

# 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

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

**Rule out  
Red flags**

**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

If screening tests are normal, a diagnosis of Fibromyalgia should be made in Primary Care following these diagnostic criteria:  
[FMN72 New \(umanitoba.ca\)](http://umanitoba.ca)

**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>

Treat abnormal investigations as appropriate

**Refer to MSK  
Rheumatology**

Evidence of synovitis  
Investigations abnormal  
Suspected inflammatory process

**Refer to pain management service**  
Following diagnosis and 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