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Citation for final published version:

Macfarlane, Gary J, Kronisch, Caroline, Atzeni, Fabiola, Häuser, Winfried, Choy, Ernest H , Amris, Kirstine, Branco, Jaime, Dincer, Fitnat, Leino-Arjas, Paivi, Longley, Kathy, McCarthy, Geraldine, Makri, Suzi, Perrot, Serge, Sarzi Puttini, Piercarlo, Taylor, Ann and Jones, Gareth T 2017. EULAR recommendations for management of fibromyalgia. *Annals of the Rheumatic Diseases* 76 (12) , -. 10.1136/annrheumdis-2017-211587

Publishers page: <http://dx.doi.org/10.1136/annrheumdis-2017-211587>

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EULAR recommendations for management of fibromyalgia

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The EULAR recommendations for the management of fibromyalgia are based on more than 100 reviews and meta-analyses of individual therapies and medicines.¹ Thus, the quality of the evidence in making recommendations on effectiveness and efficacy is generally very high. In contrast, there is little published research evaluating models of care for patients with fibromyalgia, and thus this aspect of the recommendations is based on expert opinion of the working group, which was drawn from throughout Europe and across specialties.

Mercieca and Borg² provide an alternative model of care based on the practice within their own hospital. Their study and evaluation has not been published, and therefore there is not sufficient detail provided for us to evaluate it. However, there are features of the pathway outlined that are unappealing and directly contradict the EULAR recommendations. Their first-line approach is prescription of medication (stated as 'if required'), and this happens even before the patient is educated about the condition. Many clinicians and patients would find this unacceptable. Their local pathway and the EULAR recommendations do agree on the important role of stratified care including for psychological comorbidities.

Nevertheless, it does highlight the need for more research around models of care for fibromyalgia patients, so that we can identify which deliver better outcomes at an affordable cost and are acceptable to patients.

REFERENCES

1. Macfarlane GJ, Kronisch C, Dean LE, et al. EULAR revised recommendations for the management of Fibromyalgia. *Ann Rheum Dis* 2017;76:318–28.
2. Mercieca C, Borg A. EULAR guidelines underplay importance of severe anxiety and depression in Fibromyalgia treatment. *Ann Rheum Dis* 2017;76:e53.