



Effective Health Care

Fibromyalgia Effective Treatments Nomination Summary Document

Results of Topic Selection Process

AHRQ will not proceed with the development of a new evidence review on the nomination, *Fibromyalgia Effective Treatments*. The questions were found to be addressed by an AHRQ Comparative Effectiveness Review on treatments for fibromyalgia in adult subgroups (2015), an in-process review on all therapies for fibromyalgia in adults (2013) as well as, five Cochrane reviews and three Cochrane protocols for an in-process review on pharmaceuticals for fibromyalgia pain other than anti-depressants and analgesics (three published in 2013, two published in 2014, and three published in 2015), six Cochrane reviews and two Cochrane protocols for an in-process review on non-pharmaceutical treatments for fibromyalgia pain (one published in 2007, five published in 2013, one published in 2014, and one published in 2015), and two evidence maps which include studies on non-pharmaceutical treatments for fibromyalgia pain (both published in 2014).

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Nomination

Topic Number: 0656

Received On: 10/22/2015

Topic Name: Fibromyalgia Effective Treatments

Nominator: Patient

Nomination Summary: The nominator is interested in identifying effective treatments for fibromyalgia other than antidepressants and analgesics, particularly for adults between 50 and 70. The relevant population for fibromyalgia effective treatments includes adults and subpopulations with comorbidities. This topic is important because it greatly affects quality of life for many people. The nominator hopes that an AHRQ systematic review will identify knowledge gaps and inform research priorities for the fibromyalgia population.

Key Questions from Nomination: What are effective treatments for fibromyalgia that are not anti-depressants or painkillers?

Revised Key Questions: For purposes of clarification, we have revised the key questions to specifically address pharmacological and non-pharmacological treatments, and patient subpopulations.

Key Question 1: In adults with fibromyalgia:

- a) Other than anti-depressants and analgesics, what pharmacological interventions, are effective?
- b) Does the effectiveness of pharmacological treatment (other than anti-depressants and analgesics) vary by patient subpopulation (e.g., sex, age, comorbid conditions)?

Key Question 2: In adults with fibromyalgia:

- a) What non-pharmacological interventions are effective?
- b) Does the effectiveness of non-pharmacological interventions vary by patient subpopulation (e.g., sex, age, comorbid conditions)?

Policy and/or Clinical Context from the Nomination: “Baby boomers who have lived active lives, including accidents, and expect to live a long time, with quality of life, mobility, and freedom from pain. There are some 40 different symptoms attached to this, maybe more, and I seem to have most of them. Condition exacerbates any other illness condition people may have.”



Effective Health Care

Fibromyalgia Effective Treatments

Topic #: 0656

Nomination Date: November 22, 2015

Topic Brief Date: February 2016

Authors:

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Summary of Key Findings from the Topic Brief:

- Appropriateness and Importance:
 - *Fibromyalgia Effective Treatments* is an appropriate and important topic because it is a debilitating syndrome affecting 2-8% of individuals in the United States. A clear understanding of the interventions available to patients with fibromyalgia, and which, if any, are effective is of concern to clinicians, patients, and payers.
- Desirability of New Review/Duplication:
 - Key Question 1a. A new evidence review on pharmacological interventions for fibromyalgia, other than anti-depressants and analgesics, would be duplicative. There are 10 publications (current and in-process) which address the topic.
 - Key Question 1b. A new evidence review on the effectiveness of pharmacological interventions in subgroups would be duplicative. There is a recent AHRQ systematic review which addresses the topic.
 - Key Question 2a. A new evidence review on non-pharmacological interventions for fibromyalgia would be duplicative. There are 13 publications (current and in-process) which address the topic.
 - Key Question 2b. A new evidence review on the effectiveness of non-pharmacological interventions in subgroups would be duplicative. There is a recent AHRQ systematic review which addresses the topic.

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NOTE: The purpose of the topic selection process for the Agency for Healthcare Research and Quality's (AHRQ) Effective Healthcare Program (EHC) is to inform selection of nominations for systematic reviews and other AHRQ EHC reports. This topic brief is not, nor is it intended as a systematic review of the topic.

Introduction

Fibromyalgia is a syndrome characterized by chronic widespread pain and excessive tenderness at specific muscle-tendon sites, for which no clear cause can be found. Additionally patients suffer from abnormal processing of and heightened sensitivity to pain, sleep problems, fatigue, and often psychological distress. Fibromyalgia may co-occur with other conditions such as osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, and ankylosing spondylitis.

Approximately 2-8% of the general population in the United States suffers from fibromyalgia,¹ with women more affected than men, although numbers vary on the prevalence in women vs men, due to a broadening of the diagnostic criteria by the American College of Rheumatology in 2010. Most people are diagnosed during middle age, though diagnosis can occur at any age.^{2,3}

Treatments that help mitigate symptoms and improve function for patients with fibromyalgia include drugs and non-pharmacologic therapies. Treatment goals are to mitigate and diffuse musculoskeletal pain, maximize physical and cognitive function, optimize patient self-management and self-efficacy, and manage comorbid medical and psychiatric disorders.³ Pharmacological treatments are all intended to treat pain but generally fall into the categories of anti-depressants, anti-epileptics, and analgesics (non-steroidal anti-inflammatories and opioids). Non-pharmacological treatments include education, exercise, cognitive behavioral therapy, as well as complementary and alternative medicine approaches such as acupuncture and homeopathy.³

Topic nomination #0656, *Fibromyalgia Effective Treatments*, was received on October 22, 2015, and was nominated by a patient. The questions for this nomination are as follows:

Key Question 1: In adults with fibromyalgia:

- a) Other than anti-depressants and analgesics, what pharmacological interventions are effective?
- b) Does the effectiveness of pharmacological treatment (other than anti-depressants and analgesics) vary by patient subpopulation (e.g., sex, age, comorbid conditions)?

Key Question 2: In adults with fibromyalgia:

- a) What non-pharmacological interventions are effective?
- b) Does the effectiveness of non-pharmacological interventions vary by patient subpopulation (e.g., sex, age, comorbid conditions)?

