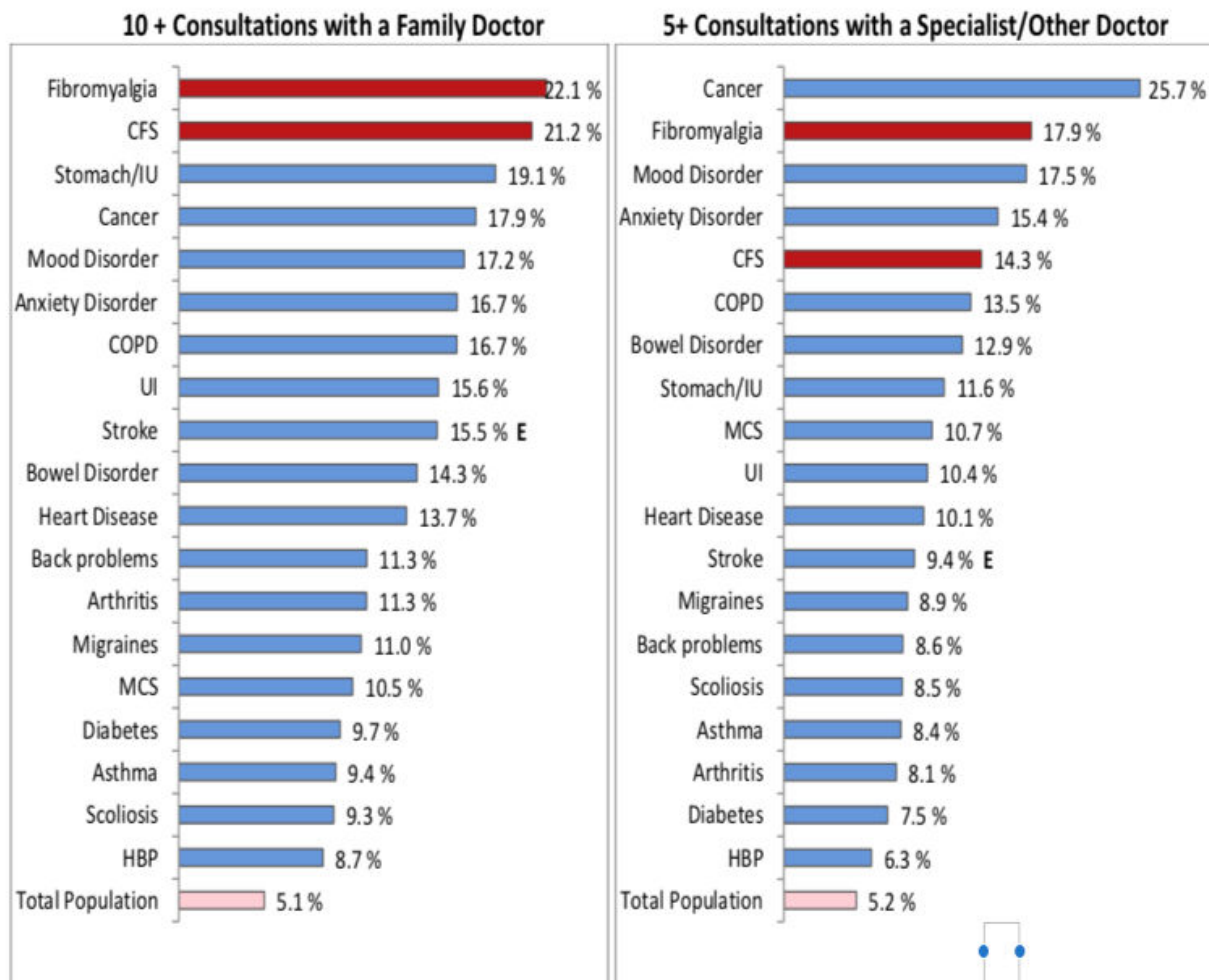
DISABILITY
Canadians Aged 18-64 who are Permanently Unable to Work According to their Chronic Health Condition, 2014



Source: Statistics Canada, Canadian Community Health Survey, 2014, Public Use Microdata File

HEALTH CARE UTILIZATION

Health Care Consultations by Canadians Aged 12 and Older in the Previous 12 Months According to their Chronic Health Condition, 2014

