Conclusion: Fibromyalgia women responded to the stress of pain by increasing the serum level of ACTH which effectively improves the clinical feature of fibromyalgia symptoms, but at the same time elevates the score of metabolic syndrome. Therefore, assessment of serum level of ACTH can serve as a predictor and discriminator of fibromyalgia comorbidity.

References:

Methods: Cross-sectional study. Through a focus group in which two rheumatologists and one expert in qualitative research methods participated, a survey was designed to evaluate the perceptions and concepts that rheumatologists, physiatrist and pain physicians have on the diagnosis and treatment of fibromyalgia. The survey was self-applied anonymously through the internet.

Results: Survey applied to 139 rheumatologists, 99 physiatrist and 81 pain physicians. 35 rheumatologists (25.2 %), 17 physiatrist (17.1 %) and 58 pain physicians (71.6 %) consider that there is not enough evidence to recognize fibromyalgia as a disease. 45 rheumatologists (32.4 %), 86 physiatrist (86 %) and 73 pain physicians (90.1 %) consider that the 1990 ACR (American college of Rheumatology) criteria are not sufficient to diagnose fibromyalgia, despite the fact more than 90% of them use the criteria as a tool to approach the diagnosis when suspecting fibromyalgia. The most formulated medications for managing fibromyalgia are antidepressants and is used by more than 80% of the respondents, followed by antiepileptics in pain physician (88.9%) but less than physiatrists and rheumatologists (66.6 % and 64.7 % respectively), and analgesics much more for pain physician and physiatry and less for rheumatologists (84 %, 75.7 % and 26.6 % respectively). All respondents consider that the patient with fibromyalgia should have a multidisciplinary approach. Most doctors of the three specialties believe that physiatrist should be the leaders of interdisciplinary management in the treatment of fibromyalgia patients.

Conclusion: We present objective information on the perceptions of fibromyalgia among a group of Colombian rheumatologists, physiatrist and pain physician, documenting a frequent use of the ACR 1990 classification criteria. As regards treatment, a high percentage use of antidepressants and antiepileptic. Most believe that physiatrist should be the leaders of interdisciplinary management in the treatment of fibromyalgia patients.

References: