perceived differently according to the individuals questioned. The minimum prevalence estimated of 3.2% in Germany corresponds to 2.26 million of FM sufferers.

**PMS6**

**PREVALENCE OF FIBROMYALGIA IN FRANCE**

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**OBJECTIVES:** Fibromyalgia syndrome (FM) is an under diagnosed disorder of unknown etiology. The prevalence rate is thought to be about 2% in the general population, 5.8% of women ages 40–60 and as high as 8% in women ages 55–64. Recent European estimates are needed. This aim of the study was to estimate the prevalence of FM in the general adult population, in France and describe the socio-demographic characteristics of patients. **METHODS:** The French validated version of the London Fibromyalgia Epidemiology Study Screening Questionnaire (4 items relating to widespread pain and 2 items on fatigue) was administered to a representative community sample of 1014 subjects aged over 15 years, selected by the quota method. The questionnaire was submitted to a sample of rheumatology outpatients (n = 178), who were then examined by a trained rheumatologist to confirm or exclude the diagnosis of FM according to the 1990 American College of Rheumatology criteria. The prevalence of FM in the general population was estimated by applying the predictive positive value to eligible community subjects (i.e., positive screens). **RESULTS:** In the community sample, 9.8% and 5.0% screened positive for widespread pain without and with fatigue, respectively. Among rheumatology outpatients, 47.1% and 34.8% were screened positive respectively, whereas 10.6% were confirmed FM cases. Based on widespread criteria, the prevalence of FM was estimated at 2.2% (95% CI: 1.3%–3.1%) in the French general population. The corresponding figure was 1.4% (95% CI, 0.7%–2.1%) if pain is added. FM suffers are females with an average age of 47.3 years old (SD: 12.4, 21.5–68.0). **CONCLUSIONS:** Our findings are in agreement with those of earlier national survey reports. A point prevalence of 1.4% would translate in approximately 680,000 patients with FM in France.

**PMS7**

**PREVALENCE OF FIBROMYALGIA:A LARGE-SCALE EUROPEAN SURVEY: EARLY RESULTS IN UNITED KINGDOM**

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**OBJECTIVES:** To assess the estimated prevalence of fibromyalgia syndrome (FM) among the adult population in United Kingdom in the general population, using the London Fibromyalgia Epidemiology Study—Screening Questionnaire (LFESSQ) and American College of Rheumatology (ACR) classification criteria. **METHODS:** The LFESSQ was administered to a representative community sample of 1300 subjects aged over 15 years, selected by the quota method. A positive screen was defined as: (1) meeting the 4-pain criteria alone (LFESSQ-4), or meeting both the 4-pain and 2-fatigue criteria (LFESSQ-6). The positive predictive value of LFESSQ-4 and LFESSQ-6, was estimated in different European countries, this questionnaire was submitted to a sample of rheumatology outpatients (n = 1.125), who were then examined by a trained rheumatologist to confirm or exclude the diagnosis of FM according to the 1990 American College of Rheumatology criteria. The prevalence of FM in the English general population was estimated by applying the predictive positive value to eligible community subjects (i.e., positive screens) in UK. **RESULTS:** The community sample is constituted of 765 females and 735 men. 7.8% screened positive for LFESSQ-4 (9.3% in females and 6.3% in males respectively). A total of 4.3% screened positive for LFESSQ-6 (5.5% in females and 3.0% in males respectively). Based on positive screens for LFESSQ 4 items (pain only), the prevalence of FM would be estimated at 2.8% (95% CI: [1.9–3.6]), 3.3% in females and 2.2% in males respectively. The corresponding figure was 1.8% (95% CI: [1.1–2.5]), 2.3% in females and 1.3% in males respectively, if positive screens for LFESSQ-6 (pain and fatigue) were considered. **CONCLUSIONS:** Our study confirms the results of publications in Canada, US or Spain, with slight differences probably due to the different methodologies and populations used. A point prevalence of 1.8% would translate in approximately 880 thousands of patients with FM in UK.

**PMS8**

**PREVALENCE OF FIBROMYALGIA IN ITALY**

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**OBJECTIVES:** To assess the estimated prevalence of possible fibromyalgia (FM) sufferers among the adult population in Italy using a screening questionnaire, the London Fibromyalgia Epidemiology Study—Screening Questionnaire (LFESSQ). **METHODS:** Every patients going to visit a rheumatologist at a hospital in Florence, during a 30-day period, what the reason of their visit, were interviewed using the LFESSQ with two additional questions on fatigue, and examined to confirm or exclude the diagnosis of FM using American College of Rheumatology (ACR) classification criteria. The screening questionnaire was also administered to a representative community sample more than 15 years old, selected by the quota method. The prevalence of FM was estimated in the general population, applying the predictive positive value, observed in consultation, to the positive screens. **RESULTS:** 31.3% patients interviewed were found positive for chronic widespread pain, 20.7% for widespread pain and fatigue and in 26.2% [25.6–26.7] the diagnosis of FM was confirmed. In the general adult population, 10.1% subject were positive for widespread pain and 5.2% for widespread pain and fatigue. The prevalence in general population, is 6.6% [3.1–8.1], if patients screened positive for chronic widespread pain are considered. If fatigue is added, the prevalence of 3.7% [2.6–4.8]. Prevalence rises with age until the age group 75–84 years old. FM suffers are 84% females and an average age of 52.9 years old (SD: 14.2). **CONCLUSIONS:** Our study confirms the results from Canada, US or Spain, with slight differences probably due to the different methodologies and populations employed. The minimum prevalence estimated of 3.6% in Italy, these means that approximately 1.8 millions of Italians, largely women, may suffer from FM.

**PMS9**

**PREVALENCE OF FIBROMYALGIA IN PORTUGAL**

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**OBJECTIVES:** To estimate the prevalence of fibromyalgia syndrome (FM) in rheumatology consultation and in the general adult population, in Portugal. **METHODS:** All patients going to visit the rheumatologist in the Hospital Egas Moniz and in Hospital Santa Maria in Lisbon during a 30-days period, were interviewed using the London Fibromyalgia Epidemiological Study (LFES) Screening Questionnaire, with two additional questions on fatigue, and examined to confirm or exclude the diagnostic of FM using American College of Rheumatology (ACR) classification criteria. The screening questionnaire validated in Portuguese