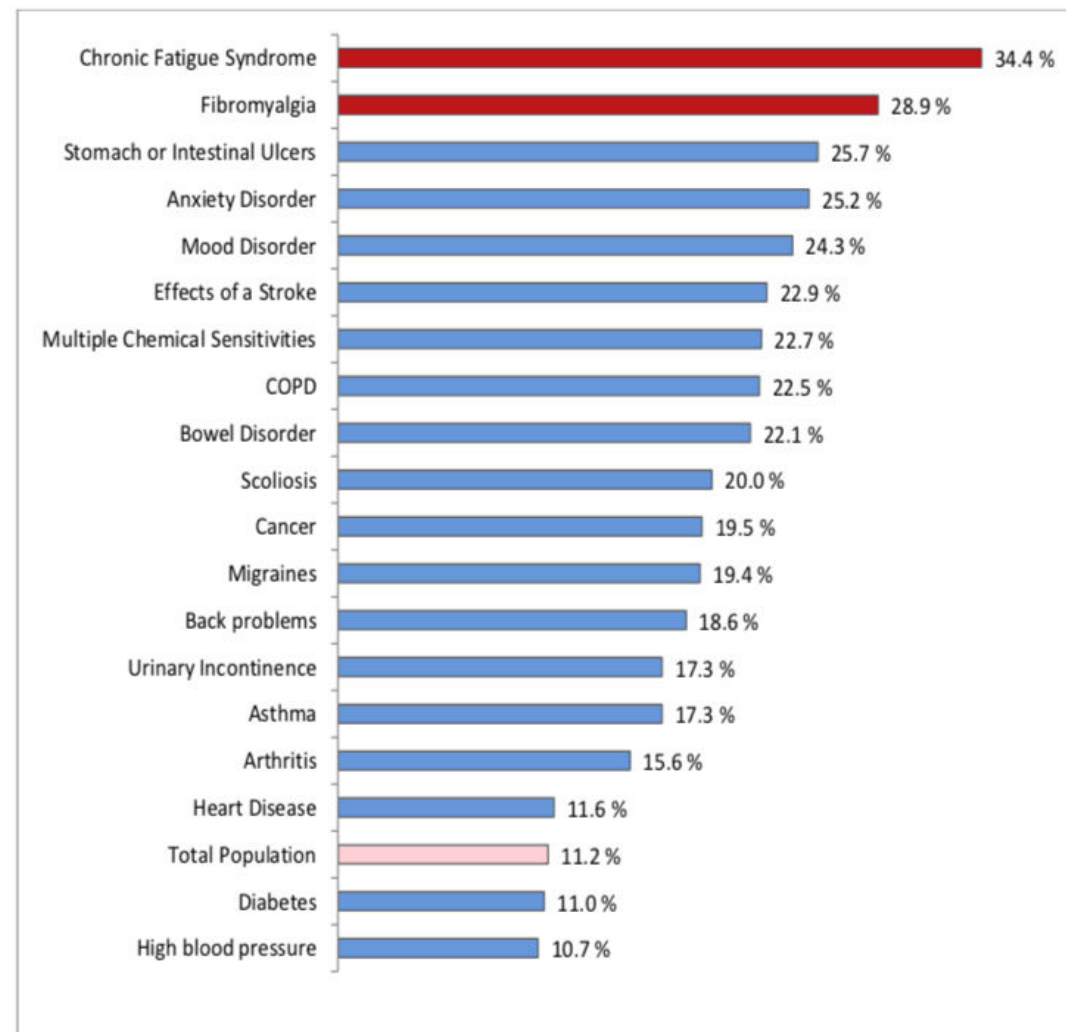


Source: Statistics Canada, Canadian Community Health Survey, 2014, Public Use Microdata File

[https://mefmaction.com/docs/CCHS Stats 2014.pdf](https://mefmaction.com/docs/CCHS_Stats_2014.pdf)

UNMET HEALTH CARE NEEDS

Canadians Aged 12 and Older Reporting Unmet Health Care Needs According to their Chronic Health Condition, 2014



Source: Statistics Canada, Canadian Community Health Survey, 2014, Public Use Microdata File

The Chronic Pain of Fibromyalgia

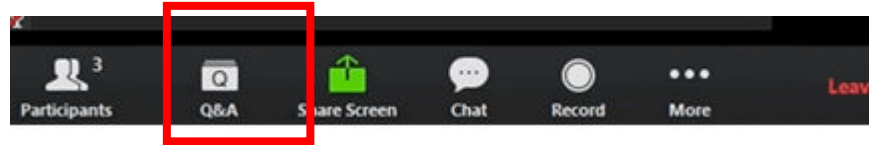
You raised important questions we'll try work through together today:

- How to approach care for and assess fibromyalgia?
- What are treatment options for patients with fibromyalgia?
- Has mindfulness been studied in the management of fibromyalgia? Can it help?
- How and when to select medications for fibromyalgia pain?

