

## **ICD-11 Fibromyalgia: a new proposal for a Change of Title, Change of Definition was submitted on June 26, 2019, via the ICD-11 Proposal Mechanism.**

For ICD-11, **Fibromyalgia** has not been assigned a unique code. In May 2015, it was relocated from its legacy ICD-10 chapter location to a new category block in the *Symptoms, signs* chapter, as an **Inclusion term** under **Chronic pain > Chronic widespread pain**.

It is currently coded as an **Inclusion term** under **MG30.01 Chronic widespread pain** and it takes the **MG30.01** code in the ICD-11 Mortality and Morbidity Statistics (MMS) Linearization.

The current description texts for Fibromyalgia can be accessed here, registration not required:  
<https://icd.who.int/dev11/f/en#/http://id.who.int/icd/entity/236601102>

**New proposal submitted by Antonia Barke (member of the IASP NGO that collaborates with the WHO on the development of the ICD-11 Chronic pain disorders):**

Registration is required for access to the ICD-11 Proposal Mechanism. For ease of access, this PDF of the Proposal text is being provided by *Dx Revision Watch*. Permission is given to circulate:

<https://icd.who.int/dev11/proposals/f/en#/http://id.who.int/icd/entity/236601102?readOnly=true&action=ContentEnhancementProposal&stableProposalGroupId=2062ec5e-e674-4b1c-bd68-3e4cb2bf1bc3>

**Proposed Changes: Definition, Title.** Antonia Barke 2019-Jun-26 - 15:19

### **Content Enhancement Proposal**

**(No Rationale or References are submitted in support of this proposal)**

**Proposed Change of Title to:**

**Fibromyalgia syndrome**

**Proposed change of Description text:**

#### **Short Definition**

Fibromyalgia syndrome (FMS) is a form of chronic widespread pain, which is defined as diffuse pain in at least 4 of 5 body regions, that persists or recurs for longer than 3 months, and is associated with significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). CWP is multifactorial: biological, psychological and social factors contribute to the pain syndrome. FMS is in addition associated with sleep disorders, cognitive dysfunction and somatic symptoms. The symptoms have been present at a similar level for at least 3 months, and are not better accounted for by another specific diagnosis. Fibromyalgia is multifactorial: biological, psychological and social factors contribute to the pain syndrome.

## Diagnostic Criteria:

Conditions A to D are fulfilled:

- A. Chronic pain (persistent or recurrent for longer than 3 months) is present in at least 4 of 5 body regions
- B. The pain is associated with at least one of the following:
  - B.1 Emotional distress due to pain is present.
  - B.2 The pain interferes with daily life activities and social participation.
- C. The pain is associated with sleep disorders, cognitive dysfunction and somatic symptoms
- D. The pain is not better accounted for by another chronic pain condition.

## Comments

The body regions referred to are the four quadrants (upper left, upper right, lower left, lower right of the body) and axial (neck, back, chest and abdomen). [1]

The presence of pain, emotional distress and interference in daily activities due to pain should be established based on a thorough assessment procedure using standardized measures.

## Detailed Definition

Fibromyalgia syndrome (FMS) is a form of chronic widespread pain, which is defined as diffuse pain in at least 4 of 5 body regions, that persists or recurs for longer than 3 months, and is associated with significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). CWP is multifactorial: biological, psychological and social factors contribute to the pain syndrome. FMS is in addition associated with sleep disorders, cognitive dysfunction and somatic symptoms. The symptoms have been present at a similar level for at least 3 months, and are not better accounted for by another specific diagnosis. Fibromyalgia is multifactorial: biological, psychological and social factors contribute to the pain syndrome. [2]

Definitions of FMS have been repeatedly revised since it was first recognized as a rheumatic disease by WHO in 1992. Some authorities prefer to reserve the term FMS for the more severe end/presentations of the spectrum encompassed in CWP/FMS, but this approach reflects a quantitative rather than a qualitative distinction that depends on criteria that have yet to be validated.

Other chronic pain diagnoses to be considered are chronic cancer pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic visceral pain and chronic musculoskeletal pain.

Patients present with spontaneous or evoked pain in the affected regions, accompanied by allodynia and/or hyperalgesia and there may be features consistent with nociplastic pain. [1] Comorbid FMS can be found in many other conditions (8).

FMS is often associated with increased medical comorbidity. Patients with FMS often report increased disability [3], depressed and anxious mood [4-5]. Prevalence estimates of FMS range between 1% and 2%, usually higher in women than men, and higher in those more than 40 years of age [7]. Treatment should aim at the reduction of pain-related distress and disability.

## Narrower Term

- Fibromyositis
- Fibrositis
- Myofibrositis

## Body Site

- Connective tissue structure (body structure)
- Connective tissue (substance)
- Skeletal and/or smooth muscle structure (body structure)

## Signs and Symptoms

- Pain (finding)

## Rationale

This submission represents the consensus of the IASP Task Force Classification of Chronic Pain (Chairmen: Rolf-Detlef Treede and Winfried Rief).

## References

- [1] [Wolfe F, Clauw DJ, Fitzcharles MA, Goldenberg DL, Hauser W, Katz RL, Mease PJ, Russell AS, Russell IJ, Walitt B. 2016 Revisions to the 2010/2011 fibromyalgia diagnostic criteria. \*Seminars in arthritis and rheumatism\* 2016;46\(3\):319-329.](#)
- [2] [Lami MJ, Martinez MP, Miro E, Sanchez AI, Guzman MA. Catastrophizing, Acceptance, and Coping as Mediators Between Pain and Emotional Distress and Disability in Fibromyalgia. \*Journal of clinical psychology in medical settings\* 2018.](#)
- [3] [Schweiger V, Del Balzo G, Raniero D, De Leo D, Martini A, Sarzi-Puttini P, Polati E. Current trends in disability claims due to fibromyalgia syndrome. \*Clinical and experimental rheumatology\* 2017;35 Suppl 105\(3\):119-126.](#)
- [4] [Bateman L, Sarzi-Puttini P, Burbridge CL, Landen JW, Masters ET, Bhadra Brown P, Scavone JM, Emir B, Vissing RS, Clair AG, Pauer LR. Burden of illness in fibromyalgia patients with comorbid depression. \*Clinical and experimental rheumatology\* 2016;34\(2 Suppl 96\):S106-113.](#)
- [5] [Janssens KA, Zijlema WL, Joustra ML, Rosmalen JG. Mood and Anxiety Disorders in Chronic Fatigue Syndrome, Fibromyalgia, and Irritable Bowel Syndrome: Results From the LifeLines Cohort Study. \*Psychosom Med\* 2015;77\(4\):449-457.](#)
- [6] [Farin E, Ullrich A, Hauer J. Participation and social functioning in patients with fibromyalgia: development and testing of a new questionnaire. \*Health Qual Life Outcomes\* 2013;11:135.](#)
- [7] [Walitt B, Nahin RL, Katz RS, Bergman MJ, Wolfe F. The Prevalence and Characteristics of Fibromyalgia in the 2012 National Health Interview Survey. \*PloS one\* 2015;10\(9\):e0138024.](#)
- [8] [Fitzcharles MA, Perrot S, Häuser W. Comorbid fibromyalgia: A qualitative review of prevalence and importance. \*Eur J Pain\*. 2018;22\(9\):1565-1576.](#)
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