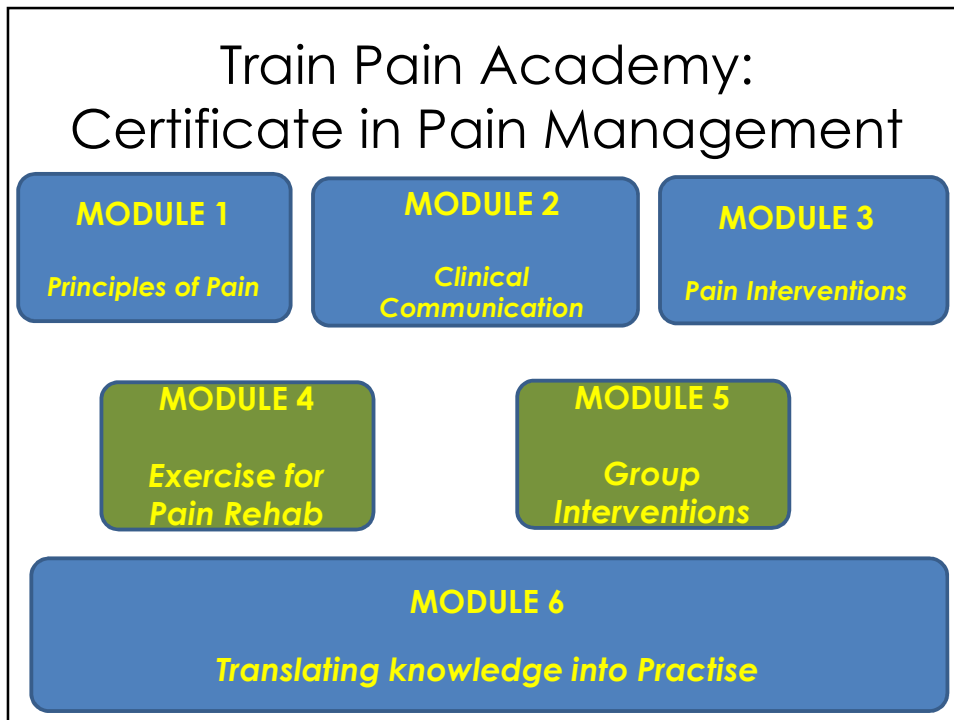




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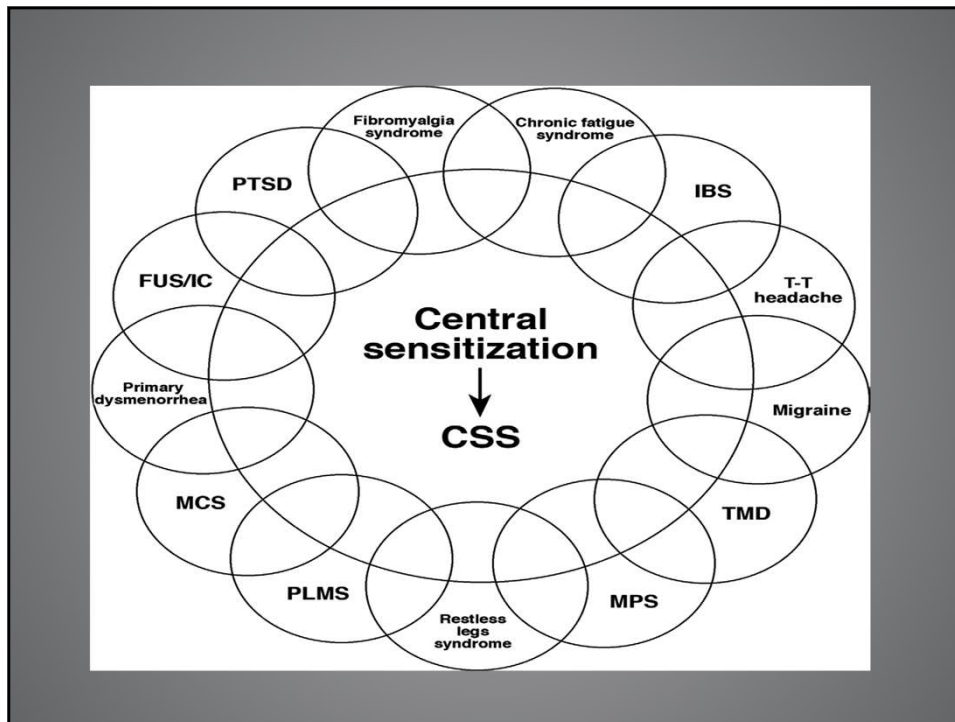
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Central Sensitivity Syndromes

