Eligibility, search strategy and quality assessment

Reviews were eligible if they:

- focused (at least in part) on fibromyalgia and related to the effectiveness of pharmacological and/or non-pharmacological management in adults
- included a description of the search strategy or a statement that a search strategy was used to identify the eligible studies
- included a statement of how many studies were eligible for and included in the review
- were restricted to randomised controlled trials (RCTs) or presented results in a way in which RCTs were separately identifiable
- identified at least 1 eligible individual trial

Reviews that were not restricted to studies carried out in fibromyalgia patients were only included when the fibromyalgia studies were identifiable and separately presented. Reviews considered all drugs irrespective of whether they had a current licence in Europe for use in patients with fibromyalgia. A search of the titles and abstracts was carried out for publications in Medline in April 2014. The initial search strategy (“basic search”) was based on four strings of keywords: fibromyalgia/ trial$ OR stud$/ review$ OR meta analys$/therapy$ OR treatment OR management.

No language restrictions were applied. An additional, more comprehensive search was developed to complement the results of the basic search; 72 additional keywords describing specific treatments and therapies were added to the fourth string of the initial search. Since the basic search strategy proved to be suitable to identify eligible reviews (only one additional study was retrieved using the comprehensive search), it was decided to use the basic search and extend its use to Embase, Amed, Cochrane Central, Cochrane Systematic Reviews, Cinahl and PsychInfo. Two authors (EF and FA) screened the titles and abstracts, and if either selected a review, the full text was obtained. The same two reviewers read each of the full papers retrieved and made a decision on whether it met eligibility criteria. In case of disagreement the final decision on inclusion was made by a third reviewer (GJM). The quality of all the reviews considered eligible was then determined. We used “Assessing the Methodological Quality of Systematic Reviews” (AMSTAR), an 11-item quality assessment tool [8]. We undertook initial assessment of a small number of reviews, discussed any disagreements and reached a decision by consensus. Each manuscript was then assessed for quality by three reviewers (from EF, FA, LD and CK). In case of disagreement on individual items the most common assessment was taken and the quality score (0-11) was then determined for each article. One review [9] although eligible for inclusion was not considered in the evaluation of evidence due to low quality score (AMSTAR score 1).

An update search was run at the end of May 2015