OBJECTIVE: To compare the management of fibromyalgia amongst French and Portuguese rheumatologists. METHODS: A questionnaire with a prepaid envelope was sent to all practicing rheumatologists in France (n = 2614) and Portugal (n = 124). This questionnaire was organized in six main sections: the characteristics of the physician’s professional practice, the physician’s opinion on fibromyalgia, the main symptoms of fibromyalgia, diagnosis criteria, treatments of fibromyalgia, sources of knowledge on fibromyalgia. RESULTS: A total of 430 French and 34 Portuguese rheumatologists (response rate: 17% and 27.4% respectively) returned the completed questionnaire. In France 66% are male with an average age of 48, whereas in Portugal 61% are male with an average age of 46. The profile of the respondents is similar in age and gender to the average national profile. Twenty-three percent of French rheumatologists and 12% of the Portuguese affirm that fibromyalgia is a disease; 72% and 88% respectively claim it is a symptom and it is only for 2% of French rheumatologists that fibromyalgia does not exist. They have an average of 30 and 24.5 patients suffering from fibromyalgia for the French and Portuguese rheumatologists respectively. Concerning the use of morphine analog scales for measurement of pain, if 23% of French rheumatologists use them systematically and 18% never use them, we have 12% and 23% respectively in Portugal. CONCLUSION: The comparison between French and Portuguese Rheumatologists management of fibromyalgia reveals some significant differences, especially regarding the prescription of antidepressants more important in Portugal and the use of visual analog scales is more frequent in France. Concerning other type of management they essentially differ for acupuncture and osteopathy, while physical therapies are very similar.

PFM4

DIAGNOSIS OF FIBROMYALGIA AND HEALTH CARE RESOURCE USE IN PRIMARY CARE IN THE UK

Myon E1, Wessely S2, Annemans L1, Spaeen E1, Taieb C1

1Pierre Fabre, Boulogne-Billancourt, France; 2GKT School of Medicine & Institute of Psychiatry, London, England; 3IMS Health, Brussels, Belgium

OBJECTIVE: To investigate the incremental health care resource use and costs associated with Fibromyalgia diagnosis. METHODS: We used data from the UK General Practice Research Database (GPRD) to study the health care resource use of patients prior to and following their FM diagnosis. All patients in GPRD with a diagnosis of Fibromyalgia from January, 1 1998 and 2-years minimum of data prior to their first diagnosis, were included. Incidence rates of the clinical, therapy, referral, test and consultation events of interest were estimated for up to 10-years prior to and up to 4-years after the date of the diagnosis. A simple cost assessment was performed to compare the cost of diagnosed patients with Fibromyalgia and the predicted costs (based on trend analysis) of those patients if they wouldn’t have been diagnosed. RESULTS: There were 2260 diagnoses of Fibromyalgia. Of these, 81.3% were in females and mean age was 49-years old. Following the diagnosis of Fibromyalgia, the visits rate related to depression stabilised and then declined to 13 per 100 person-years by 4-years post-diagnosis. Referral rates declined considerably and the incidence of tests appeared to stabilise. Rheumatology referrals dropped to near control levels by 4 years following the Fibromyalgia diagnosis. In total, it was estimated that £9082 per 100 patient-years were saved by making the diagnosis. The major contributor to this savings was the reduced level of “other referrals” (£5399), followed by rheumatologists (£1880), GP consultations (£871) and tests (£621). The reduction in drugs contributed less (£112 per 100 person-years). CONCLUSION: Fibromyalgia is associated with considerable, long-term morbidity and health care resource use. A definitive diagnosis of Fibromyalgia is associated with a temporary increase in the use of TCAs and SSRIs and with a reduction in consultations and referrals for associated symptoms and in the health care resources and costs used to manage affected patients.

PFM6

CROSS-SURVEY OF FRENCH AND PORTUGUESE GENERAL PRACTITIONERS AWARENESS AND KNOWLEDGE OF FIBROMYALGIA

Blotman F1, Branco J2, Barros H3, Thomas E1, Taieb C1, Myon E4

1Lapeyronie Hospital, Montpellier, France; 2Hospital Egas Moniz, Lisboa, Portugal; 3ON-DOR, Porto, Portugal; 4Pierre Fabre, Boulogne-Billancourt, France

OBJECTIVE: To carry out a cross evaluation of the level of awareness and knowledge of fibromyalgia amongst French and Portuguese General Practitioners (GPs). METHODS: A questionnaire with a prepaid envelope was sent to a sample of 10,000 GPs in France and to all practicing GPs (n = 8399) in Portugal. This questionnaire was organized in six main sections: the characteristics of the physician’s professional practice, the physician’s opinion on fibromyalgia, the main symptoms of fibromyalgia, diagnosis criteria, treatments of fibromyalgia, sources of knowledge on fibromyalgia. RESULTS: In total, 1130 French GPs and 337 Portuguese GPs (response rate: 11.3% and 4% respectively) returned the questionnaire. In France 66% are male, average age of 47, whereas in Portugal 52% are male with an average age of 50. The profile of the respondents is similar in age and gender to the average national profile. In total, 33% of French GPs and 29.5% of the Portuguese affirm that fibromyalgia is a disease; 63% and 68% respectively claim it is a symptom and it is only 2% of French and 2.5% of the Portuguese GPs that fibromyalgia does not exist. They have an average of 6.1 and 8.3 patients suffering from fibromyalgia for the French and Portuguese GPs respectively. Concerning the 1990 ACR criteria, if 18% of French GPs know them completely and 36% partially, we have 33% and 47% respectively in Portugal. CONCLUSION: The comparison between French and Portuguese General Practition-
not exist (7% of French GPs did not answer). They have an average of 6.1 and 8.3 patients suffering from fibromyalgia for the French and Portuguese GPs respectively. Concerning the use visual analog scales for measurement of pain, if 11% of French GPs use them systematically and 35% never use them, we have 4% and 44% respectively in Portugal. CONCLUSION: The comparison between French and Portuguese General Practitioners management of FM reveals quite no differences in the prescriptions and for both a low use of morphine like agents. Concerning other type of management and physical exercises they essentially differ for acupuncture, osteopathy, hypnotherapy and bicycling. We can also note important difference concerning the use of visual analog scales, used more frequently in France.

