**General aches and pains (No evidence of Inflammatory Arthritis)**

**Refer to pain management service**

If not responding to Primary Care management

**Refer to appropriate speciality**

For all other abnormal investigations

**Refer to Chronic Fatigue Syndrome Service**

If appropriate [www.sussexcommunity.nhs.uk/CFS](http://www.sussexcommunity.nhs.uk/CFS)

At each review, check for new inflammatory joint pain:

* More than 30 minutes stiffness in early morning
* Signs of synovitis in hands, wrists or other painful joints
* Consider the Squeeze Test

Rule out

Red flags

If screening tests are normal, a diagnosis of Fibromyalgia should be made in Primary Care following these diagnostic criteria:

[https://www.rheumatology.org/FMS-diagnosis-criteria](https://www.rheumatology.org/Practice-Quality/Clinical-Support/Criteria/ACR-Endorsed-Criteria)

**Refer to Consultant Rheumatologist**

Evidence of synovitis

Investigations abnormal

Suspected inflammatory process

**Management**

Patient education/information

Supported self-management and review as necessary

Psycho-social support

Simple analgesics in line with agreed formularies/NICE guidance (avoid opioids)

<https://www.brightonandhove/non-malignant-chronic-pain-prescribing>

<https://www.nice.org.uk/advice/ktt21> (Medicines optimisation in long-term pain)

Vitamin D supplementation as necessary

[https://www.brightonandhove/Vitamin-d-prescribing](https://www.brightonandhove/vitamin-d-prescribing)

Treat abnormal investigations as appropriate

**Investigations:**

FBC, U&E, LFT, TFT, ESR, CRP, Glucose, Bone profile and Vitamin D, CK

Urine dipstick

Consider CXR in smoker

Auto-antibodies blood tests are unlikely to be helpful (frequent false positives), unless specific indications of connective tissue disorder such as:

Dry eyes / Dry mouth / Photosensitive rash / Significant alopecia / Recurrent miscarriage

Consider myeloma screen

Symptoms: Duration, sites, severity and frequency

History of fatigue, poor sleep, poor concentration, low mood

Function: ADLs

PMH/Co-morbidities/Peri-menopausal

The patient does not have a disorder that would otherwise explain pain

Rule out red flags and systemic symptoms i.e. rashes, fever, risk factors, family history, smoking

Organ specific symptoms to exclude: systemic disease, depression, anxiety. PHQ9 and GAD7 may be helpful

Yellow flags (psycho-social): Work, relationships, leisure, QOL

Requires full examination including lymph nodes, breasts and thyroid