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UNDERWRITING
AND CLAIMS
CONFERENCE

- Yunus (2007) proposed a CSS classification:
- Shared pathophysiological mechanism of Central Sensitivity
- A lack of structural pathology
- Overlapping symptoms between conditions
 - Pain, fatigue, poor sleep, sensitivity to noxious and non noxious stimuli

4



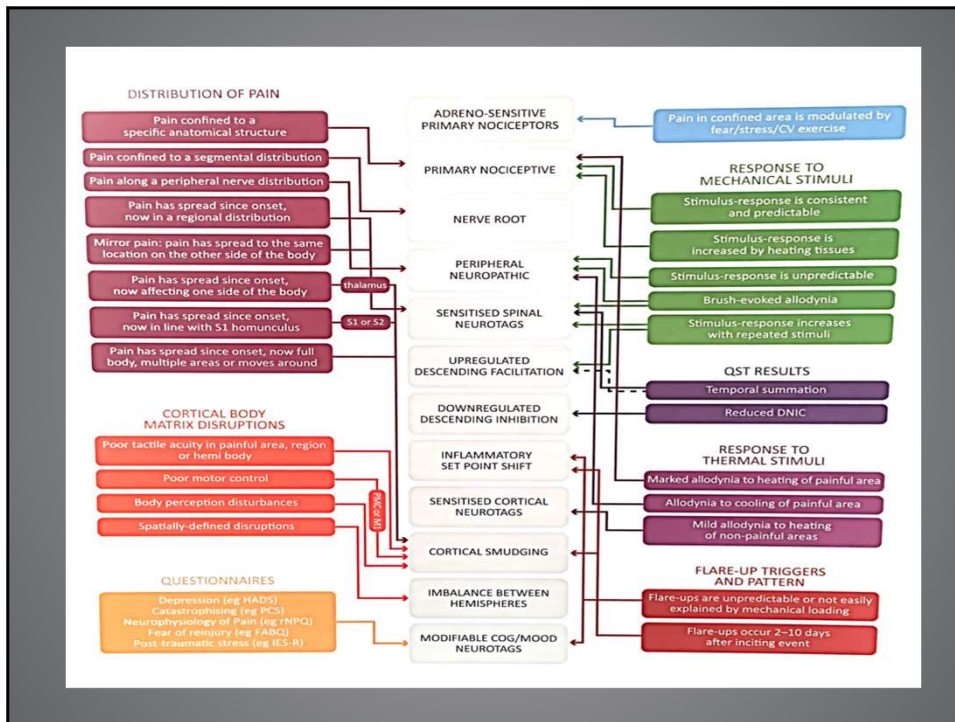
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Fibromyalgia Palstam and Mannerkorpi (2017)

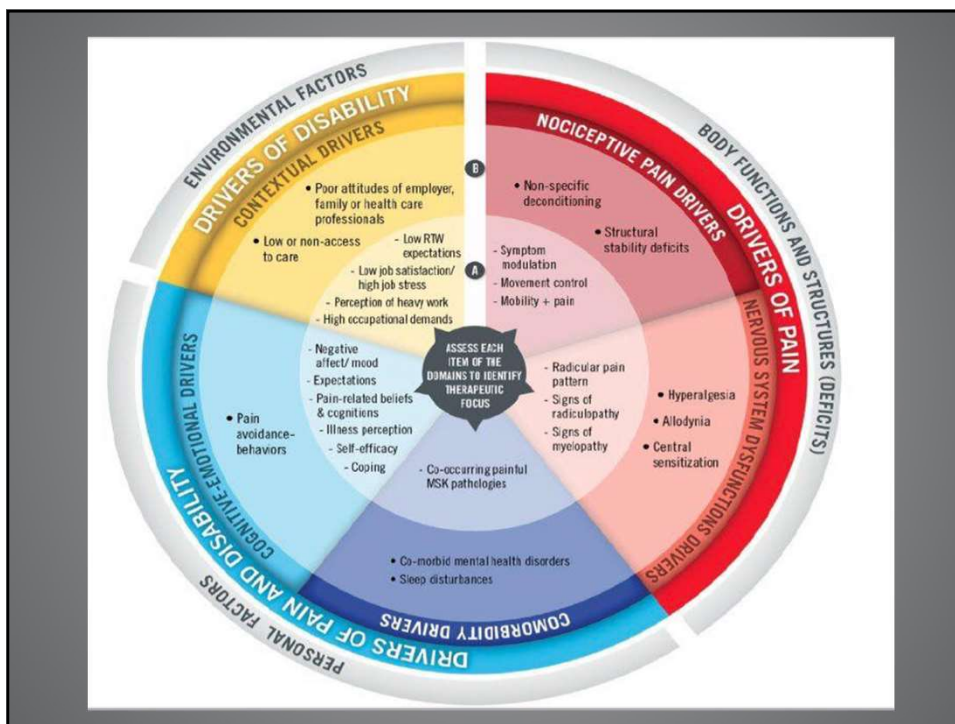
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 UNDERWRITING
 AND CLAIMS
 CONFERENCE

