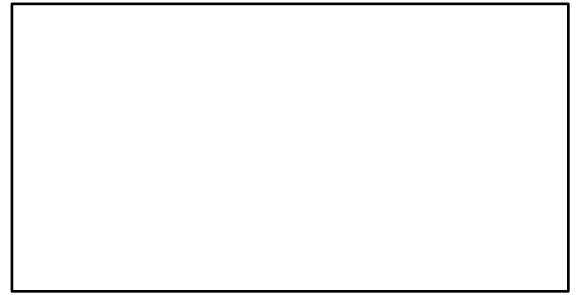


Fibromyalgia and Chronic Fatigue Syndrome Treatment Plan

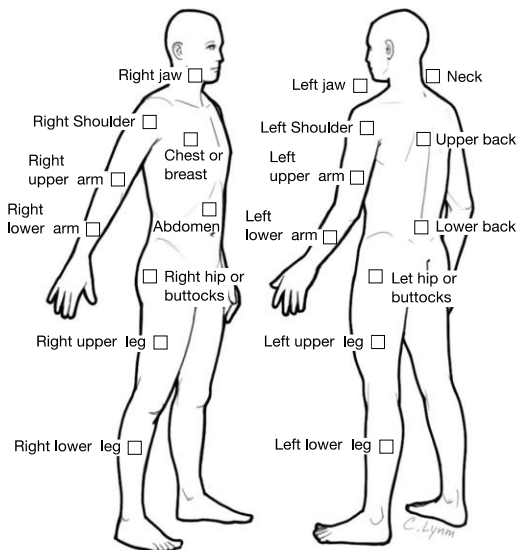
Date:



2016 Revised Fibromyalgia Diagnostic Criteria Seminars in Arthritis and Rheumatism 46 (2016) 319 - 329

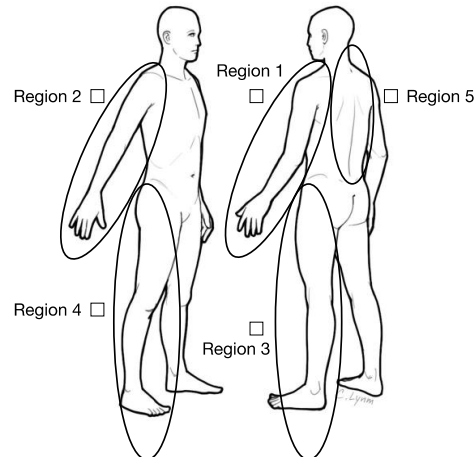
① Widespread Pain Index (WPI score range 0 - 19)

Pain and tenderness during the past week



Widespread Pain Index Total (maximum 19) _____

② Generalized pain - do not count jaws, chest, or abdomen



Generalized Pain Total (maximum 5) _____

③ Symptom Severity Score (SSS score range 0 - 12)

Over the past week:

No problem

Slight or mild problem: generally mild or intermittent

Moderate problem: considerable problems; often present and/or at a moderate level

Severe problem: continuous, life-disturbing

	No problem	Slight/mild	Moderate	Severe
• Fatigue	<input type="checkbox"/> = 0	<input type="checkbox"/> = 1	<input type="checkbox"/> = 2	<input type="checkbox"/> = 3
• Trouble thinking or remembering	<input type="checkbox"/> = 0	<input type="checkbox"/> = 1	<input type="checkbox"/> = 2	<input type="checkbox"/> = 3
• Waking up tired (unrefreshed)	<input type="checkbox"/> = 0	<input type="checkbox"/> = 1	<input type="checkbox"/> = 2	<input type="checkbox"/> = 3

During the past 6 months:

• Pain or cramps in the abdomen	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1
• Depression	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1
• Headache	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1

Symptom Severity Score Total (maximum 12) _____

All of the following criteria must be met to make a diagnosis of Fibromyalgia

1. WPI ≥ 7 and SSS ≥ 5 OR WPI 4 to 6 and SSS ≥ 9 ☐ No ☐ Yes

2. Generalized pain: at least 4/5 regions ☐ No ☐ Yes

3. Have the symptoms in section 3 and pain been present at a similar clinical level for **at least 3 months**? ☐ No ☐ Yes

