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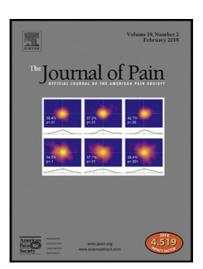
Response to Wolfe. Letter to the Editor, "Fibromyalgia Criteria"

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Response to Wolfe. Letter to the Editor, "Fibromyalgia Criteria"

We thank the Journal of Pain for the opportunity to respond to Dr. Wolfe.<sup>2</sup> We would like to emphasize several main points in response to Dr. Wolfe.

The objective of the AAPT criteria was to provide simplification and clarity for the diagnosis of fibromyalgia, a condition that has been fraught with challenges over the past 3 decades. This effort represents the first truly international consensus of criteria. Another important strength of the process was the use of population-based methods to provide supportive data in the development of the criteria.

The purpose of the AAPT was to bring the diagnosis of fibromyalgia into line with how other chronic pain conditions are conceptualized and diagnosed. As such, it is not surprising that we developed different criteria that may have different rates in the population.

The AAPT process requires that diagnostic criteria are binary. We agree with Dr. Wolfe that there is significant evidence that most elements of fibromyalgia occur over a continuum rather than being clearly dichotomous, but in fact, this is true of most pain conditions and even other medical conditions.

Dr. Wolfe makes the point that the AAPT criteria might diagnose a higher proportion of individuals with fibromyalgia than other criteria—but is this necessarily bad? Notably, recent evidence shows that each one-point increase in the fibromyalgia survey score leads to decreased responsiveness to surgery for pain and opioids.<sup>1</sup> Perhaps the threshold for diagnosing this condition should be lower, and include individuals who did not meet criteria with previous fibromyalgia diagnostic criteria.

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We emphasize that we are indeed reflecting in our criteria that fibromyalgia is not just a pain condition. While chronic pain remains the core symptom of fibromyalgia, two key associated symptoms (fatigue and sleep disturbance) are included in the diagnostic criteria. Furthermore, the AAPT diagnostic system includes multiple dimensions of fibromyalgia that will help improve the understanding and treatment of this condition.

We hope that these new criteria will be both clinically applicable for day-to-day practice, and will also facilitate research by identifying a homogenous patient population. We emphasize the importance of easily applicable, user friendly and simple criteria. We acknowledge that further refinement of these criteria will likely evolve, as the underlying pathogenesis of fibromyalgia is better understood. We also look forward to examining the performance of these criteria in clinical and research settings.

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The authors have no conflicts of interest to declare.

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