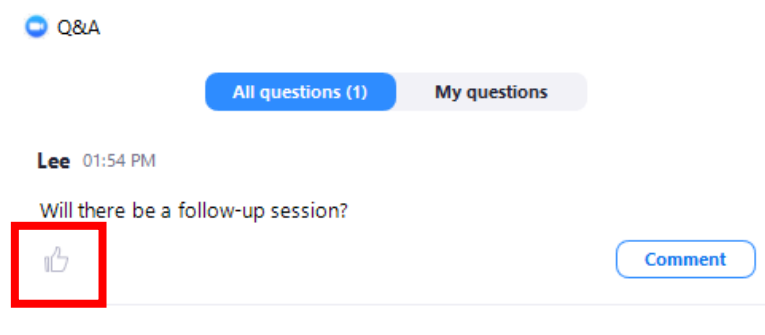
And other questions you add in the Q&A box...



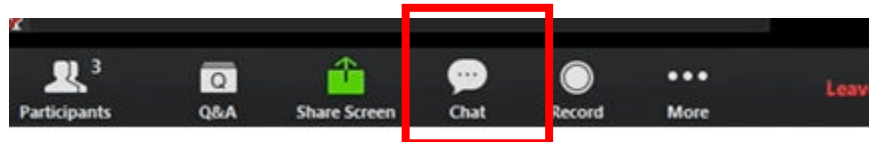
How to Participate



Use the Q&A window to ask questions to the panelists; some questions will be answered verbally and some answers will be written directly in the Q&A window.



Click “thumbs up” to up-vote questions you see on the list, to make sure they’re answered



Use the chat to share reflections or resources.

Please introduce yourself in the chat!



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Family & Community Medicine
UNIVERSITY OF TORONTO



@OntarioCollege

#PractisingWell



The Chronic Pain of Fibromyalgia

Your Panelists:



Dr. Bryan MacLeod
NOSM
Thunder Bay, ON
[@DrBMacLeod](#)



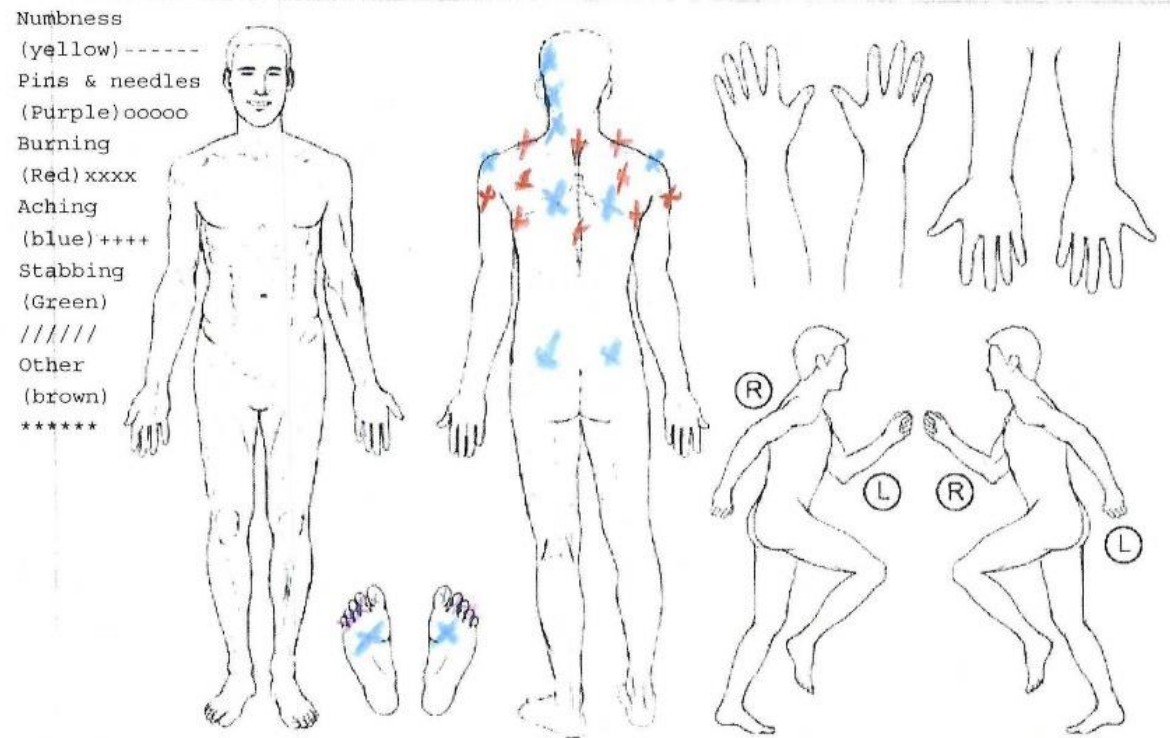
Dr. Farah Tabassum
Women's College Hospital
Toronto, ON