**PFM4**

**DIAGNOSIS OF FIBROMYALGIA AND HEALTH CARE RESOURCE USE IN PRIMARY CARE IN THE UK**

Myon E1, Wessely S 2, Anнемans L1, Spaezen E2, Taieb C1

1Pierre Fabre, Boulogne-Billancourt, France; 2GKT School of Medicine & Institute of Psychiatry, London, England; 3IMS Health, Brussels, Belgium

**OBJECTIVE:** To investigate the incremental health care resource use and costs associated with Fibromyalgia diagnosis.

**METHOD:** We used data from the UK General Practice Research Database (GPRD) to study the health care resource use of patients prior to and following their FM diagnosis. All patients in GPRD with a diagnosis of Fibromyalgia from January, 1998 and 2-years minimum of data prior to their first diagnosis, were included. Incidence rates of the clinical, therapy, referral, test and consultation events of interest were estimated for up to 10-years prior to and up to 4-years after the date of the diagnosis. A simple cost assessment was performed to compare the cost of diagnosed patients with Fibromyalgia and the predicted costs (based on trend analysis) of those patients if they wouldn’t have been diagnosed. **RESULTS:** There were 2260 diagnoses of Fibromyalgia. Of these, 81.3% were in females and mean age was 49-years old. Following the diagnosis of Fibromyalgia, the visits rate related to depression stabilised and then declined to 13 per 100 person-years by 4-years post-diagnosis. Referral rates declined considerably and the incidence of tests appeared to stabilise. Rheumatology referrals dropped to near control levels by 4 years following the Fibromyalgia diagnosis. In total, it was estimated that £9082 per 100 patient-years were saved by making the diagnosis. The major contributor to this savings was the reduced level of “other referrals” (£5599), followed by rheumatologists (£1880), GP consultations (£871) and tests (£621) The reduction in drugs contributed less (£112 per 100 person-years). **CONCLUSION:** Fibromyalgia is associated with considerable, long-term morbidity and health care resource use. A definitive diagnosis of Fibromyalgia is associated with a temporary increase in the use of TCAs and SSRIs and with a reduction in consultations and referrals for associated symptoms and in the health care resources and costs used to manage affected patients.

**PFM6**

**CROSS-SURVEY OF FRENCH AND PORTUGUESE GENERAL PRACTITIONERS AWARENESS AND KNOWLEDGE OF FIBROMYALGIA**

Blotman F1, Branco J2, Barros H3, Thomas E1, Taieb C1, Myon E4

1Lapeyronie Hospital, Montpellier, France; 2Hospital Egas Moniz, Lisboa, Portugal; 3ON-DOR, Porto, Portugal; 4Pierre Fabre, Boulogne-Billancourt, France

**OBJECTIVE:** To compare the management of fibromyalgia amongst French and Portuguese Rheumatologists. **METHOD:** A questionnaire with a prepaid envelope was sent to all practicing rheumatologists in France (n = 2614) and Portugal (n = 124). This questionnaire was organized in six main sections: the characteristics of the physician’s professional practice, the physician’s opinion on fibromyalgia, the main symptoms of fibromyalgia, diagnosis criteria, treatments of fibromyalgia, sources of knowledge on fibromyalgia. **RESULTS:** A total of 430 French and 34 Portuguese rheumatologists (response rate: 17% and 27.4% respectively) returned the completed questionnaire. In France 66% are male with an average age of 48, whereas in Portugal 61% are male with an average age of 46. The profile of the respondents is similar in age and gender to the average national profile. Twenty-three percent of French rheumatologists and 12% of the Portuguese affirm that fibromyalgia is a disease; 72% and 88% respectively claim it is a symptom and it is only for 2% of French rheumatologists that fibromyalgia does not exist.

They have an average of 30 and 24.5 patients suffering from fibromyalgia for the French and Portuguese Rheumatologists respectively. Concerning the use visual analog scales for measurement of pain, if 23% of French Rheumatologists use them systematically and 18% never use them, we have 12% and 23% respectively in Portugal. **CONCLUSION:** The comparison between French and Portuguese Rheumatologists management of fibromyalgia reveals some significant differences, especially regarding the prescription of antidepressants more important in Portugal and the use of visual analog scales is more frequent in France. Concerning other type of management they essentially differ for acupuncture and osteopathy, while physical therapies are very similar.