To define the inclusion criteria for the key questions, we specify the population, interventions, comparators, outcomes, timing, and setting (PICOT) of interest. The PICOT are outlined in Table 1.

Table 1. PICOT by Key Question

Key Questions	KQ1: In adults with fibromyalgia: a) Other than anti-depressants and analgesics, what pharmacological interventions, are effective? b) Does the effectiveness of pharmacological treatment (other than anti-depressants and analgesics) vary by patient subpopulation (e.g., sex, age, comorbid conditions)?	KQ2: In adults with fibromyalgia: a) What non-pharmacological interventions are effective? b) Does the effectiveness of non-pharmacological interventions vary by patient subpopulation (e.g., sex, age, comorbid conditions)?
Population	Adults with fibromyalgia	
Interventions	Pharmacological: Anti-convulsants (have analgesic effects) Non-pharmacological: Education, physical therapy (aerobic exercise), cognitive behavioral therapy, Tai Chi, qigong, yoga, acupuncture, nutritional supplementation, etc.	
Comparators	Placebo, other active comparators	
Outcomes	Pain, symptom improvement, function, fatigue, sleep quality, participation, health-related quality of life	
Timing	No restrictions	

Methods

To assess topic nomination #0656, *Fibromyalgia Effective Treatments*, for priority for a systematic review or other AHRQ EHC report, we used a modified process based on established criteria.^{4,5} Our assessment is hierarchical in nature, with the findings of our assessment determining the need for further evaluation. Details related to our assessment are provided in Appendix A.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance (see Appendix A).

Duplication

To assess duplication, we conducted a search for existing or in progress high quality systematic reviews. We searched the following organizations/websites: Agency for Healthcare Research and Quality (AHRQ), Veterans Administration (VA), Cochrane Systematic Reviews and

Protocols, UK National Health Service, PubMed/MEDLINE, Health Technology Assessment (HTA), and PROSPERO.

Impact of New Evidence

We reviewed the potential impact of new evidence (see Appendix A).

Compilation of Findings

We constructed a table outlining the selection guidelines and criteria as they pertain to this nomination (see Appendix A).

The search for duplication for topic nomination #0656, *Fibromyalgia Effective Treatments* was conducted on January 22, 2016, and the literature search covered the period from January 2011 to January 2016. Appendix B provides details on our search for duplication and links to search results.

Results

Appropriateness and Importance

Fibromyalgia Effective Treatment is an appropriate and important topic. Fibromyalgia is a widespread and debilitating syndrome affecting 2-8% of individuals in the United States. Characterized by chronic widespread pain, patients often suffer sleep problems, fatigue and psychological distress, which can lead to reductions in quality of life, lost productivity and increased medical costs, both to the individual and society. The lack of clarity regarding the etiology of fibromyalgia, the variability in symptoms and inter- and intra-individual responses to interventions, make fibromyalgia challenging to manage. A clear understanding of the interventions available to patients with fibromyalgia, and which, if any, are effective is of concern to clinicians, patients, and payers. See Appendix A for details.

Desirability of New Review/Duplication

Our search for duplication resulted in 21 systematic reviews and other publications related to the key questions in the nomination.^{3,6-25}

Key Question 1a.

In adults with fibromyalgia, other than anti-depressants and analgesics, what pharmacological interventions are effective?

We identified ten systematic reviews^{3,6-14} related to pharmacological interventions for fibromyalgia, other than anti-depressants and analgesics. In the systematic reviews we identified, studies examining antiepileptics were the most common,^{3,6-12} particularly pregabalin^{3,7,8,12} and gabapentin.⁷⁻⁹ Other pharmacological interventions included anti-psychotics¹³ and cannabinoids.¹⁴

A 2015 AHRQ systematic review (22 RCTs, 8 pooled analyses of individual patient-level RCT data, 4 observational studies) examined pharmacological and non-pharmacological interventions for adult subpopulations (e.g., sex, age, comorbidity) with fibromyalgia. Three included studies examined pregabalin, an antiepileptic, and the only non-antidepressant

approved by the FDA for the treatment of fibromyalgia. Outcomes included PGIC, pain and other non-pain measures. Raloxifen (1 RCT) and 17B-estradiol (1 RCT), which were used off-label to treat pain in postmenopausal women, were also included. Outcomes were pain (17B-estradiol and raloxifen), and other non-pain measures (raloxifen). The authors concluded that all included studies had a high risk of bias, and that for pharmacological treatments other than duloxetine (an anti-depressant), the evidence was insufficient to determine the effectiveness in alleviating symptoms of fibromyalgia in subgroups.

One Cochrane review of Cochrane systematic reviews⁷ and four Cochrane systematic reviews not included in the review of reviews,⁸⁻¹¹ examined anti-epileptics as an intervention for fibromyalgia pain. All five Cochrane reviews included only RCTs, with primary outcomes of pain and quality of life.

We identified a protocol for a review examining all interventions for fibromyalgia. The review will examine RCTs of all adult patients with fibromyalgia and related conditions.⁶ We identified three Cochrane protocols. Reviews will examine anti-epileptics,¹² anti-psychotics,¹³ and cannabinoids.¹⁴ All Cochrane protocols will include RCTs only. Outcomes of interest are pain and quality of life.

See Table 2 for more detail.

Table 2. Key Question 1a. In adults with fibromyalgia, other than anti-depressants and analgesics, what pharmacological interventions are effective? Relevant Systematic Reviews.

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
Forte et al., 2015 ³ AHRQ	Comparative effectiveness of treatments for fibromyalgia in adult sub-groups.	MEDLINE, Embase, PsycINFO, AMED and CENTRAL from January 1985 to August 2014. The review included 22 RCTs, 8 pooled analyses of individual patient-level RCT data, and 4 observational studies.	The review examined adult subgroups (e.g., sex, co-morbidities, intensity of symptoms). Interventions were pharmacologic (20) including antiepileptics (3 RCTs) and estrogen receptor agonists (2 RCTs). Outcomes included pain, PGIC, and other non-pain measures.	“Despite the prevalent belief that fibromyalgia treatments may behave differently in subgroups, evidence to date is largely insufficient for fibromyalgia subgroup effects of interventions other than duloxetine in adults with concomitant MDD. Future studies should be designed to support subgroup analysis to improve clinical applicability.”
Busse et al., 2013 ⁶ Protocol Prospero Anticipated Completion Date November, 2013	Systematic review and network meta-analysis of interventions for fibromyalgia	CINAHL, Embase, MEDLINE, AMED, HealthSTAR, PsycINFO, PapersFirst, ProceedingsFirst and CENTRAL from inception of the database.	All interventions will be examined. Outcomes of interest are function and quality of life.	“Our review will be the first to evaluate all treatments for fibromyalgia, provide relative effectiveness of treatments, and prioritize patient-important outcomes with a focus on functional gains. Our review will facilitate evidence-based management of patients with fibromyalgia, identify key areas for future

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
				research, and provide a framework for conducting large systematic reviews involving indirect comparisons.”
Wiffen et al., 2013 ⁷ Cochrane	Antiepileptic drugs for neuropathic pain and fibromyalgia-an overview of Cochrane reviews	Reviews were known to the authors and published in <i>The Cochrane Database of Systematic Reviews</i> . The review included 10 Cochrane reviews.	Interventions included 11 antiepileptics. Outcomes included pain reduction and PGIC.	“Clinical trial evidence supported the use of only gabapentin and pregabalin...in fibromyalgia.... For other antiepileptic drugs there was no evidence, insufficient evidence, or evidence of a lack of effect...”
Üçeyler et al., 2013 ⁸ Cochrane	Anticonvulsants for fibromyalgia	CENTRAL, MEDLINE, Scopus and clinicaltrials.gov from database inception to August 2013. The review included 8 RCTs.	Interventions included 4 antiepileptics. The review compared pregabalin (5), gabapentin (1), lacosamide (1), or levetiracetam to placebo. Outcomes included pain, fatigue, sleep disturbances, depression and anxiety, disability and HRQoL.	“The anticonvulsant, pregabalin, demonstrated a small benefit over placebo in reducing pain and sleep problems....The amount and quality of evidence were insufficient to draw definite conclusions on the efficacy and safety of gabapentin, lacosamide and levetiracetam in FM.”
Moore et al., 2014 ⁹ Cochrane	Gabapentin for chronic neuropathic pain and fibromyalgia in adults	CENTRAL, MEDLINE, Embase, clinicaltrials.gov from database inception to March 2014. The review included 37 RCTs.	The review compared gabapentin to placebo, no intervention, or other active comparator. Outcomes included pain and PGIC.	“Second tier evidence, with potentially important residual biases, showed that gabapentin at doses of 1200 mg or more was effective for some people with some painful neuropathic pain conditions....[T]he amount of evidence for gabapentin...in fibromyalgia is very limited.”
Wiffen et al., 2014 ¹⁰ Cochrane	Carbamazepine for chronic neuropathic pain and fibromyalgia in adults	MEDLINE, Embase, CENTRAL, and grey literature from database inception to February 2014. The review included 10 RCTs.	The review compared carbamazepine to placebo, no intervention, or any other active comparator. Outcomes included pain and PGIC.	“Carbamazepine is probably effective in some people with chronic neuropathic pain, but with caveats.”
Wiffen et al., 2013 ¹¹	Lamotrigine for chronic neuropathic pain	MEDLINE, Embase, CENTRAL, and	The review compared lamotrigine to placebo, no intervention, or any	“Large, high-quality, long-duration studies reporting clinically useful levels of

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
Cochrane	and fibromyalgia in adults	grey literature from database inception to November 2013. The review included 12 RCTs.	other active comparator. Outcomes included pain and PGIC.	pain relief for individual participants provided no convincing evidence that lamotrigine is effective in treating neuropathic pain and fibromyalgia at doses of about 200 to 400 mg daily.”
Cording et al., 2015 ¹² Protocol Cochrane Anticipated Completion Date July, 2015	Pregabalin for pain in fibromyalgia in adults	CENTRAL, MEDLINE, and Embase.	The review will compare pregabalin to placebo or any active control. Outcomes of interest are pain and PGIC.	N/A
Häuser et al., 2015 ¹³ Protocol Cochrane Anticipated Completion Date July, 2015	Antipsychotics for fibromyalgia	MEDLINE, Embase, CENTRAL, and grey literature.	The review will compare antipsychotics to placebo or any active comparator. Outcomes of interest are pain, PGIC, tolerability and safety.	No abstract
Häuser et al., 2015 ¹⁴ Protocol Cochrane Anticipated Completion Date May, 2015	Cannabinoids for fibromyalgia	MEDLINE, Embase, CENTRAL, and grey literature.	The review will compare cannabinoids to placebo or any active comparator. Outcomes or interest are pain, PGIC, tolerability and safety.	No abstract

Abbreviations: AMED=Allied and Complementary Medicine; CENTRAL=the Cochrane Central Register of Controlled Trials; CINAHL= Cumulative Index to Nursing and Allied Health Literature; FM=Fibromyalgia; HRQoL=Health Related Quality of Life; MDD=Major Depressive Disorder; PGIC=Patient Global Impression of Change; RCT=Randomized Controlled Trial

Key Question 1b:

In adults with fibromyalgia, does the effectiveness of pharmacological treatment (other than antidepressants and analgesics) vary by patient subpopulation (e.g., sex, age, comorbid conditions)?

We identified one systematic review specifically examining the treatment of fibromyalgia in adult patient subpopulations.³

A 2015 AHRQ systematic review (22 RCTs, 8 pooled analyses of individual patient-level RCT data, 4 observational studies) examined pharmacological and non-pharmacological interventions for adult subpopulations with fibromyalgia. Three included studies examined pregabalin, an antiepileptic and the only non-antidepressant approved by the FDA, for the

treatment of fibromyalgia in a wide range of subpopulations (age, sex, depression, anxiety, immune/allergy, gastrointestinal reflux, insomnia, irritable bowel syndrome, neurological, asthma, and restless legs). Outcomes included PGIC, pain and other non-pain measures. Raloxifen (1 RCT) and 17B-estradiol (1 RCT), used off label to treat pain in postmenopausal women, were also included; outcomes were pain (17B-estradiol and raloxifen), and other non-pain measures (raloxifen). The authors concluded that all included studies had a high risk of bias, and that for pharmacological treatments other than duloxetine (an anti-depressant), the evidence was insufficient to determine the effectiveness in alleviating symptoms of fibromyalgia in subgroups.

See Table 3 for more detail.

Table 3. Key Question 1b: In adults with fibromyalgia, does the effectiveness of pharmacological treatment (other than anti-depressants and analgesics) vary by patient subpopulation (e.g., sex, age, comorbid conditions)? Relevant systematic reviews

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
Forte et al., 2015 ³ AHRQ	Comparative effectiveness of treatments for fibromyalgia in adult subgroups.	MEDLINE, Embase, PsycINFO, AMED and CENTRAL from January 1985 to August 2014. The review included 22 RCTs, 8 pooled analyses of individual patient-level RCT data, and 4 observational studies.	The review examined adult subgroups (e.g. sex, coexisting mental health, chronic, and multiple medical conditions, high FM symptom severity, advanced age, obesity, other significant chronic pain conditions, longer duration of FM symptoms). Interventions were pharmacologic (20), including antiepileptics (3 RCTs) and estrogen receptor agonists (2 RCTs). Outcomes included pain, PGIC, and other non-pain measures.	“Despite the prevalent belief that fibromyalgia treatments may behave differently in subgroups, evidence to date is largely insufficient for fibromyalgia subgroup effects of interventions other than duloxetine in adults with concomitant MDD. Future studies should be designed to support subgroup analysis to improve clinical applicability.”

Abbreviations: AMED=Allied and Complementary Medicine; CENTRAL=the Cochrane Central Register of Controlled Trials; FM=Fibromyalgia; MDD=Major Depressive Disorder; PGIC=Patient Global Impression of Change; RCT=Randomized Controlled Trial

Key Question 2a.

In adults with fibromyalgia, what non-pharmacological interventions are effective?

Thirteen publications^{3,6,15-25} related to non-pharmacological interventions, and included exercise and dietary interventions,^{3,18-20} and psychological therapies such as psychotherapy,³ cognitive behavioral therapy,^{3,17,25} and mind-body therapies,^{3,15,16,22} among others.

A 2015 AHRQ systematic review (22 RCTs, 8 pooled analyses of individual patient-level RCT data, 4 observational studies) examined pharmacological and non-pharmacological interventions for adult subpopulations (e.g., sex, age, comorbidity) with fibromyalgia. Interventions included exercise such as aerobic, strength training, etc. (5 RCTs), dietary change

(1 RCT) on subgroups of adults with fibromyalgia, psychological therapies, including writing therapy(1 RCT), psychotherapy(1 RCT), cognitive behavioral therapy (CBT; 1 RCT) and biofeedback(1 observational study), combination therapies, including multidisciplinary treatment alone or with CBT (2 RCTs), CBT and physical activity(1 RCT), and exercise and relaxation(1 observational study). For the physical interventions, outcomes were fibromyalgia impact questionnaire (FIQ) total score, visual analog scale (VAS) for pain and other non-pain measures. For the psychological therapies, outcomes were FIQ total score, other pain measure and other non-pain measures. For the mixed interventions, outcomes were FIQ total score, FIQ subscale, VAS for pain, other pain measure and other non-pain measures. ³

Six Cochrane systematic reviews¹⁷⁻²² and two evidence maps^{15,16} examined non-pharmacological interventions for the treatment of patients with fibromyalgia, including cognitive behavioral therapy,¹⁷ mind-body therapy,²² mindfulness and tai chi,^{15,16} exercise,¹⁸⁻²⁰ and acupuncture.²¹ Primary outcomes of interest were pain and quality of life, as measured by PGIC.

Additionally, an in-process systematic review (protocol) of all therapies for fibromyalgia will examine RCTs of adult patients with fibromyalgia and related conditions. All interventions will be examined and function and quality of life assessed.⁶ Two protocols for Cochrane systematic reviews,^{23,24} will examine the effects of probiotics²³ and herbal medicine²⁴ on fibromyalgia pain. Outcomes of interest will be pain, PGIC and functional status. One meta-analysis²⁵ will examine the effect of CBT on fibromyalgia pain.²⁵ Primary outcomes of interest are pain, sleep, fatigue, HRQoL, mood, and self-efficacy of pain.

See Table 4 for more detail.

Table 4. Key Question 2a. In adults with fibromyalgia, what non-pharmacological interventions are effective? Relevant systematic reviews.

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
Forte et al., 2015 ³ AHRQ	Comparative effectiveness of treatments for fibromyalgia in adult sub-groups.	MEDLINE, Embase, PsycINFO, AMED and CENTRAL from January 1985 to August 2014. The review included 22 RCTs, 8 pooled analyses of individual patient-level RCT data, and 4 observational studies.	The review examined adult subgroups (e.g. sex, co-morbidities, intensity of symptoms). Non-pharmacologic interventions were: exercise (aerobic, strength training, etc.) (5 RCTs); diet (1 RCT); psychological therapies (3 RCTs, 1 obs.) (writing therapy (1 RCT), psychotherapy (1 RCT), cognitive behavioral therapy (CBT) (1 RCT), biofeedback (1 obs.); combination therapies (3 RCTs, 1 obs.)	“Despite the prevalent belief that fibromyalgia treatments may behave differently in subgroups, evidence to date is largely insufficient for fibromyalgia subgroup effects of interventions other than duloxetine in adults with concomitant MDD. Future studies should be designed to support subgroup analysis to improve clinical applicability.”

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
			(multidisciplinary treatment alone or with CBT (2 RCTs), CBT and physical activity (1 RCT), exercise and relaxation (1 obs.)). Outcomes included FIQ total score, FIQ subscale, VAS for pain, other pain measure and other non-pain measures	
Busse et al., 2013 ⁶ Protocol Prospero Anticipated Completion Date November, 2013	Systematic review and network meta-analysis of interventions for fibromyalgia	CINAHL, Embase, MEDLINE, AMED, HealthSTAR, PsycINFO, CENTRAL and grey literature from inception of the database.	All interventions will be examined. Outcomes of interest are function and quality of life.	“Our review will be the first to evaluate all treatments for fibromyalgia, provide relative effectiveness of treatments, and prioritize patient-important outcomes with a focus on functional gains. Our review will facilitate evidence-based management of patients with fibromyalgia, identify key areas for future research, and provide a framework for conducting large systematic reviews involving indirect comparisons.”
Hempel et al., 2014 ¹⁵ VA	Evidence map of mindfulness	PubMed, DARE, Cochrane library of systematic reviews, Campbell collaboration database, AMED, CINAHL, PsycINFO from database inception to February 2014. The review included 81 systematic reviews, 3 on fibromyalgia.	The evidence map focused on mindfulness as the primary intervention. Outcomes included patient outcomes.	From the results: “...two reviews on fibromyalgia found no effects on pain across studies.”
Bernardy et al., 2013 ¹⁷ Cochrane	Cognitive behavioural therapies for fibromyalgia	CENTRAL, MEDLINE, PsycINFO, and grey literature from database inception to February 2013.	The review compared CBT to waiting list, attention, or treatment as usual. Outcomes included pain, negative mood,	“CBTs provided a small incremental benefit over control interventions in reducing pain, negative mood and disability at the end of treatment and at

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
		The review included 23 RCTs.	disability and withdrawal.	long-term follow-up.”
Yang, 2014 ²⁵ Protocol Prospero Anticipated Completion Date April, 2015	Efficacy of cognitive-behavioral therapies in fibromyalgia syndrome: an updated meta-analysis of randomized controlled trials	Cochrane library, MEDLINE, PsycINFO, and grey literature.	The meta-analysis will compare CBT to waiting list or placebo. Outcomes of interest are pain, sleep, fatigue, HRQoL, mood, self-efficacy pain.	No abstract.
Theadom et al., 2015 ²² Cochrane	Mind and body therapy for fibromyalgia	CENTRAL, MEDLINE, Embase, PsycINFO, AMED, and CINAHL from database inception to October 2013. The review included 61 RCTs.	The review compared biofeedback (5), mindfulness (3), movement (11), psychological therapy (35), and relaxation (3) to attention or usual care. Outcomes included physical functioning, pain, mood, adverse events.	“Psychological intervention therapies may be effective in improving physical functioning, pain and low mood for adults with fibromyalgia in comparison to usual care controls but the quality of the evidence is low....The effectiveness of biofeedback, mindfulness, movement therapies and relaxation based therapies remains unclear as the quality of the evidence was very low or low.”
Busch et al., 2007 ¹⁸ Cochrane	Exercise for treating fibromyalgia syndrome	MEDLINE, CINAHL, HealthSTAR, SportDiscus, Embase, PEDro, CENTRAL from inception to May 2005. The review included 34 RCTs.	The review compared aerobic exercise (15), strength (3), flexibility (3), mixed exercise (11) to untreated or non-exercise intervention. Outcomes included pain, global well-being, physical function, tender points.	“There is ‘gold’ level evidence (www.cochranemsk.org) that supervised aerobic exercise training has beneficial effects on physical capacity and FM symptoms. Strength training may also have benefits on some FM symptoms. Further studies on muscle strengthening and flexibility are needed. Research on the long-term benefit of exercise for FM is needed.”
Bidonde et al., 2014 ¹⁹ Cochrane	Aquatic exercise training for fibromyalgia	The Cochrane library, CDSR, CENTRAL, DARE, HTA, EED,	The review compared aquatic exercise to control, land-based exercise, or different	“Low to moderate quality evidence relative to control suggests that aquatic training is

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
		MEDLINE, Embase, CINAHAL, PEDro, and grey literature from database inception to October 2013. The review included 16 RCTs.	aquatic exercise. Outcomes included function, pain, stiffness, muscle strength, adverse effects.	beneficial for improving wellness, symptoms, and fitness in adults with fibromyalgia. Very low to low quality evidence suggests that there are benefits of aquatic and land-based exercise, except in muscle strength (very low quality evidence favoring land). No serious adverse effects were reported.”
Busch et al., 2013 ²⁰ Cochrane	Resistance exercise training for fibromyalgia	The Cochrane library, CDSR, CENTRAL, DARE, HTA, EED, MEDLINE, Embase, CINAHAL, PEDro, and grey literature database inception to March 2013. The review included 5 RCTs.	The review compared resistance exercise to another exercise intervention, untreated control, or non-exercise intervention. Outcomes included function, pain, tenderness, muscle strength, adverse effects.	“The evidence (low quality) suggested that moderate- and moderate-to high-intensity resistance training improves multidimensional function, pain, tenderness, and muscle strength in women with fibromyalgia. The evidence (low quality) also suggested that eight weeks of aerobic exercise was superior to moderate-intensity resistance training for improving pain in women with fibromyalgia. There was low-quality evidence that 12 weeks of low-intensity resistance training was superior to flexibility exercise training in women with fibromyalgia for improvements in pain and multidimensional function.”
Hempel et al., 2014 ¹⁶ VA	Evidence map of tai chi	PubMed, DARE, Cochrane library of systematic reviews, Campbell collaboration database, AMED, CINAHL, PsycINFO, grey literature from database inception to February 2014.	The evidence map focused on Tai Chi as the primary intervention. Outcomes included patient health.	“Statistically significant effects across existing studies were reported for... pain, balance confidence, depression, and muscle strength.” “Evidence on the role of Tai Chi in...fibromyalgia...is very limited due to the small

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
		The review included 107 systematic reviews total, 2 on fibromyalgia		number of published studies.”—from “Future Research” section
Deare et al., 2013 ²¹ Cochrane	Acupuncture for treating fibromyalgia	CENTRAL, MEDLINE, Embase, CINAHL, Chongqing Weipu, Wanfang database, grey literature from inception to January 2012. The review included 9 RCTs and 1 quasi-RCT.	The review compared acupuncture to no, sham, or different acupuncture or usual care. Outcomes included pain, physical function, global well-being, sleep, fatigue, morning stiffness, and adverse events.	“There is low to moderate-level evidence that compared with no treatment and standard therapy, acupuncture improves pain and stiffness in people with fibromyalgia. There is moderate-level evidence that the effect of acupuncture does not differ from sham acupuncture in reducing pain or fatigue, or improving sleep or global well-being....People with fibromyalgia may consider using EA alone or with exercise and medication.”
Supraha et al., 2013 ²³ Protocol Cochrane	Probiotics for fibromyalgia	MEDLINE, CENTRAL, CINAHL, AGRICOLA, and Food Science Technology Abstracts from inception of database to present.	The review will compare probiotics to placebo, usual diet, or other mind and body therapies. Outcomes of interest are pain and functional status.	No abstract
Boyd et al., 2013 ²⁴ Protocol Cochrane Anticipated Completion Date May, 2013	Herbal medicinal products or preparations for neuropathic pain and fibromyalgia	CENTRAL, MEDLINE, CDSR, Embase, CINAHL, AMED from database inception to present.	The review will compare herbal medicinal products to placebo, no intervention or other active comparator. Outcomes of interest are pain and PGIC.	No abstract

Abbreviations: AGRICOLA= Agricultural Online Access; AMED=Allied and Complementary Medicine; CBT=Cognitive Behavioral Therapy; CDSR=Cochrane Database of Systematic Reviews; CENTRAL=the Cochrane Central Register of Controlled Trials; CINAHL= Cumulative Index to Nursing and Allied Health Literature; DARE=Database of Abstracts of Reviews of Effects; EA=electroacupuncture; EED=National Health Service Economic Evaluation Database; FIQ= Fibromyalgia Impact Questionnaire; FM=Fibromyalgia; HRQoL=Health Related Quality of Life; HTA=Health Technology Assessment Database; MDD=Major Depressive Disorder; Obs.= observational; PGIC=Patient Global Impression of Change; RCT=Randomized Controlled Trial; VAS=Visual Analog Scale

Key Question 2b:

In adults with fibromyalgia, does the effectiveness of non-pharmacological interventions vary by patient subpopulation (e.g., sex, age, comorbid conditions)?

We identified one systematic review specifically examining the treatment of fibromyalgia in adult patient subpopulations.³

A 2015 AHRQ systematic review (22 RCTs, 8 pooled analyses of individual patient-level RCT data, 4 observational studies) examined non-pharmacological interventions for fibromyalgia in a wide range of adult subpopulations (age, sex, depression, anxiety, immune/allergy, gastrointestinal reflux, insomnia, irritable bowel syndrome, neurological, asthma, and restless legs). Interventions included exercise such as aerobic, strength training, etc. (5 RCTs), dietary change (1 RCT), psychological therapies, including writing therapy (1 RCT), psychotherapy (1 RCT), cognitive behavioral therapy (CBT) (1 RCT) and biofeedback (1 observational study), combination therapies, including multidisciplinary treatment alone or with CBT (2 RCTs), CBT and physical activity (1 RCT), and exercise and relaxation (1 observational study). For the physical interventions, outcomes were fibromyalgia impact questionnaire (FIQ) total score, visual analog scale (VAS) for pain and other non-pain measures. For the psychological therapies, outcomes were FIQ total score, other pain measure and other non-pain measures. For the mixed interventions, outcomes were FIQ total score, FIQ subscale, VAS for pain, other pain measure and other non-pain measures.³

See Table 5 for more detail.

Table 5. Key Question 2b: In adults with fibromyalgia, does the effectiveness of non-pharmacological interventions vary by patient subpopulation (e.g., sex, age, comorbid conditions)? Relevant systematic reviews.

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
Forte et al., 2015 ³ AHRQ	Comparative effectiveness of treatments for fibromyalgia in adult subgroups.	MEDLINE, Embase, PsycINFO, AMED and CENTRAL from January 1985 to August 2014. The review included 22 RCTs, 8 pooled analyses of individual patient-level RCT data, and 4 obs. studies.	The review examined adult subgroups (e.g. sex, coexisting mental health, chronic, and multiple medical conditions, high FM symptom severity, advanced age, obesity, other significant chronic pain conditions, longer duration of FM symptoms). Non-pharmacologic interventions (14) were: exercise (aerobic, strength training, etc.) (5 RCTs); diet (1 RCT); psychological therapies (3 RCTs, 1 obs.) (writing therapy (1 RCT), psychotherapy (1 RCT), cognitive behavioral therapy (CBT) (1 RCT), biofeedback (1 obs.)); combination therapies (3 RCTs, 1 obs.)	“Despite the prevalent belief that fibromyalgia treatments may behave differently in subgroups, evidence to date is largely insufficient for fibromyalgia subgroup effects of interventions other than duloxetine in adults with concomitant MDD. Future studies should be designed to support subgroup analysis to improve clinical applicability.”

Reference	Title of Review	Resources Searched and Inclusion Criteria	Summary (interventions, comparators, outcomes, etc.)	Conclusions Reported in the Abstract
			(multidisciplinary treatment alone or with CBT (2 RCTs), CBT and physical activity (1 RCT), exercise and relaxation (1 obs.). Outcomes included FIQ total score, FIQ subscale, VAS for pain, other pain measure and other non-pain measures	

Abbreviations: AMED=Allied and Complementary Medicine; CBT=Cognitive Behavioral Therapy; CENTRAL=the Cochrane Central Register of Controlled Trials; FIQ=Fibromyalgia Impact Questionnaire; FM=Fibromyalgia; MDD=major Depressive Disorder; Obs.=observational; RCT=Randomized Controlled Trial; VAS=Visual Analog Scale

Summary of Findings and Conclusion

The SRC conclusions based on the results of our assessment of this topic nomination are as follows:

- Appropriateness and Importance:
 - *Fibromyalgia Effective Treatments* is an appropriate and important topic because it is a debilitating syndrome affecting 2-8% of individuals in the United States. A clear understanding of the interventions available to patients with fibromyalgia, and which, if any, are effective is of concern to clinicians, patients, and payers.
- Desirability of New Review/Duplication:
 - Key Question 1a. A new evidence review on pharmacological interventions for fibromyalgia, other than anti-depressants and analgesics, would be duplicative. There are 10 publications (current and in-process), including a 2015 AHRQ review³ which address the topic.
 - Key Question 1b. A new evidence review on the effectiveness of pharmacological interventions in adult subgroups would be duplicative. There is a 2015 AHRQ systematic review³ which addresses the topic.
 - Key Question 2a. A new evidence review on non-pharmacological interventions for fibromyalgia would be duplicative. There are 13 publications (current and in-process), including a 2015 AHRQ review,³ which address the topic.
 - Key Question 2b. A new evidence review on the effectiveness of non-pharmacological interventions in adult subgroups would be duplicative. There is a 2015 AHRQ systematic review³ which addresses the topic.

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Appendices

Appendix A: Selection Criteria Summary

Appendix B: Search for Existing Guidance

Appendix C: Original Nomination

Appendix A: Selection Criteria Summary

Selection Criteria	Supporting Data
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes, this topic represents a health care drug and intervention available in the U.S.
1b. Is the nomination a request for a systematic review?	Yes, this topic is a request for a systematic review.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes, the focus is on effectiveness.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes, it is biologically plausible. Yes, it is consistent with what is known about the topic.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes, fibromyalgia affects 2-8% of the U.S. population. ¹
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the U.S. population or for a vulnerable population	Fibromyalgia reduces quality of life and productivity and is associated with functional disability, lost work time, and increased use of health care services. ²
2c. Represents important uncertainty for decision makers	The topic may represent important uncertainty for decision makers given the wide range of treatment options and the wide variability in effectiveness of treatment.
2d. Incorporates issues around both clinical benefits and potential clinical harms	This nomination specifically addresses benefits, not harms.
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	People with fibromyalgia have approximately 1 hospitalization every 3 years; 5.5. million ambulatory care visits on average per year; approximately \$6,000 per person in total annual costs. ³
3. Desirability of New Evidence Review/Duplication	
3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)	<p>No. Treatment for fibromyalgia is already covered by available and soon-to-be available high-quality systematic reviews. The following are available or in-process.</p> <ul style="list-style-type: none"> • An AHRQ Comparative Effectiveness Review on treatments for fibromyalgia in adult subgroups² • An in-process review on all therapies for fibromyalgia in adults⁴ • Five Cochrane reviews and three Cochrane protocols for an in-process review on pharmaceuticals for

	<p>fibromyalgia pain other than anti-depressants and analgesics.⁵⁻¹²</p> <ul style="list-style-type: none"> • Six Cochrane reviews and two Cochrane protocols for an in-process review on non-pharmaceutical treatments for fibromyalgia pain¹³⁻²⁰ • Two evidence maps which include studies on non-pharmaceutical treatments for fibromyalgia pain^{21,22}
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AHRQ=Agency for Healthcare Research and Quality

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Appendix B: Search for Existing Guidance

Listed below are the sources searched and results of our search for existing guidance. A research librarian conducted the search and selected potentially relevant evidence based on the key question in the nomination and the associated PICOTS. An investigator reviewed each of the links to evidence below for inclusion. The links below do not represent the evidence selected for inclusion (see main topic brief).

Fibromyalgia	
Source	Evidence
Search for Duplication: Search Conducted January 22, 2016	
AHRQ and Other Federal Products	
<p>AHRQ: Evidence reports and technology assessments, USPSTF recommendations, and related DEClDE projects, and Horizon Scan</p> <ul style="list-style-type: none"> ▪ EPC Program Reports and In-Process Topics: http://www.ahrq.gov/research/findings/evidence-based-reports ▪ Archived EPC Program Reports: http://archive.ahrq.gov/clinic/epcarch.htm ▪ EHC Program Reports: http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/ ▪ Technology Assessments: http://www.ahrq.gov/clinic/techix.htm ▪ USPSTF Reports: http://www.uspreventiveservicestaskforce.org/uspsttopics.htm ▪ USPSTF In-Process Topics: http://www.uspreventiveservicestaskforce.org/Page/Name/topics-in-progress ▪ DEClDE Projects: http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/ ▪ AHRQ Horizon Scanning (click on status update reports): http://effectivehealthcare.ahrq.gov/index.cfm/search-for- 	<ul style="list-style-type: none"> • Treatments for Fibromyalgia in Adult Subgroups: http://www.ncbi.nlm.nih.gov/books/NBK274474/ • Drug Class Review: Drugs for Fibromyalgia: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0010224/

<p>guides-reviews-and-reports/?pageaction=displayproduct&productid=881</p> <ul style="list-style-type: none"> ▪ AHRQ-funded projects that may be conducting systematic reviews (1. Under TEXT SEARCH, enter in key text terms, select projects and publications; 2. Under PROJECT DETAILS and then under “Agency/Institute/Center,” select Agency for Healthcare Research and Quality and check the boxes for “Admin” and “Funding”; 3) Scroll to the end and click on SUBMIT QUERY http://projectreporter.nih.gov/reporter.cfm 	
<p>VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program</p> <ul style="list-style-type: none"> ▪ HSR&D ESP Reports and In-Progress Topics: http://www.hsrd.research.va.gov/publications/esp/ ▪ PBM Recommendations: http://www.pbm.va.gov/PBM/clinicalguidance/clinicalrecommendations.asp ▪ PBM Drug Class Reviews: http://www.pbm.va.gov/PBM/clinicalguidance/drugclassreviews.asp <p>Other PBM products may be reviewed if deemed necessary; however, these are generally not reviewed for most topics unless the nomination is closely linked to the VA population and VA policies: http://www.pbm.va.gov/ClinicalGuidance.aspx</p>	<ul style="list-style-type: none"> • Evidence Map of Tai Chi: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0069731/ • Evidence Map of Mindfulness: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0071639/
<p>Cochrane and Other Systematic Reviews</p>	
<p>Cochrane Systematic Reviews and Protocols http://www.cochranelibrary.com/</p>	<ul style="list-style-type: none"> • Resistance exercise training for fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010884/abstract • Milnacipran for pain in fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008244.pub3/abstract • Mind and body therapy for fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD0019

	<p>80.pub3/abstract</p> <ul style="list-style-type: none"> • Gabapentin for chronic neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007938.pub3/abstract • Duloxetine for treating painful neuropathy, chronic pain or fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007115.pub3/abstract • Acupuncture for treating fibromyalgia; http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007070.pub2/abstract • Amitriptyline for fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011824/abstract • Selective serotonin reuptake inhibitors for fibromyalgia syndrome: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011735/abstract • Exercise for treating fibromyalgia syndrome: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003786.pub2/abstract • Antiepileptic drugs for neuropathic pain and fibromyalgia - an overview of Cochrane reviews: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010567.pub2/abstract • Oxycodone for neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010692.pub2/abstract • Aquatic exercise training for fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011336/abstract • Lamotrigine for chronic neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006044.pub4/abstract
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	<ul style="list-style-type: none"> • Carbamazepine for chronic neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005451.pub3/abstract • Valproic acid and sodium valproate for neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009183.pub2/abstract • Topiramate for neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008314.pub3/abstract • Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001984/abstract • Monoamine oxidase inhibitors (MAOIs) for fibromyalgia syndrome: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009807/abstract • Lacosamide for neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009318.pub2/abstract • Pregabalin for acute and chronic pain in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007076.pub2/abstract • Phenytoin for neuropathic pain and fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009485.pub2/abstract • Anticonvulsants for fibromyalgia; http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010782/abstract • Cognitive behavioural therapies for fibromyalgia; http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009796.pub2/abstract • Clonazepam for neuropathic pain and fibromyalgia in adults; http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD0094
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	<p>86.pub2/abstract</p> <ul style="list-style-type: none"> • Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia syndrome: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010292/abstract • Herbal medicinal products or preparations for neuropathic pain and fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010528/abstract • Pregabalin for pain in fibromyalgia in adults: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011790/abstract • Cannabinoids for fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011694/abstract • Combination pharmacotherapy for the treatment of fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010585/abstract • Probiotics for fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010451/abstract • Whole body vibration exercise for fibromyalgia; http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011755/abstract • Anti-depressants and centrally active agents for fibromyalgia syndrome: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006192/abstract • Antipsychotics for fibromyalgia: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011804/abstract • NSAIDs, analgesics and opioids agents for fibromyalgia syndrome: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006554/abstract
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PubMed Health	Identified items already identified earlier
Systematic Reviews and Meta-analyses (PubMed/MEDLINE)	<p>"Fibromyalgia/therapy"[Mesh] AND systematic [sb] (112 results reviewed by hand for relevance)</p> <p>46 relevant reviews are available to view here: http://www.ncbi.nlm.nih.gov/sites/myncbi/r.relevo.1/collections/49451506/public/</p>
HTA (CRD database): Health Technology Assessments http://www.crd.york.ac.uk/crdweb/ (Search HTA tab results)	<ul style="list-style-type: none"> • Acupuncture for the Treatment of Arthritis and Fibromyalgia (report from Hayes, Inc.): http://www.hayesinc.com/hayes/htareports/directory/acupuncture-for-the-treatment-of-arthritis-and-fibromyalgia/
PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prospero/	<ul style="list-style-type: none"> • Vitamin and mineral status in chronic fatigue syndrome and fibromyalgia syndrome patients: a systematic review: http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42015032528 • Effect of transcutaneous electrical nerve stimulation on pain in subjects with fibromyalgia: a systematic review and meta-analysis of randomized controlled clinical trials: http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42015025323 • The use of cannabinoids in fibromyalgia: a systematic review: http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42015016144 • Efficacy of cognitive-behavioral therapies in fibromyalgia syndrome: an updated meta-analysis of randomized controlled trials: http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42014014067 • The effectiveness of exercise or antioxidants in the management of fatigue in fibromyalgia (FMS): http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42013004439 • Management of fibromyalgia: a systematic review of randomized controlled trials: http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42012003291

	<ul style="list-style-type: none">• Is massage therapy beneficial in fibromyalgia? A systematic review: http://www.crd.york.ac.uk/prospero/display_record.asp?ID=CRD42012003022
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Appendix C: Original Nomination

Topic Suggestion Description

Date submitted: October 22, 2015

Briefly describe a specific question, or set of related questions, about a health care test or treatment that this program should consider.

Fibromyalgia effective treatments for this not antidepressants or painkillers.

Importance

Describe why this topic is important.

Baby boomers who've lived active lives including accidents and expect to live a long time quality of life mobility freedom from pain....there are some 40 different symptoms attached to this maybe more and I seem to have most of them. Condition exacerbates any other illness condition people may have...

Potential Impact

How will an answer to your research question be used or help inform decisions for you or your group?

Seek more opinions better solutions....positive prognosis of improvement....

Technical Experts and Stakeholders

Are there health care-focused, disease-focused, or patient-focused organizations or technical experts that you see as being relevant to this issue? Who do you think we should contact as we consider your nomination? This information will not influence the progress of your suggestion through the selection process, but it may be helpful to those considering your suggestion for further development.

Nominator Information

Other Information About You: (optional)

Please choose a description that best describes your role or perspective: (you may select more than one category if appropriate)

Early retiree due to health probs. previously HS teacher police officer media rep

Please tell us how you heard about the Effective Health Care Program

Good Housekeeping magazine March 2012 AARP

May we contact you if we have questions about your nomination?

Yes