

Focus on chronic regional pain  
and chronic widespread pain

-Unification of disease names of  
chronic regional pain, chronic  
widespread pain, and  
fibromyalgia-

Katsuhiro Toda M.D.

Focus on chronic regional pain and chronic widespread pain

-Unification of disease names of chronic regional pain, chronic widespread pain, and fibromyalgia-

Katsuhiko Toda MD

Department of Rehabilitation, Hatsukaichi Memorial Hospital, 5-12 Youkoudai, Hatsukaichi City, Hiroshima 738-0060, Japan.

*Key Words.* Chronic Regional Pain; Chronic Widespread Pain; Fibromyalgia

Abstract

Chronic widespread pain (CWP) and chronic regional pain (CRP) are incomplete forms of fibromyalgia (FM). Although the prevalence of FN is approximately 2%, the prevalence of CWP and CRP is at least 20%. The treatment of FM is effective for CWP and CRP. CRP and CWP are milder and more obscure than FM. However, the number of patients with CRP or CWP is higher than that with FM, so, CRP and CWP are more important than FM in clinical practice. Greater focus should be placed on CRP and CWP. It is not desirable for patients with CRP or CWP to be included as FM patients in clinical studies of FM. However, the differentiation is valueless from viewpoints of clinical practice. CRP, CWP, and FM should be integrated and a single disease name should be established such as fibromyalgia complex (FM complex).

This book is free of charge. If you click “この本を開く“, you can download full text. Full text is in <http://p.booklog.jp/book/78796/read>.

The prevalence of fibromyalgia (FM) and its incomplete forms is enormous, with the prevalence of FM in developed countries being approximately 2% [1]. Although the prevalence of chronic widespread pain (CWP) is reported to be 5-18%, it is usually over 10%[2-11](including 8.7% in males[11]), so, it is appropriate to consider its prevalence as approximately 10%. There is not one specific diagnostic criterion of CWP, but the diagnostic criteria[12] of the American College of Rheumatology are usually applied. According to the criteria, broadly-defined CWP is pain in five areas of the body (pain in the left side of the body, pain in the right side of the body, pain above the waist, pain below the waist, and axial

skeletal pain) for at least 3 months. Broadly-defined CWP includes FM, and narrowly-defined CWP excludes FM. The above prevalence of approximately 10% is the prevalence of broadly-defined CWP. Another clinical disorder that accounts for the symptoms usually excludes the diagnosis of CWP. Chronic regional pain (CRP) is usually pain that is broader than low back pain or stiff neck and does not satisfy the diagnostic criteria of CWP. If another clinical disorder accounts for the symptoms, it usually excludes the diagnosis of CRP. The prevalence of CRP is 1-2 times as frequent as CWP[1,13-15]. Many studies suggest that low back pain or stiff neck develops to FM through CRP and CWP[16] [13] [15] [17-20]; therefore, CWP and CRP are suspected to be gray areas or incomplete forms of FM [21] [22,23]. Treatment for CWP is usually the same as the treatment for FM throughout the world[24]. I have performed the same treatment as for FM in patients with CRP. I think treatment for CRP is usually the same as that for FM throughout the world. If patients with CWP or CRP undergo the same treatment as FM, the treatment outcome of CWP or CRP is superior to that of FM[25], although there are no significant differences. Persons who may respond to the treatment for FM, including gray areas or incomplete forms of FM, are at least 20% of the population.

Regardless of the etiology, persistent pain stimulus causes central sensitization. Although the etiology of FM is unknown, the central sensitization theory in FM is accepted, as it is for the etiology of CRP and CWP.

CRP and CWP are milder and more obscure than FM. However, the number of patients with CRP or CWP is higher than that with FM, so, CRP and CWP are more important than FM in clinical practice. Greater focus should be placed on CRP and CWP. CWP patients with tender points do not satisfy the diagnostic criteria[12]; therefore, they sometimes cannot undergo treatment for FM. As mentioned above, it is appropriate for CWP to usually be treated the same as FM. New diagnostic criteria were published in 2011[26]. All diagnostic criteria for FM provide gray areas or incomplete forms of FM that do not satisfy the diagnostic criteria for FM.

