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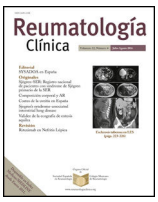

Letter to the Editor

Fibromyalgia. Old opinions versus new knowledge☆

Fibromialgia. Viejas opiniones frente a nuevos conocimientos

Dear Editor,

We do not know what led Dr. A Olive and Reumatología Clínica to publish an editorial which aims to revive an old concept, psychogenic rheumatism, that was used from 1960 to 1980 by certain leading rheumatologists to classify patients with fibromyalgia.[1] Although it is hard to understand the scientific contributions this new paper makes which justify its inclusion as an editorial in the journal, if the aim is to remind us of historic facts, we should also point out that the time in question was one of the most frustrating periods for patients due to their resulting lack of comprehension. Use of the term "psychogenic" to identify a rheumatic disease was probably selected at the time as no clinical diagnostic criteria were available, due to a lack of relevant knowledge on the mechanisms by which chronic pain develops, and because of the mistaken confusion between patient symptoms and their behaviour. The mistaken attribution of their psychological situation as the cause of the disease, instead of seeing this as a consequence of the same, caused major distancing between rheumatologists and their patients, with an almost complete absence of research over several decades, contributing to disregard of its treatment which in many cases has lasted up to now. These facts do not merit vindication and fortunately are being overshadowed by the recognition of the disease by the WHO in 1992.[2]

The lack of knowledge shown by the author, who confuses the "trigger points" intrinsic to the reported or radiated pain with "sensitive points", which refer to the nociceptive threshold, and the acceptance of certain unproven hypotheses, undermine the authority of the author in the analysis of this subject. The reality is that fibromyalgia is the second most common rheumatic disease in the general population.[3] Patients undergo a 6-year delay in diagnosis, and the disease disables 40% of them for the long-term performance of their work, while 23% are recognised as having a permanent disability.[4]

The current state of knowledge regarding the mechanisms of pain has changed how we view fibromyalgia. This disease is characterised by abnormal pain processing, in which descending inhibitory and facilitating control responses correspond to a central state of sensitisation.[5] Nevertheless, the interesting functional and structural alterations are also observed at peripheral level, in the form of small fibre neuropathy,[6–8] reducing the degree of psychological involvement in its main mechanism. Many patients with fibromyalgia have no psychopathological diagnosis, and when they do have such a diagnosis, it is often associated with an adaptive disorder due to the difficulties deriving from control of the same.

This knowledge about pain and its consequences for the emotional situation of patients, together with the exacerbating functional pattern of the disease, has allowed us to identify certain pharmacological therapeutic guidelines within the field of neuropathic pain, as well as non-pharmacological interventions in behavioural education.[9] Although these are able to improve the symptoms, they do not eliminate the disease.

We do agree with this editorial that fibromyalgia gives rise to high direct and indirect medical costs,[10] and that these may be attributed in part to poor management of the disease within the healthcare system. The political intervention due to patient demand for fair treatment has not fully counterbalanced the lack of support by medical professionals. The current lack of rheumatology specialists who are interested in treating chronic pain and patients with fibromyalgia can be attributed to the distancing from the condition that has arisen, due in part to the injudicious psychogenic theory for a disease whose neurobiological mechanisms are becoming increasingly comprehensible.

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