- The pathogenesis is not entirely understood
- Environmental exposure to factors
 - Infections, trauma, stress, heavy physical workload
 - Play a role in the development and maintenance
- Possible familial component
- Rheumatic disease may contribute in triggering the development of FM

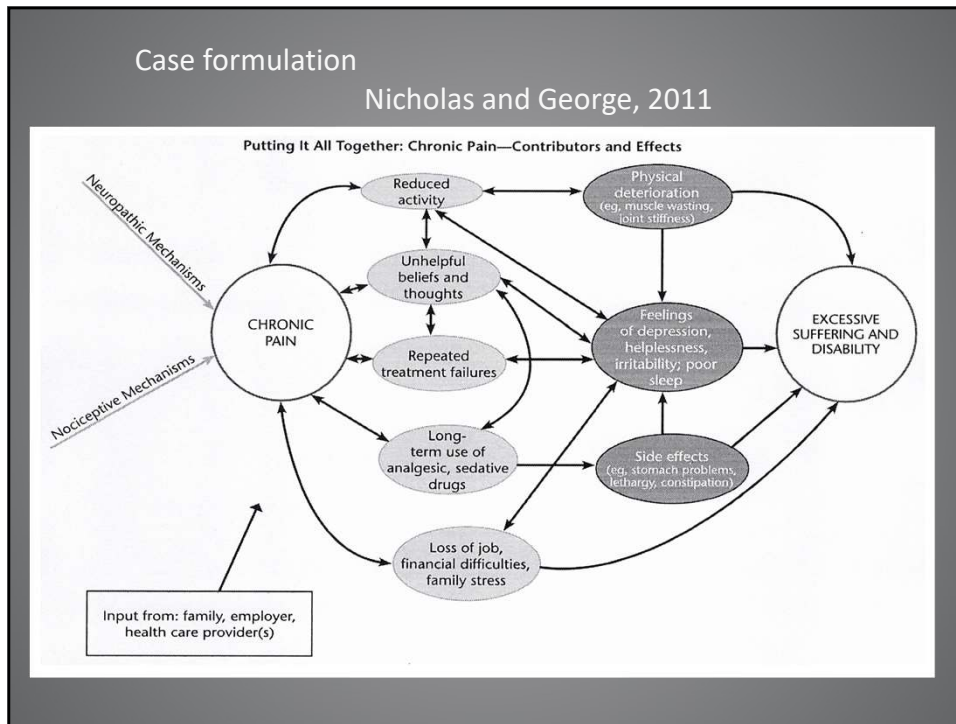
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Rehabilitation: It is a process

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UNDERWRITING AND CLAIMS CONFERENCE

- Pain neuroscience education
- Retrain the physiology
 - Exercise; relaxation techniques; stress management
- Support the psychology
 - Self efficacy
 - Resilience
 - Depression