CRP, CWP, and FM should be integrated and a single disease name should be established such as fibromyalgia complex (FM complex). Unification of the disease names enables high name recognition and demonstrates the high prevalence with advantages. 1: Physicians and patients can easily understand that CRP and CWP should be treated with the same as FM, contributing to early diagnosis and early treatment for CRP or CWP. 2: If the general public and physicians know that approximately 20% of the population suffers from FM complex, FM and FM complex will be recognized as an important syndrome. 3: FM complex accounts for a

substantial portion of medically unexplained pain, psychogenic pain, or somatoform disorder (somatization disorder and pain disorder), supporting the medical hypothesis that FM complex should be excluded first if patients are diagnosed with psychogenic pain or somatoform disorder (somatization disorder or pain disorder). 4: FM alone is unlikely to become a typical disorder of central sensitivity syndrome (CSS) because the prevalence of FM alone is low; however, FM complex is a typical disorder of CSS because it shows diverse symptoms and its prevalence is one of the highest among CSS. FM complex promotes the spread of CSS knowledge among the general public and physicians. It is not desirable for patients with CRP or CWP to be included as FM patients in clinical studies of FM. They should be strictly separated from patients with FM. Because the clinical symptoms of CRP and CWP are milder than those of FM [23] and the treatment outcomes of CRP or CWP are better than those of FM although they are not significantly different [25].

## References

- 1 Toda K. The prevalence of fibromyalgia in Japanese workers. *Scand J Rheumatol* 2007;36:140-4.
- 2 Croft P, Rigby AS, Boswell R, Schollum J, Silman A. The prevalence of chronic widespread pain in the general population. *J Rheumatol* 1993;20:710-3.
- 3 Macfarlane GJ, Morris S, Hunt IM, et al. Chronic widespread pain in the community: the influence of psychological symptoms and mental disorder on healthcare seeking behavior. *J Rheumatol* 1999;26:413-9.
- 4 Benjamin S, Morris S, McBeth J, Macfarlane GJ, Silman AJ. The association between chronic widespread pain and mental disorder: a population-based study. *Arthritis Rheum* 2000;43:561-7.
- 5 Macfarlane GJ, McBeth J, Silman AJ. Widespread body pain and mortality: prospective population based study. *Bmj* 2001;323:662-5.
- 6 McBeth J, Jones K. Epidemiology of chronic musculoskeletal pain. *Best Pract Res Clin Rheumatol* 2007;21:403-25.
- 7 Jones GT, Power C, Macfarlane GJ. Adverse events in childhood and chronic widespread pain in adult life: Results from the 1958 British Birth Cohort Study. *Pain* 2009;143:92-6.
- 8 McBeth J, Nicholl BI, Cordingley L, Davies KA, Macfarlane GJ. Chronic widespread pain

predicts physical inactivity: Results from the prospective EPIFUND study. *Eur J Pain* 2010;14:972-9.

9 Macfarlane TV, McBeth J, Jones GT, Nicholl B, Macfarlane GJ. Whether the weather influences pain? Results from the EpiFunD study in North West England. *Rheumatology (Oxford)* 2010;49:1513-20.

10 Barsante Santos AM, Burti JS, Lopes JB, Scazufca M, Pasqual Marques A, Pereira RM. Prevalence of fibromyalgia and chronic widespread pain in community-dwelling elderly subjects living in Sao Paulo, Brazil. *Maturitas* 2010;67:251-5.

11 Tajar A, O'Neill TW, Lee DM, et al. The Effect of Musculoskeletal Pain on Sexual Function in Middle-aged and Elderly European Men: Results from the European Male Ageing Study. *J Rheumatol* 2010;38:370-7.

12 Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia. Report of the Multicenter Criteria Committee. *Arthritis Rheum* 1990;33:160-72.

13 Forseth KO, Forre O, Gran JT. A 5.5 year prospective study of self-reported musculoskeletal pain and of fibromyalgia in a female population: significance and natural history. *Clin Rheumatol* 1999;18:114-21.

14 Bergman S, Herrstrom P, Hogstrom K, Petersson IF, Svensson B, Jacobsson LT. Chronic musculoskeletal pain, prevalence rates, and sociodemographic associations in a Swedish population study. *J Rheumatol* 2001;28:1369-77.

15 Bergman S, Herrstrom P, Jacobsson LT, Petersson IF. Chronic widespread pain: a three year followup of pain distribution and risk factors. *J Rheumatol* 2002;29:818-25.

16 Lapossy E, Maleitzke R, Hrycaj P, Mennet W, Muller W. The frequency of transition of chronic low back pain to fibromyalgia. *Scand J Rheumatol* 1995;24:29-33.