Fulfills all diagnostic criteria for FM ☐ No ☐ Yes

Secondary pain generators that need to be worked up or treated:

**ME/CFS:
2003 Canadian Clinical Working Case Definition**

☐ **Pathological Fatigue**

A significant degree of new onset, unexplained, persistent or recurrent physical and/or mental fatigue that substantially reduces activity levels and which is not the result of ongoing exertion and is not relieved by rest

☐ **Post-exertional Malaise and Worsening of Symptoms**

Mild exertion or even normal activity is followed by malaise: the loss of physical and mental stamina and/or worsening of other symptoms. Recovery is delayed, taking more than 24 hours

☐ **Sleep Dysfunction**

Sleep is un-refreshing: disturbed quantity - daytime hypersomnia or nighttime insomnia and/or disturbed rhythm - day/night reversal.

Rarely, there is no sleep problem.

☐ **Pain**

Pain is widespread, migratory or localized: myalgia; arthralgia (without signs of inflammation); and/or headache - a new type, pattern or severity. Rarely, there is no pain

☐ **Neurocognitive Manifestations (2 or more)**

- | | |
|--|---|
| <input type="checkbox"/> confusion | <input type="checkbox"/> impaired concentration |
| <input type="checkbox"/> short-term memory | <input type="checkbox"/> disorientation |
| <input type="checkbox"/> categorizing and word retrieval | |
| <input type="checkbox"/> perceptual and sensory disturbances | |
| <input type="checkbox"/> ataxia | <input type="checkbox"/> muscle weakness |
| <input type="checkbox"/> fasciculation | <input type="checkbox"/> cognitive overload |
| <input type="checkbox"/> emotional overload | <input type="checkbox"/> hypersensitivity to light or sound |

☐ **At least one symptom from two of the following categories:**

Autonomic Manifestations

- | | |
|--|---|
| <input type="checkbox"/> orthostatic intolerance—neurally mediated hypotension (NMH) | |
| <input type="checkbox"/> postural orthostatic tachycardia syndrome (POTS) | |
| <input type="checkbox"/> delayed postural hypotension | <input type="checkbox"/> light-headedness |
| <input type="checkbox"/> extreme pallor | <input type="checkbox"/> nausea and IBS |
| <input type="checkbox"/> urinary frequency and bladder dysfunction | |
| <input type="checkbox"/> palpitations with or without cardiac arrhythmias | |
| <input type="checkbox"/> exertional dyspnea. | |

Neuroendocrine Manifestations

- ☐ loss of thermostatic stability—subnormal body temp; marked diurnal fluctuation
- | | |
|---|---|
| <input type="checkbox"/> sweating episodes | <input type="checkbox"/> recurrent feelings of feverishness |
| <input type="checkbox"/> cold extremities | <input type="checkbox"/> intolerance heat and cold |
| <input type="checkbox"/> marked weight change | <input type="checkbox"/> anorexia or abnormal appetite |
| <input type="checkbox"/> loss of adaptability and worsening of symptoms with stress | |

Immune Manifestations

- | | |
|---|--|
| <input type="checkbox"/> tender lymph nodes | <input type="checkbox"/> recurrent sore throat |
| <input type="checkbox"/> recurrent flu-like symptoms | <input type="checkbox"/> general malaise |
| <input type="checkbox"/> new sensitivities to food, medications and/or chemicals. | |

☐ **The illness has persisted for at least 6 months**

**SEID:
2015 Institute of Medicine
Diagnostic Criteria**

Diagnosis requires the following three symptoms:

☐ A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities, that persists for more than 6 months and is accompanied by **Fatigue**, which is often profound, is of new or definite onset (not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest, and

☐ **Post-exertional Malaise***

☐ **Unrefreshing Sleep***

At least one of the two following:

☐ **Cognitive Impairment***
or

☐ **Orthostatic Intolerance**

* Frequency and severity of symptoms should be assessed. The diagnosis of ME/CFS/SEID should be questioned if patients do not have these symptoms at least half of the time with moderate, substantial, or severe intensity.