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Rehabilitation Outcome

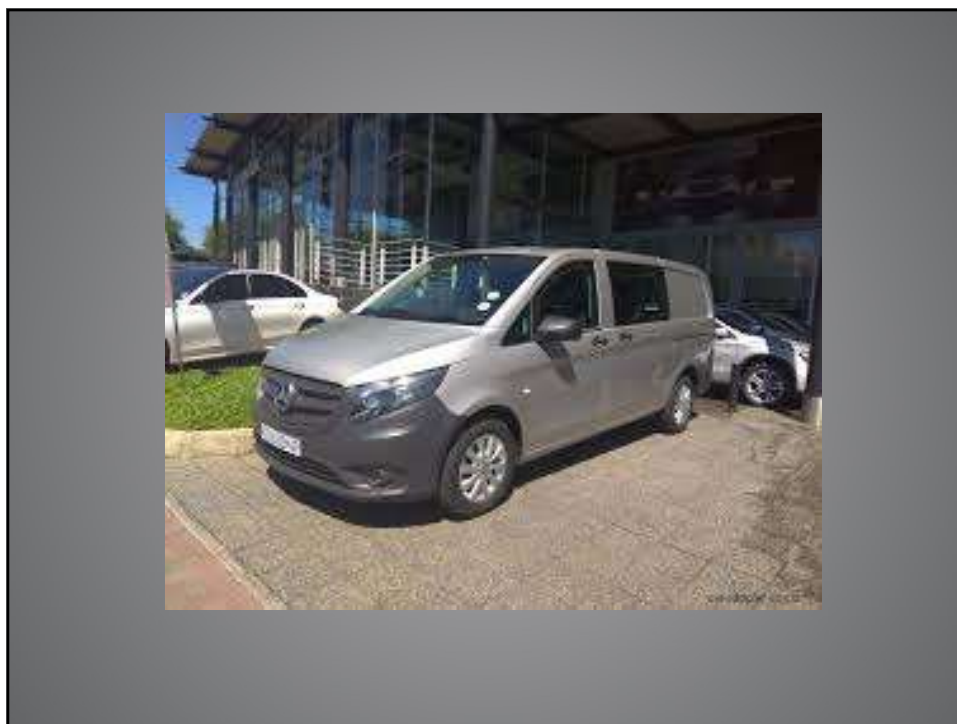
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UNDERWRITING
AND CLAIMS
CONFERENCE

- 18 months
 - Goal directed
 - Accountability – Not to the world; to the self!
 - Realistic
- Capacity: total load
 - Daily activities + family/ social environment + work environment

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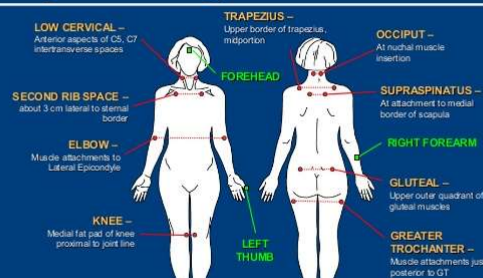
Signs and Symptoms

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AND CLAIMS
CONFERENCE

- Widespread variable pain >3 months
- Tender points to pressure
- Plus other pain widespread and stiffness
- Paraesthesia
- Debilitating fatigue and unrefreshing sleep
- Cognitive problems
- Unexplainable: visual/hearing deficits; allergic; dry mucosae; heat/cold intol; interstitial cystitis
- Overlap with psychiatric conditions
- Impairment of ADLs

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ACR-Recommended Manual Tender Point Survey for the Diagnosis of FM



Manual Tender Points Survey:

- Presence of 11 tender points on palpation to a maximum of 4 kg of pressure (just enough to blanch examiner's thumbnail)

■ Control Points
● Tender Points

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Differential diagnosis

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UNDERWRITING
AND CLAIMS
CONFERENCE

- Inaccurate diagnostic criteria
- Co-existence with other diseases
- Rheumatic causes: SLE; RA
- Non-rheumatic: Lyme disease; Hep C; malignancy;
- Hypothyroidism/other autoimmune/cardiac conditions
- Some blood tests may assist with Dx

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Specific testing

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CONFERENCE

- Diagnosis by exclusion but laboratory testing useful:
- Complete blood count with differential; ESR
- Metabolic panel: HBA1c, etc
- Urinalysis
- Thyroid-stimulating hormone level
- Vitamin D / B12 level
- Iron studies: esp haemochromatosis
- Magnesium level
- Antipolymer antibody assay: 50% have antipolymer antibodies

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ACR 2010 diagnostic criteria

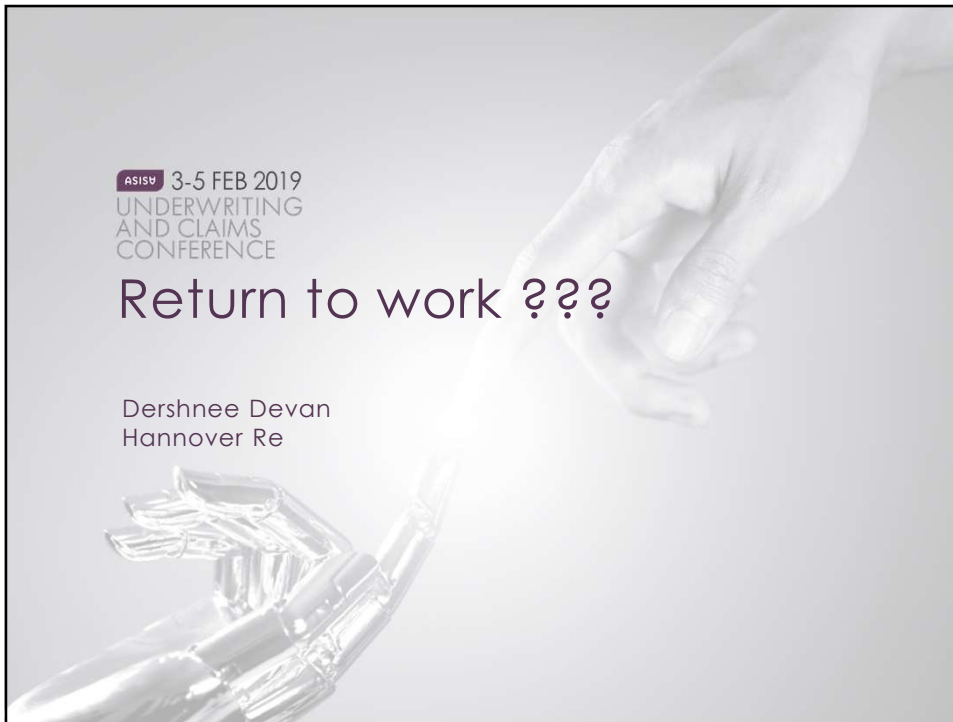
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AND CLAIMS
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- History:
 - Pain
 - Fatigue
 - Cognitive
- Non-specific somatic
- Physical examination:
 - pressure point examination: widespread pain index (WPI) measured at 0-19
 - symptom severity (SS) measured 0-12
 - fatigue/cognitive/sleep measured from 0-3 each

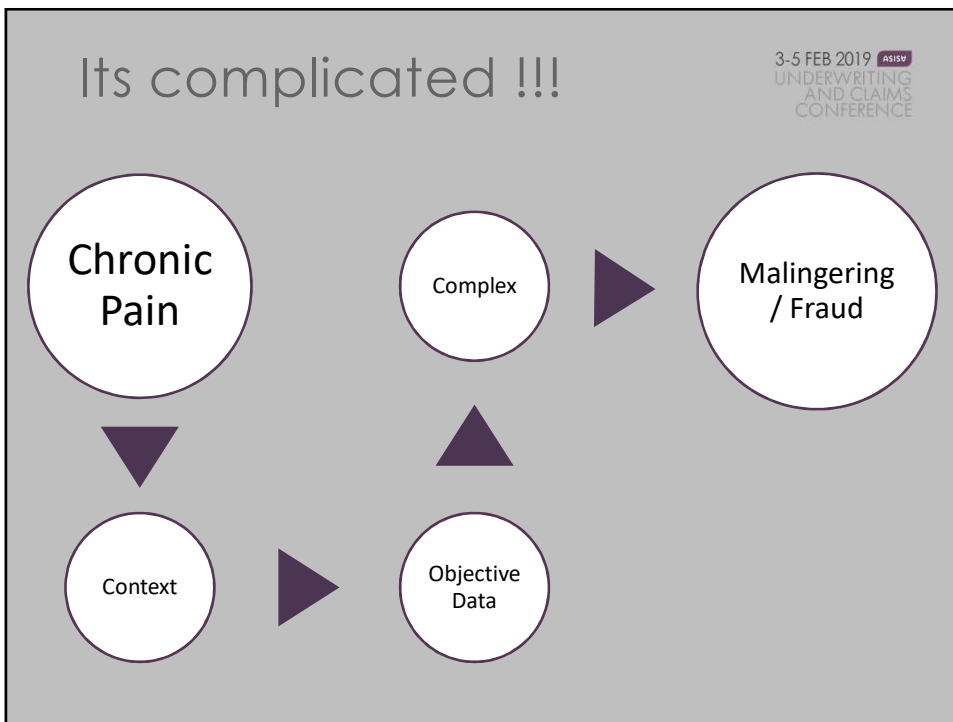
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**IF I WANTED TO
FAKE AN ILLNESS
I'D CHOOSE
SOMETHING
PEOPLE WOULD
BELIEVE**