17 Nicholl BI, Macfarlane GJ, Davies KA, Morriss R, Dickens C, McBeth J. Premorbid psychosocial factors are associated with poor health-related quality of life in subjects with new onset of chronic widespread pain - results from the EPIFUND study. *Pain* 2009;141:119-26.

18 MacFarlane GJ, Thomas E, Papageorgiou AC, Schollum J, Croft PR, Silman AJ. The natural history of chronic pain in the community: a better prognosis than in the clinic? *J Rheumatol* 1996;23:1617-20.

19 Gupta A, Silman AJ, Ray D, et al. The role of psychosocial factors in predicting the onset of chronic widespread pain: results from a prospective population-based study. *Rheumatology (Oxford)* 2007;46:666-71.

- 20 McBeth J, Silman AJ, Gupta A, et al. Moderation of psychosocial risk factors through dysfunction of the hypothalamic-pituitary-adrenal stress axis in the onset of chronic widespread musculoskeletal pain: findings of a population-based prospective cohort study. *Arthritis Rheum* 2007;56:360-71.
- 21 Staud R. Chronic widespread pain and fibromyalgia: two sides of the same coin? *Curr Rheumatol Rep* 2009;11:433-6.
- 22 Hauser W, Eich W, Herrmann M, Nutzinger DO, Schiltenswolf M, Henningsen P. Fibromyalgia syndrome: classification, diagnosis, and treatment. *Dtsch Arztebl Int* 2009;106:383-91.
- 23 Toda K. Comparison of symptoms among fibromyalgia syndrome, chronic widespread pain, and an incomplete form of chronic widespread pain. *J Musculoskelet Pain* 2011;19:52-55.
- 24 Toda K. Treatment of chronic widespread pain is similar to treatment of fibromyalgia throughout the world. *J Musculoskelet Pain* 2010;18:317-18.
- 25 Toda K. Comparison between the outcome treatment results of fibromyalgia and chronic widespread pain. *Rinsho Seikei Geka (Clinical Orthopaedic Surgery)* 2009;44:1203-07 Abstract in English.
- 26 Wolfe F, Clauw DJ, Fitzcharles MA, et al. Fibromyalgia Criteria and Severity Scales for Clinical and Epidemiological Studies: A Modification of the ACR Preliminary Diagnostic Criteria for Fibromyalgia. *J Rheumatol* 2011;38:1113-22.

## author

---

Author

Katsuhiko Toda M.D.

Katsuhiko Toda: Efficacy of Lafutidine for Fibromyalgia Yokyo, Booklog Inc., 2013.

<http://p.booklog.jp/book/74824/read>

Katsuhiko Toda: Efficacy of Epadel® (comprising not less than 98% eicosapentaenoic acid ethyl ester) for fibromyalgia Tokyo, Booklog Inc., 2013. <http://p.booklog.jp/book/74825/read>

Katsuhiko Toda: Efficacy of Neurotropin in chronic fatigue syndrome-The U.S. National Institutes of Health have performed double-blind, cross-over, placebo-controlled studies of Neurotropin in fibromyalgia patients (protocol number: 06-NR-0229)- Tokyo, Booklog Inc., 2013. <http://p.booklog.jp/book/68901/read>

## copyright page

---

Focus on chronic regional pain and chronic widespread pain

Unification of disease names of chronic regional pain, chronic widespread pain, and fibromyalgia

11/5/2013 First edition publication

<http://p.booklog.jp/book/78796/read>

Author : Katushiro Toda

Issuer : Kengo Yoshida

Publisher : Booklog,Inc. Cerulean Tower 26-1, Sakuragaoka-chou, Shibuya-ku, Tokyo 150-8512 Japan <http://booklog.co.jp>



Focus on chronic regional pain and chronic widespread pain  
-Unification of disease names of chronic regional pain, chronic widespread pain, and  
fibromyalgia-

<http://p.booklog.jp/book/78796>

著者：戸田克広

著者プロフィール：<http://p.booklog.jp/users/katsuhirotodamd/profile>

感想はこちらのコメントへ

<http://p.booklog.jp/book/78796>

ブックログ本棚へ入れる

<http://booklog.jp/item/3/78796>

電子書籍プラットフォーム：ブックログのパブー (<http://p.booklog.jp/>)

運営会社：株式会社ブックログ