Other Central Sensitivity Syndromes (CSS):

- ☐ None
- ☐ Headaches (tension type)
- ☐ IBS (irritable bowel syndrome)
- ☐ Interstitial Cystitis
- ☐ Irritable larynx syndrome
- ☐ Migraines
- ☐ Myofascial pain syndrome
- ☐ Non-cardiac chest pain
- ☐ Pelvic pain syndrome & related disorders
- ☐ POTS (postural orthostatic tachycardia syndrome)
- ☐ PTSD (post-traumatic stress disorder)
- ☐ Restless leg syndrome
- ☐ Temporomandibular disorders
- ☐ Other:

Diet:

- ☐ Food sensitivities
- ☐ Food allergies

Sleep:

- ☐ No issues identified

Problems with sleep:

- | | | |
|---------------------|------------------------------|-----------------------------|
| Initiation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nightmares | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Un-refreshing sleep | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sleep reversal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Medications tried in the past:

	Option to try/change	On	No benefit	Couldn't tolerate/side effects
Gabapentin				
Pregabalin (Lyrica)				
Topiramate (Topamax)				
Beta-blockers				
Nabilone (Cesamet)				
Nabiximols (Sativex)				
Medicinal cannabinoids (dispensary/grey market)				
Medicinal cannabinoids (legal supplier)				
Cyclobenzaprine (Flexeril)				
Dicetel (Pinaverium)				
Elmiron				
Modafinil				
NSAIDS				
Opioids				
SSRI:				
Duloxetine (Cymbalta)				
Venlafaxine (Effexor)				
Other SNRI:				
Tramadol / Tramacet				
Triptans:				
Amitriptyline				
Nortriptyline				
Other TCA:				
Low Dose Naltrexone:				
Other:				
Other:				
Other:				
Sleep				
Zopiclone (Imovane)				
Zolpidem (Sublinox)				
Trazodone				
Methotrimeprazine (Nozinan)				
Quetiapine (Seroquel)				
Mirtazapine (Remeron)				
Benzodiazepines:				

PLAN

REFERRAL TO THE COMPLEX CHRONIC DISEASES PROGRAM (CCDP) AT BC WOMEN'S HOSPITAL

- ☐ Patient already on wait list
- ☐ Refer (referral form on last 2 pages)

Please note that the wait list is 1 ½ to 2 years.

Patient will receive a letter confirming the referral has been received.

EDUCATION

- ☐ One page summary explaining CSS: HANDOUT 1
- ☐ Education is a major component for coping with these chronic illnesses. Direct the patient to web-based resources at BC Women's Hospital: HANDOUT 2

FAMILY & FRIENDS EDUCATION SESSION

- ☐ Because this is an invisible illness that is difficult to understand, invite the patient, their family, and their friends to participate in a 2 hour family and friends' session. Offered 4 – 5 time per year in person in Vancouver. Once a year (spring) by webinar.

To register contact: infoccdp@cw.bc.ca

PACING

- ☐ Pacing and living inside one's energy envelope are the foundation of self-management and treatment. Direct the patient to web-based resources to learn about these: HANDOUT 3

GROUP

- ☐ Direct the patient to an on-line group to learn about self-management:

www.cfidssselfhelp.org/online-courses

DIET

- ☐ Low inflammatory diet to help with pain: HANDOUT 4
- ☐ Dietician: Jennifer Hasiuk: jenhasiuk@gmail.com
Skype/phone appointments (not covered by MSP)

- ☐ Low FODMAPs to help with IBS
 - See BC Women's website: recommended websites for IBS

IBS:

- ☐ Probiotic (with bifidobacterium, e.g., Align): 1 tab per day available OTC

IBS-C:

- ☐ Psyllium (e.g., Metamucil); start ½ – 1 tbsp daily; increase to TID as tolerated; provide information sheet

POTS:

- ☐ Salt: 9 g (1 tsp) per day; ¼ tsp QID in 1 cup of liquid; provide handout

TRIGGER POINT INJECTIONS

To help with pain:

- ☐ Muscle MD Clinic (Vancouver): musclemd.ca
☐ Myo Clinic (Victoria): www.myoclinic.ca
☐ Refer locally if available
☐ IMS is an alternative but not covered by MSP

SUPPLEMENTS

- ☐ NONE suggested (+/- reason):

CFS & FM:

- ☐ **Co-enzyme Q** 200 mg TID
☐ **D-Ribose** 5 g TID
☐ **Magnesium Malate** 250 mg QID
☐ **NADH** 10 – 20 mg daily
☐ **Vitamin D** 2000 IU daily
☐ **Other:**

IBS bloating and pain:

- ☐ **Iberogast** (STW 5): 20 drops three times daily (before or during meals)
☐ **Enteric-coated oil of peppermint**: 200 – 250 mg BID (depending on brand)

SLEEP

- ☐ Sleep hygiene: HANDOUT 5
- ☐ Melatonin: start with 1 - 3 mg, 2-3 hrs before bed (Max: 5 – 10 mg)

Sleep Medication

- ☐ **Trazodone**: 50 mg tab; start ¼ to ½ tab; titrate up by ¼ to ½ tab increments to 3 tab (150 mg) qhs as needed; 90 tabs with 3 repeats;
- ☐ **Quetiapine**: 25 mg; start ½ tab; titrate up by ½ tab increments to 4 tab (100 mg) qhs as needed; 60 tabs with 3 repeats
- ☐ **Nozinan**: 2 mg tabs; start 1 tab 2 hrs before bed; increase by 1 tab increments to 6 mg as needed; 90 tabs with 3 repeats
- ☐ **Clonidine**: 0.1 mg tabs; 1 – 2 tabs qhs; 60 tabs with 3 repeats
- ☐ **Zopiclone**: 5 mg tabs; start ½ tab; titrate up by ½ tab increments to 1.5 tab (7.5 mg) qhs as needed; 60 tabs with 3 repeats
- ☐ **Zolpidem**: 5 mg tabs; start ½ tab; titrate up by ½ tab increments to 2 tab (10 mg) qhs as needed; 60 tabs with 3 repeats

- ☐ Medication information and dose adjustment handout given to patient

MEDICATIONS

- ☐ Patient prefers a non-pharmacologic approach

- ☐ Refer locally for medicinal cannabinoids. Discourage the use of grey market dispensaries and compassion clubs
- ☐ Refer to Dr. MacCallum at the Green Leaf Medical Clinic for medicinal cannabinoids.
 - Skype visits available.
 - Info at greenleafmc.ca

General

- ☐ **Amitriptyline:** 10 mg tabs; start ½ tab 2 hrs before bed; provide patient with dosing schedule; 100 tabs with 3 repeats
- ☐ **Cyclobenzaprine:** 10 mg tabs; start ½ tab 2 hrs before bed; provide patient with dosing schedule; 60 tabs with 3 repeats
- ☐ **Nortriptyline:** 10 mg tabs; start 1 tab 2 hrs before bed; provide patient with dosing schedule; 150 tabs with 3 repeats
- ☐ **Lyrica:** 25 mg tabs; start 1 tab in the evening; provide patient with dosing schedule; 120 tabs with 3 repeats
- ☐ **Gabapentin:** 100 mg tabs; start 1 tab in the evening; provide patient with dosing schedule; 200 tabs with 3 repeats
- ☐ **Topiramate:** 25 mg tabs; start ½ tab in the evening; provide patient with dosing schedule; 120 tabs with 3 repeats. Provide standing order lab requisition for CBC, lytes (including bicarb), and liver tests: baseline, then q month x 2, then q 6 month
- ☐ **Cymbalta:** 30 mg tabs; start 1 tab Q 2 Days; provide patient with dosing schedule; 30 tabs with 3 repeats
- ☐ **Venlafaxine XR:** 37.5 mg tabs; start 1 tab daily; provide patient with dosing schedule; 100 tabs with 3 repeats
- ☐ **Nabilone:** 0.25 mg tabs; start 1 tab evening/bedtime; provide patient with dosing schedule; 480 tabs dispense 240 at monthly intervals
- ☐ **Naltrexone:** 1 mg compounded; start 1 tab daily x 1 wk; 2 mg daily x 1 wk; 3 mg daily x 1 wk; 4mg daily x 1 wk; and 4.5 mg tabs x 1 mo with 3 repeats
- ☐ **Modafinil:** 100 mg; start 1 tab daily regular or prn; may increase to 200 mg daily if required; 90 with 3 repeats
- ☐ **Iron:** ferrous gluconate 300 mg TID; available OTC; you may also want to prescribe PEG 3350 to prevent constipation (see IBS-C)
- ☐ **Iron:** ferrous fumarate 300 mg daily; available OTC; you may also want to prescribe PEG 3350 to prevent constipation (see IBS-C)