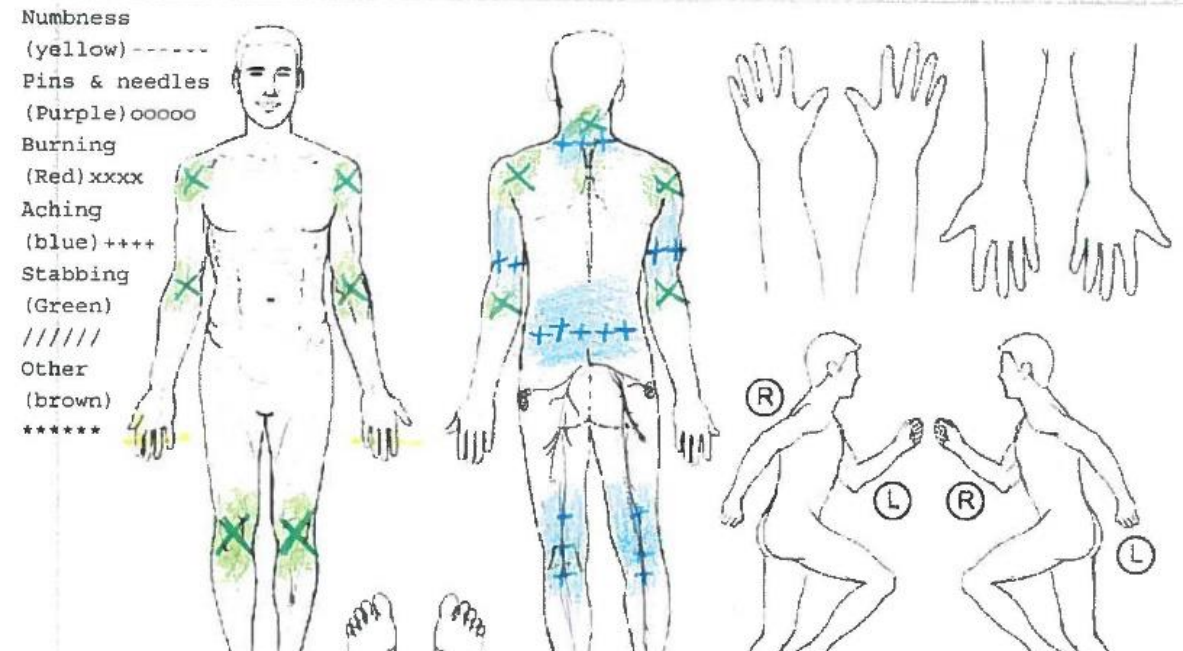
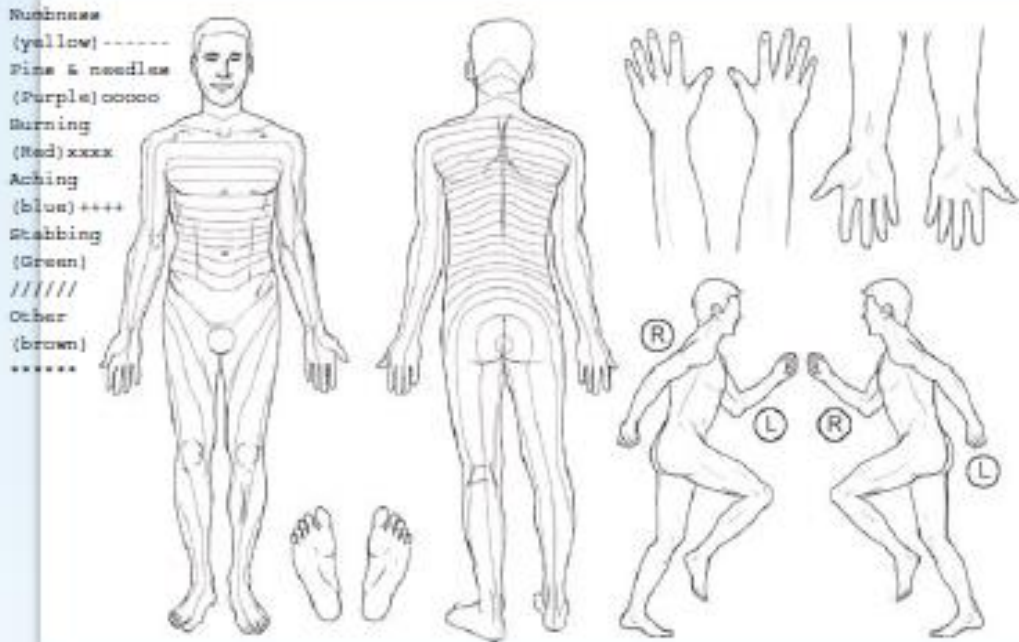
Dr. Melissa Holowaty
Queen's University
Havelock, ON
[@MnHolowaty](#)

Colouring in the Brief Pain Inventory

<https://www.hamiltonhealthsciences.ca/wp-content/uploads/2019/03/Referral-Form-Brief-Pain-Inventory-Pain.pdf>



On the diagram below, shade in the areas where you feel pain. Put an "X" on the areas where it hurts the most



Top Pain Questions to Ask

Central Sensitization:

- Allodynia: “Do you have pain to light touch?”
(light touch of clothing, underwear, bedsheets?)
- Fibromyalgia vs. Gout
- Hyperalgesia: Increased pain to painful stimuli?



