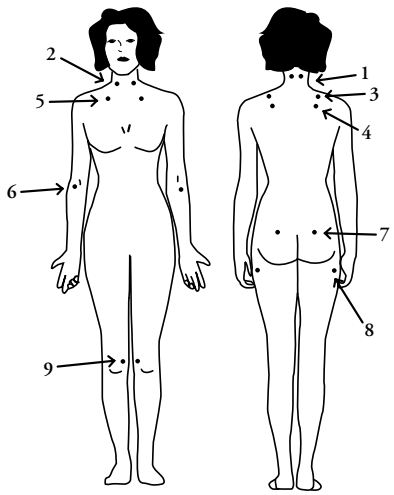
# A Discussion of the Pros and Cons of the Proposed Fibromyalgia Diagnostic Criteria

by Rae Marie Gleason

In July 1992 I began my fibromyalgia (FM) career and employment with Mr. Jack Scott, an Oregon businessman whose wife had been diagnosed with FM. At that time there was very little scientifically known about FM and treatment options were even more minimal than they are today. Under Mr. Scott's direction we created the National Fibromyalgia Research Association (NFRA), a 501(c)3 charitable organization which we used to raise FM awareness and to educate healthcare professionals about how to diagnose and treat FM.

The American College of Rheumatology (ACR) 1990 Criteria for the Classification of Fibromyalgia was a new concept to most doctors I met at the conferences. The criteria which consists of a diagram illustrating 18 tender points combined with a history of chronic widespread pain, above and below the waist in all four quadrants of the body lasting longer than three months, was easy to teach and simple to learn. It had been originally developed for use in FM scientific research studies to help quantify FM and give it some measurability for research purposes. It was not meant to be used as a diagnostic test by treating physicians, but through the years that is exactly what happened. It became a beneficial tool in the exhibit booth when we explained to doctors about how to recognize and diagnose FM. The measurement of tenderness resulting from the Criteria's tender point examination, gave FM a quantifiable, specific, unique quality that is not found in any other illness.




**Tender Point Exam**

Pressure is applied at a force of 4 Kg and response of pressure must be termed "painful" to be considered positive for a tender point. All tender points are bilateral or found on both sides of the body.

In May 2010, a new ACR Preliminary FM Diagnostic Criteria was published. The major difference between the two criteria is that the tender point examination and the measurement of tenderness have been replaced by a 42 symptom questionnaire. When it is completed by a patient and the answers mathematically calculated, the results can be used to diagnose FM. Unlike the old criteria designed for research purposes, it has been specifically created for treating doctors, eliminating the need for them to learn and administer a physical examination.

The original ACR FM Diagnostic Criteria is not perfect and experts have long felt it needed to be updated and improved upon; but the elimination of tenderness from the spectrum of FM as a whole is daunting. Prior to 1990 FM was diagnosed by exclusion of other diseases and was relegated as a "wastebasket" diagnosis made up of numerous symptoms. Once the tender point examination was developed and there was a reason for doctors to physically examine a patient, credibility of the disorder was elevated in the medical community, acknowledging FM as a physical entity and separating it from a psychological disorder. The new criteria seem to have taken FM a step backwards, making the distinction of FM as a physical condition less definable and once again putting an emphasis on somatic symptoms (psychological or malingering problems) as the hallmark of the disorder.

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Hopefully, the diagnostic history of FM will not stop here, but be propelled into the future utilizing scientific discovery and new technology to define and measure this life altering chronic pain disorder. Ultimately, scientific prowess and fortitude will benefit people with FM and help doctors more expediently diagnose and treat this disorder.

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