IBS-D, bloating and pain

- ☐ **Dicetel** (pinaverium): 50 mg tabs; start 50 mg TID prn; provide handout; 180 tabs with 3 repeats
- ☐ **Dicyclomine** (dicycloverine): 20 mg tabs; start 20 mg QID prn; provide handout; 180 tabs with 3 repeats
- ☐ **Loperamide:** 2 mg tabs; 1 – 2 tabs up to 4 times a day; take 45 min AC meals; max 8 tabs (6 mg) per day; available OTC
- ☐ **Cholestyramine:** start 4 g per day; provide handout; 100 g NEED TO CHECK AVAILABILITY with 3 repeats
- ☐ **Colesevelam:** start 625 mg daily; provide handout; 175 tabs with 3 repeats
- ☐ **Amitriptyline:** see General above
- ☐ **Rifamixin:** 550 mg three times daily for 14 days

IBS-C

- ☐ **PEG 3350:** start 17 g in 1 cup of water daily with meal; provide handout; available OTC
- ☐ **Milk of Magnesia:** 15 – 30 mL (1 – 2 tbs) qhs prn for rescue; provide handout; available OTC
- ☐ **SNRI:** Cymbalta or venlafaxine XR; see General above

Migraine: Acute treatment

- ☐ **Ibuprofen:** 400 – 800 mg; max 1200 mg/day; available OTC
- ☐ **Naproxen sodium:** 250 – 1000 mg; max 1000 mg/day; 50 tabs with 3 repeats
- ☐ **Diclofenac:** 50 – 100 mg; max 150 mg/day; 50 tabs with 3 repeats
- ☐ **Metoclopramide:** 10 – 40 mg Q4-6h; 50 tabs with 3 repeats
- ☐ **Rizatriptan:** 5 – 10 mg at onset; may repeat dose after 2 hrs; max 20 mg/day; 20 tabs with 3 repeats
- ☐ **Zolmitriptan:** 2.5 – 5 mg at onset; may repeat dose after 2 hrs; max 10 mg/day; 20 tabs with 3 repeats

Migraine: Prophylaxis

- ☐ **Propranolol**: 10 mg tabs; start 10 mg daily; provide patient with dosing schedule; 120 tabs with 3 repeats
- ☐ **Topiramate**: see General above
- ☐ **Divalproex**: 125 mg tabs; start 125 mg daily; provide patient with dosing schedule; 120 tabs with 3 repeats; provide standing order lab requisition for liver tests: baseline, then q month x 6, then q 6 month; Note: teratogenic – should not be used in women of childbearing age
- ☐ **Amitriptyline**: see General above
- ☐ **Venlafaxine XR**: see General above

Migraine: Perimenstrual

- ☐ **Frovatriptan**: 2.5 mg twice daily 2 days before, continuing for 6 days; 25 tabs with 3 repeats

Migraine: Perimenopausal

- ☐ **Venlafaxine XR**: see general above
- ☐ **Hormone Therapy**: (Refer to GP for management)

POTS

- ☐ **Propranolol**: 10 mg tabs; start 10 mg daily; provide patient with dosing schedule; 200 tabs with 3 repeats
- ☐ **Fludrocortisone**: 0.1 mg tabs; start ½ tab daily; provide patient handout; 30 tabs with 3 repeats; provide patient with standing order lab requisition for lytes: baseline, then q 2 weeks x 2, then q month x 2, then q 6 month

Interstitial Cystitis

- ☐ **Elmiron** (pentosan polysulfate): 100 mg TID 1 hour before or 2 hours after meals; provide patient handout; 90 tabs with 3 repeats
- ☐ **Amitriptyline**: see General above
- ☐ **Hydroxyzine**: 50 mg QHS; 30 tabs with 3 repeats
- ☐ **Cyclosporine A**: start 1.5 mg/kg/day BID; provide patient handout; dispense 1 month supply with 3 repeats; Provide standing order lab requisition for creatinine: monitor weekly for first 4 weeks of therapy then q6 months