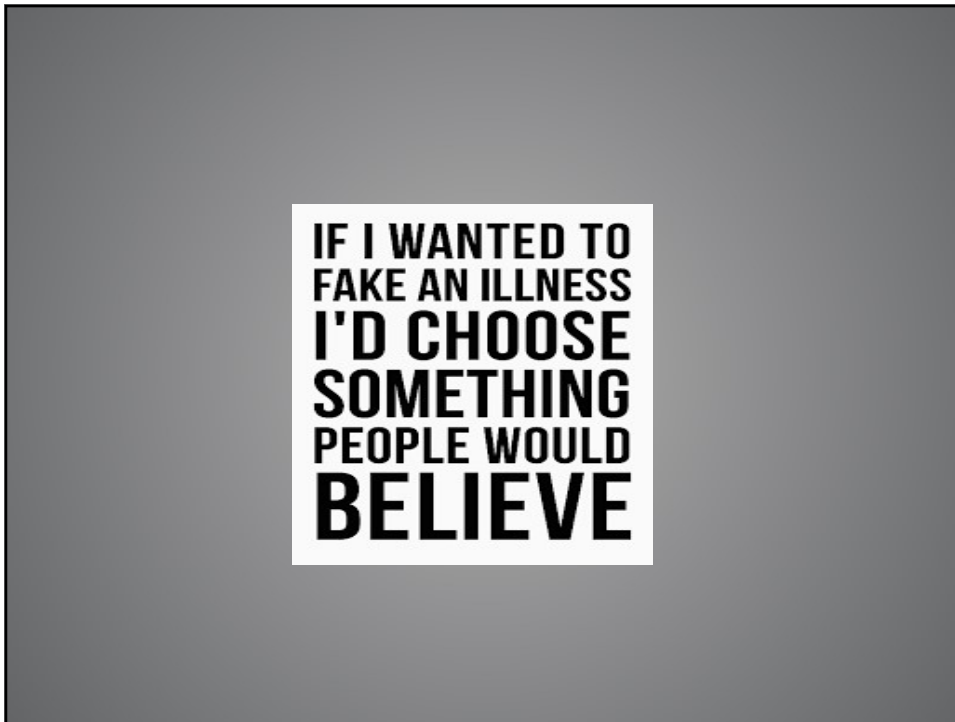
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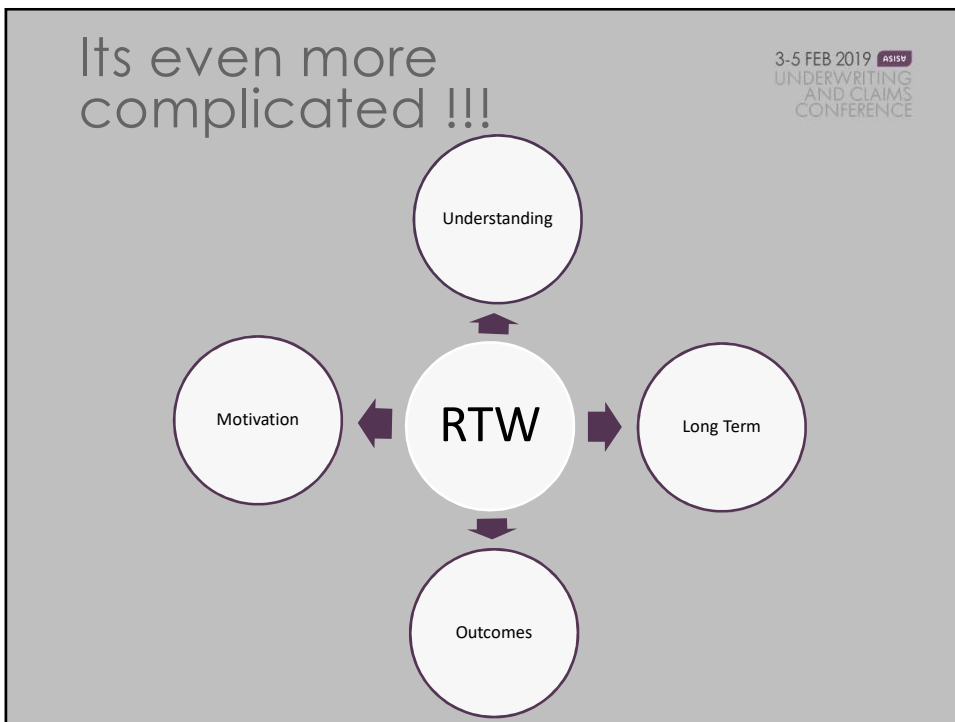
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What needs to change???

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UNDERWRITING
AND CLAIMS
CONFERENCE

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graph TD; A[Communication] --> B[Benefit reviews]; B --> C[Guidelines??]; C --> A;
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Questions???

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