Dysautonomia:

- Any (asymmetric, extra-articular) swelling, sweating, temperature or colour change? Abnormal hair or nail growth (autonomic involvement)
- Local inflammatory vs. autonomic [stimulus inspired]

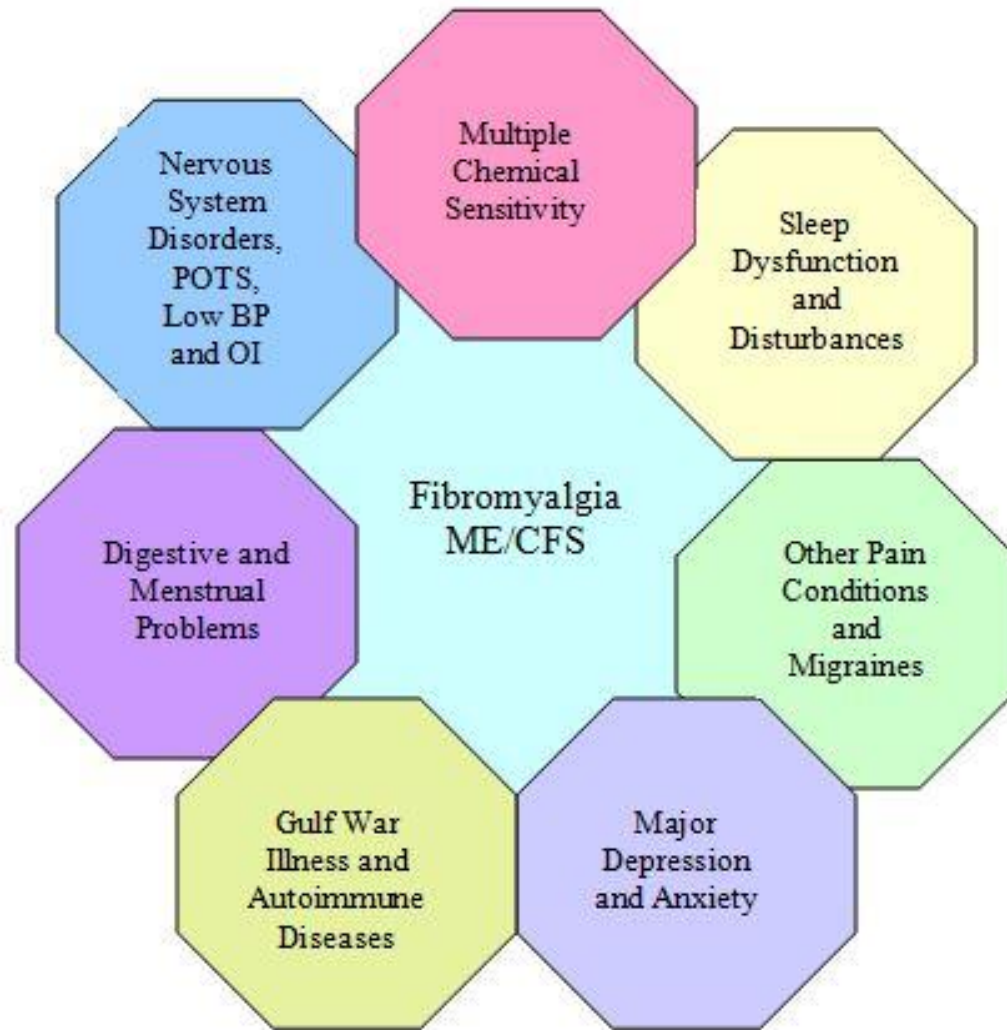
Mapping issues: (if considering CRPS) “Do you still ‘own’ the limb?”

Quantitative Sensory Exam in your practice

https://www.youtube.com/watch?v=DRg_zgYnnL8



Fibromyalgia co-occurs with many conditions:



Fibromyalgia's most common comorbid condition is ME/CFS.

Two Symptoms Significantly Predict ME/CFS

01

Decrease in function after exercise (PEM)

02

Lack of positive feelings after exercise

These 2 variables correctly classified 89.8% of ME/CFS patients and 79% of sedentary control subjects



Fibromyalgia

2016 Fibromyalgia Diagnostic Criteria

- Widespread pain index (WPI) and symptom severity score (SSS)
 - WPI ≥ 7 and SSS ≥ 5 OR WPI 4-6 and SSS ≥ 9
 - Generalized pain: pain in 4/5 regions
 - Symptoms present ≥ 3 months
- The fibromyalgia diagnosis can now be made irrespective of other diagnoses (you do not need to rule out all other conditions that could explain the symptoms, if criteria 1-3 are all met).

