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Looking at Fibromyalgia differently – the meaning and consequences of fibromyalgia as a dimensional disorder

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Dear Editor,

We read with interest the letter by Pontes-Silva et al [1]

We strongly agree that it is important to study social variables that correspond to the biopsychosocial model and are associated with fibromyalgia [FM] outcomes, such as education, ethnicity, status, monthly income, marital status, interpersonal relationships, cohabitation, dependents, number of children, and so on [2]. But that was not our purpose in our paper [3].

Before studying key social variables, it is essential to understand the meaning and consequences of treating FM —a clearly dimensional disorder —as a categorical disorder. For more than 50 years various criteria have treated FM as a categorical disorder [3,4], and almost all studies consider FM that way. Given a diagnostic cut point, such as, for example, a polysymptomatic distress (PSD) score <12 [5], many patients will go back and forth across the diagnostic cut point. In clinical practice where diagnosis often does not comply with criteria, dichotomization is the rule [6,7]. Our study shows that there is no obvious data-based dividing point to separate cases and non-cases. [3].

While FM is often considered to be a discrete disorder, it should perhaps be understood as describing a status, measured by the PSD scale which measures FM dimensions and enlightens categorical fibromyalgia. As such, the PSD scale is an effective tool to measure clinical status and changes. Whatever the mechanism of the pain and symptom increase in fibromyalgia, the PSD appears to operate over the entire fibromyalgia symptom dimension, not just in those with categorical fibromyalgia.

It is well known that most chronic diseases including cancer, heart and pulmonary diseases, rheumatoid arthritis and FM are more frequently seen and more severe in the poor and less educated populations. PSD correlates with age, education, sex, opiate use [3]. It correlates also with multimorbidity and cognitive dysfunction [8,9].

Because PSD measures the level and distribution of pain and symptom distress, PSD may be considered to describe a continuum of pain and human suffering. Such a scale can thus be applied in people with many different diseases and even in healthy populations and, if one wishes, it can be applied to people with and without categorical FM.

In Summary: we agree with you that psychosocial measures are important for patients with all chronic diseases, but addressing such issues was not our purpose in our paper. We must understand the meaning of FM in the clinical and research setting. Our article stressed that this can only be done if one realizes that FM is a dimensional disorder and not a categorical one.

Declaration of Competing Interest

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