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

Symptoms: Duration, sites, severity and frequency

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

Function: ADLs

PMH/Co-morbidities/Peri-menopausal

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

**Refer to pain management service**

Following diagnosis and if not responding to Primary Care management

Marked deterioration in ADL’s

Consider signposting to self-referral, or supported referral [via MSK website](https://sussexmskpartnershipcentral.co.uk/self-referral-intro/)

**Refer to appropriate speciality**

For all other abnormal investigations

[Consider referral to Chronic Fatigue Syndrome service](https://www.sussexcommunity.nhs.uk/services/chronic-fatigue-syndrome-me-service-cfsme-service-sussex-wide/108935)

If fatigue is the dominant feature

**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

Signpost to local support services as needed. For example:

* NHS Talking Therapies
* Social prescribers
* Exercise on prescription
* Healthy lifestyle services

Simple analgesics in line with [NICE guidance](https://www.nice.org.uk/guidance/ng193)

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

[Vitamin D supplementation](https://cks.nice.org.uk/topics/vitamin-d-deficiency-in-adults/prescribing-information/vitamin-d-supplements/) – as required

Treat abnormal investigations as appropriate

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

[New Clinical Fibromyalgia Diagnostic Criteria](https://www.fpmx.com.au/resources/office/New_Clinical_Fibromyalgia_Diagnostic_Criteria.pdf)

Consider a diagnosis of Chronic Primary Pain for patients who do not meet the criteria or who do not want a diagnosis of Fibromyalgia

**Investigations:** FBC, Electrolytes and Creatinine, Liver Function Profile, TSH, ESR, CRP, HbA1c, Bone profile and Vitamin D, CK (if muscular pain), PSA in men with bony pain and clinical correlation of symptoms

Consider 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

Rule out

Red flags

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