Mood Disorder or Anxiety

- ☐ **SNRI**: Cymbalta or venlafaxine XR; see General above
- ☐ **Other**:

Night Sweats

- ☐ **Clonidine**: 0.1 mg tabs; 1 – 2 tabs qhs; 60 tabs with 3 repeats
- ☐ **Other**:

OTHER TREATMENTS NOT COVERED BY MSP

- ☐ Counselor who specializes in chronic disease management: Meagan Maddocks, Vancouver, 778-887-9665
- ☐ Occupational therapist who specializes in CFS and FM: Karen Gilbert, Vancouver, (604) 670-5975
- ☐ Naturopath for help with mitochondrial health: telehealth visits available
Dr. Gaetano Morello
 - Phone: 604-925-2560 Fax: 604-925-2567 Toll Free: 1-877-925-2560
 - www.westvanwellness.com

OTHER RECOMMENDATIONS

- ☐ NONE

FOLLOW-UP



Complex Chronic Disease Program Referral

PHONE: (604) 875-2061 FAX: (604) 875-3738

SURNAME		FIRST NAME	
PERMANENT ADDRESS			
POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
DATE OF BIRTH DD/Mth/YEAR		AGE	
PHN			

Date of referral: ____/____/____
DD / Mth / YEAR

OK for BC Women's to contact patient? ☐ YES ☐ NO

Interpreter required ☐ Y ☐ N (see reverse)

Language: _____

Referring GP/NP/ND: _____ MSC Billing #: _____

Phone: _____ FAX: _____

***Indication for referral: (**will be returned if incomplete**)**

Please note: you must be the patient's primary care provider to refer to the CCDP. We do not accept referrals for patients with suspected acute Lyme disease. If a consult with and Infectious Disease Specialist is required, please follow your usual referral pathway.

Reason for Referral: ☐ New patient referral ☐ Re-referral

Referrals made only if you are:

- BC Resident
- Age 19 or over
- Patients referring Primary Care provider is available to provide ongoing care

Patient has: ☐ Symptoms or diagnosis of Fibromyalgia and/or ME/CFS

Or:

☐ Chronic symptoms of Tick borne illness (eg. Lyme Disease)

Please provide as much information as possible to allow appropriate triaging to expedite clinical care - the more information the better

Please attach relevant documents: Received BCW:

- ☐ Consultations
- ☐ Diagnostic Imaging
- ☐ Lab Reports
- ☐ Other (eg. Sleep studies, EMG)
- ☐ None available (Please provide a brief history)

Referring Office Checklist:

- ☐ Care card and Photo ID
- ☐ Directions (Entrance #77) – web instructions/map
- ☐ Scent Free Clinic

FOR BC WOMEN'S OFFICE USE ONLY:

- ☐ Referring office Notified
 - ☐ Letter Date: _____
- ☐ Patient Notified Date: _____
- ☐ Cerner Date: _____
- ☐ Wait list: ____/____/____ Initial: _____
DD / Mth / YEAR

Reviewed by: _____
Date: _____

Key: (abbreviations): GP = General Practitioner NP = Nurse Practitioner ND = Naturopathic Doctor
ME = Myalgic Encephalomyelitis CFS = Chronic Fatigue Syndrome EMG = Electromyography

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Revised June 3, 2015

Page 1 of 2

Provincial Language Service Interpretation criteria:

- ☐ Patient will be asked to sign **Informed Consent** for treatment/procedure and patient is not fully fluent in English
- ☐ Patient has little or no English skills and has no family/friend to translate for them during clinical encounter

Provincial Language Service does not come without significant cost.

If your patient has basic English language skills and can manage her appointment that does not include consent, diagnosis or treatment, please do not request an interpreter.

All information and medical terminology is explained in simple English so the use of an interpreter is not necessary for most appointment types. Should we determine that there is in fact a need, we will access interpretation support via telephone which is an effective modality for interpreting health care as indicated in the most recent literature and current best practices.

Thank you for your cooperation and support.

Complex Chronic Diseases Program
BC Women's Hospital & Health Centre