1. Widespread pain index (WPI)

In the past week, where have you had pain? (check all that apply)

Left upper region (1)

- L jaw
- L shoulder girdle
- L upper arm
- L lower arm

Right upper region (2)

- R jaw
- R shoulder girdle
- R upper arm
- R lower arm

Axial region (5)

- Neck
- Upper back
- Lower back
- Chest
- Abdomen

Left lower region (3)

- L hip (buttock/trochanter)
- L upper leg
- L lower leg

Right lower region (4)

- R hip (buttock/trochanter)
- R upper leg
- R lower leg

Total: _____ WPI score (add up boxes checked, 0-19)

_____ Number of regions checked (excluding items in italics); use this for criterion #2.

Symptoms Severity Score (SSS)

For each of the following, for the past week, rate

	0=No problem	1=slight or mild problem, often mild or intermittent	2=moderate, considerable problem, often present	3=severe, pervasive, continuous, life-disturbing
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking unrefreshed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past week, have you been bothered by any of the following?

	0=No problem	1=Problem
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Pain or cramps in lower abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>

Total SSS: _____ (0-12)

Summary:

- 1. Criterion 1 is met if you have EITHER**
 - WPI ≥ 7 and SSS ≥ 5 OR
 - WPI 4-6 and SSS ≥ 9
- 2. Generalized pain: met if you checked pain in 4/5 regions (not including items in italics)**
- 3. Symptoms present ≥ 3 months**

Fibromyalgia is diagnosed if you meet all 3 criteria 1-3, independent of whether other diagnoses contribute to these symptoms. This is new: FMS diagnosis used to require that there be no other diagnosis to explain the findings.

Chronic Fatigue Syndrome (ME/CFS)

ME/CFS Clinical Diagnostic Criteria Worksheet - Page 1

Name _____ Date _____

- 1. **Fatigue:** Patient must have a significant degree of new onset, unexplained, persistent or recurrent physical and mental fatigue that substantially reduces activity level.
- 2. **Post-Exertional Malaise and Fatigue:** There is an inappropriate loss of physical and mental stamina, rapid muscular and cognitive fatigability, post-exertional fatigue and/or malaise and/or pain and a tendency for other associated symptoms within the patient's cluster to worsen. There is a pathological slow recovery period – usually 24 hours or longer.
- 3. **Sleep Dysfunction:*** There is unrefreshed sleep or sleep quantity or rhythm disturbance such as reversed or chaotic diurnal sleep rhythm.
- 4. **Pain:** * There is a significant degree of myalgia. Pain can be experienced in the muscles and joints and is often migratory in nature. Often there are significant headaches of new type, pattern or severity.
- 5. **Neurological/Cognitive Manifestations:** Two or more of the following difficulties should be present: confusion, impairment of concentration and short-term memory consolidation, disorientation, difficulty with information processing, categorizing and word retrieval, and perceptual and sensory disturbances-e.g., spatial instability, and inability to focus vision. Ataxia, muscle weakness and fasciculations are common. There may be overload phenomena: cognitive, sensory-e.g., photophobia and hypersensitivity to noise-and/or emotional overload, which may lead to "crash"¹ periods and/or anxiety.
- 6. **At Least One Symptom from Two of the Following Categories:**
 - Autonomic Manifestations:** orthostatic intolerance-NMH, POTS, delayed postural hypotension, vertigo; light-headedness, extreme pallor; nausea and IBS; urinary frequency and bladder dysfunction; palpitations with or without cardiac arrhythmia; palpitations, and exertional dyspnea.
 - Neuroendocrine Manifestations:** loss of thermostatic stability-subnormal body temperature and/or marked diurnal fluctuation, sweating episodes, recurrent feeling of feverishness and cold extremities; intolerance to heat and cold; marked weight change-anorexia or abnormal appetite; loss of adaptability and tolerance for stress, worsening of symptoms with stress and a slow recovery.
 - Immune Manifestations:** tender lymph nodes, recurrent sore throat and flu-like symptoms, general malaise, new sensitivities to food, medications and/or chemicals.
- 7. **The illness persists for at least six months in adults.** It usually has a distinct onset,**although it may be gradual. Preliminary diagnosis may be possible earlier. Three months is appropriate for children.

1. "Crash" refers to a temporary period of immobilizing physical and/or mental fatigue.

* A small number of patients have no pain or sleep dysfunction but no other diagnosis fits except ME/CFS. The diagnosis is ME/CFS if these patients have an infectious illness type of onset.

** Some patients have been unhealthy for other reasons prior to the onset of ME/CFS, fit all of the criteria and lack detectable triggers at the onset and/or have a gradual or insidious onset.

Fibromyalgia vs Chronic Fatigue Syndrome / ME

Fibromyalgia

Chronic widespread
pain

+ other symptoms

**Benefit from
Moderate Exercise**

CFS / ME

Severe Chronic Fatigue
+ Post Exertional Malaise

+ other symptoms

**Benefit from
Pacing Activities**

Take Aways:

1. Fibromyalgia is frequently comorbid Chronic Fatigue Syndrome ME/CFS.
2. All patients with Fibromyalgia describing fatigue as part of their symptoms cluster need to be screened for ME/CFS:
Assess for Post Exertional Malaise (PEM).
1. In a patient with both Fibromyalgia AND ME/CFS, pacing of activity according to energy limits is prioritized with the goal to stabilize energy and avoid states of PEM. Exercise is then incorporated as tolerated.

Links to resources shared today will be sent to participants following the session.

Resources

Tools



Resources: Ontario Health Quality Standards

- Chronic Pain Home Page
<https://hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/chronic-pain>
- Chronic Pain Quality Standard
<https://hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-chronic-pain-quality-standard-en.pdf>

A blue square containing the text "Quality Standards" in white, stacked vertically.

Quality
Standards

Chronic Pain

Care for Adults, Adolescents,
and Children

Resources: Tools

Fibromyalgia Diagnostic Criteria

2010:

<https://rheuminfo.com/docs/physician-tools/FIBROMYALGIA-CRITERIA-2010.pdf>

2016:

<https://people.clarkson.edu/~lrussek/2016FMS.pdf>

https://umanitoba.ca/faculties/health_sciences/medicine/education/cpd/media/New_Clinical_Fibromyalgia_Diagnostic_Criteria.pdf

Canadian Guidelines for Diagnosis & Management of Fibromyalgia Syndrome in Adults

<http://fmguidelines.ca>

McMaster National Pain Centre

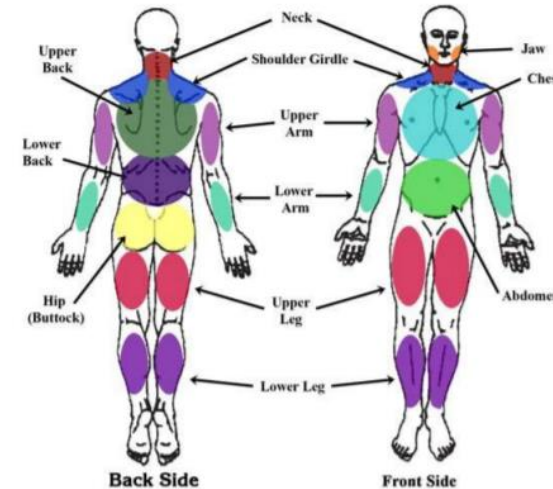
<https://healthsci.mcmaster.ca/npc>

EULAR Revised Management Recommendations

2016: <https://ard.bmj.com/content/76/2/318>

Determining Your Widespread Pain Index (WPI)

The WPI Index score from Part 1 is between 0 and 19.



NATIONAL GUIDELINES

[Home](#) [Abstract](#) [Introduction](#) [Diagnosis](#) [Management](#) [Outcome](#) [Conclusion](#) [References](#) [The Committee](#) [Media Relations](#)

Canadian

Guidelines for the Diagnosis and Management of Fibromyalgia Syndrome in Adults



Comprehensive, evidence-based and written by a panel of experts from across the country. Endorsed by both the Canadian Pain Society and the Canadian Rheumatology Association.

Resources: Tools

- Canadian Consensus Criteria for Chronic Fatigue Syndrome ME/CFS
<https://www.omfcanada.ngo/diagnosis-of-me-cfs/>
- US ME/CFS Clinical Coalition (Clinical Management)
<https://mecfscliniciancoalition.org/clinical-management/>
- ME/CFS Treatment Recommendations
<https://batemanhornecenter.org/wp-content/uploads/filebase/Treatment-Recs-MECFS-Clinician-Coalition-V1-Feb.-2021.pdf>
- CDC Institute of Medicine (IOM) Diagnostic Criteria for ME/CFS
<https://www.cdc.gov/me-cfs/healthcare-providers/diagnosis/iom-2015-diagnostic-criteria.html>
- Joint Hypermobility Syndrome Pain
<https://pubmed.ncbi.nlm.nih.gov/19889283/>

Resources: Literature

EJP

European Journal of Pain



Review Article |  [Free Access](#)

Comorbid fibromyalgia: A qualitative review of prevalence and importance

M.-A. Fitzcharles  S. Perrot, W. Häuser

First published: 26 May 2018 | <https://doi.org/10.1002/ejp.1252> | Citations: 39

<https://onlinelibrary.wiley.com/doi/10.1002/ejp.1252>

[Biomedicines](#). 2017 Jun; 5(2): 20.

Published online 2017 May 8. doi: [10.3390/biomedicines5020020](https://doi.org/10.3390/biomedicines5020020)

PMCID: PMC5489806

PMID: [28536363](https://pubmed.ncbi.nlm.nih.gov/28536363/)

Update on Treatment Guideline in Fibromyalgia Syndrome with Focus on Pharmacology

[Sanam Kia](#)^{1,*} and [Ernet Choy](#)²

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5489806/>

Links to resources shared today will be sent to participants following the session.

Resources

Education



Resources: Education



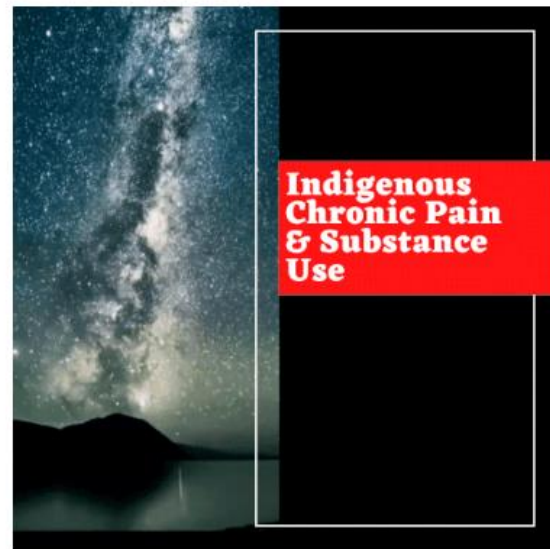
ECHO: St. Joseph's Care Group

Join to gain access to a resource bank for chronic pain primary care, tailored to Northern Ontario.

<https://sjcecho.squarespace.com>

ECHO: Chronic Pain & Opioid Stewardship @ UHN

<https://uhn.echoontario.ca/Our-Programs/Chronic-Pain>



Interactive

Co-Management of Cases

Peer-to-Peer Learning

Collaborative Problem Solving

Sample ECHO Didactic Recording (Click link)

[The 5 Pillars of Chronic Pain](#)

[Tapering and Stopping Opioids](#)

[Back Pain & Spinal Stenosis](#)

Program Curriculum Winter 2022

Date	Topic
13 Jan	The 5 Pillars of Chronic Pain
20 Jan	Clinical Interview and Qualitative Sensory Exam
27 Jan	Screening for Psychosocial and Psychiatric Comorbidities
3 Feb	Patient Motivation and Goal Setting
10 Feb	Aberrant Behaviours/Urine Drug Screening
17 Feb	Tapering and Stopping Opioids

Finding Support: Translating learning into your practice.

Sign up today!

<https://www.ontariofamilyphysicians.ca/education/practising-well/peer-to-peer-connect/peer-learner-application>

Giving Support: Sharing experience & guiding colleagues

Register for the next Info Session:
Tues Jan 11 @ 6:30 to 7:30pm

<https://us02web.zoom.us/meeting/register/tZckcumoqzMoGdQmGqszsQvglyTPwwG7nKK9>



Peer to Peer Connect

Links to resources shared today will be sent to participants following the session.

Resources

Supports





Support for you and those you care about.

OMA Physician Health Program
<https://php.oma.org/>

OMA
Physician Health Program

Search

About PHP | Who We Serve | What We Do | Well-Being | News and Events | Need Help?

New 24/7 services available for you and your family.
Call the Wellness Support Line.

Centre for Addiction and Mental Health Health Care Provider (HCP) Resource Site
<http://www.camh.ca/covid19hcw>

camh

Home Health Care Services & Research Education Get Involved Strong Change Research

Mental Health and COVID-19

The help you need is here

Self-referral for mental health care

Your Mental Health and Self-Care

LINKS HERE

Resources: Supports



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)

ECHO·ONMH

Project ECHO® Ontario Mental Health
at CAMH & The University of Toronto

- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST

<https://camh.echoontario.ca/echo-coping-with-covid/>



Chat

**One thing you might do...
in caring for your patients
with fibromyalgia?**



Please help us make these sessions better by filling out the evaluation you'll receive by email shortly!



Direct Credit Entry

Do you want the OCFP to submit your earned Mainpro+ credit directly into your Mainpro+ account?

Please email practisingwell@ocfp.on.ca with your 6-digit CFPC number (Hint: Your CFPC # begins with a “6”).

Join us in the new year on
Wednesday, January 26

Supporting people who are experiencing social challenges

with Drs. Larisa Eibisch, Jonny Grek, and Lori Regenstreif

https://us02web.zoom.us/webinar/register/WN_9-CSL1KiQAG2gxMiFSH9EA

PractisingWell@ocfp.on.ca

