

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository:<https://orca.cardiff.ac.uk/id/eprint/127017/>

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Baerwald, Christoph and Choy, Ernest 2019. Generalised musculoskeletal problems. Best Practice & Research Clinical Rheumatology 33 (3) , 101441.  
10.1016/j.berh.2019.101441

Publishers page: <http://dx.doi.org/10.1016/j.berh.2019.101441>

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies. See <http://orca.cf.ac.uk/policies.html> for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



## **Preface - Generalised musculoskeletal problems**

Christoph Baerwald\* Ernest Choy

\*Rheumatology Unit, Leipzig University, Liebigstrasse 20, 04103, Leipzig, Germany  
Head of Rheumatology and Translational Research, Director of Arthritis Research UK, Create Centre and Welsh Arthritis Research Network (WARN), Cardiff University School of Medicine, Cardiff, CF14 4XN, UK

The last decades have witnessed enormous progress in understanding the pathogenic mechanisms of rheumatic diseases. Based on the findings new paradigms in the treatment of many rheumatic diseases could be established leading to an improvement in the outcome of rheumatic diseases that was not conceivable at the end of the last century. However, in recent years many studies revealed a gap between the perceived (and measured) disease activity and various other parameters best summarized as patient reported outcomes (PRO). The PRO such as pain, fatigue, sleep quality and quality of life are getting more attention since regulatory agencies, e.g. FDA as well as EMA, require PRO to be included in clinical studies for approval of new treatments.

In this context, we asked experts in their field to provide a “State of the Art” article being well aware that our selection of topics is eclectic. However, from a patient's point of view pain is the major concern after being diagnosed with a rheumatic disease. Therefore, pain is in the centre of a few articles in this issue. Anne-Priscille Trouvin and Serge Perrot will introduce the latest concepts concerning pathophysiology of pain followed by an article from Martin Diers who present the latest data on neuroimaging of pain. We all are aware of the clinical phenomenon that in quite a few patients with inflammatory rheumatic diseases pain persists despite successful treatment of the inflammation. Therefore, Jon Lampa discusses pain modalities in rheumatic diseases without obvious inflammatory changes. Finally, a chapter, authored by Christoph Stein and Andreas Kopf, focuses on the latest medical developments for chronic pain states.

A second focus of this issue is on the various aspects of myalgia. The basis is laid by the chapter from Stefanie Glaubitz, Karsten Schmidt, Jana Zschüntzsch, and Jens Schmidt who address the latest diagnostic criteria and therapeutic advancements in myositis and myopathies. Since fibromyalgia syndrome (FMS) is one of the most common conditions that rheumatologists will encounter Sizheng Steven Zhao, Stephen J Duffield, and Nicola J Goodson provide perspective to FMS as a comorbid condition in rheumatic diseases and the influence of FMS on clinical outcome parameters as well as PRO. Martijn Oude Voshaar and Mart van de Laar devote a chapter to the latest developments of core set recommendations for assessing patient reported outcomes including measurement precision of PRO and the increasing use of item response theory based approaches in PRO assessments. Winfried Häuser and Gareth Jones are tackling the task to review the mechanisms of actions and the evidence on efficacy, tolerability and safety of psychological therapy in FMS and chronic widespread pain.

A major component of FMS is fatigue. However, fatigue can occur independently in an individual patient. Olga Seifert et al. discuss the concept of fatigue and the role of fatigue for the patients' quality of life. Closely related to fatigue is the quality of sleep. In this respect, Tobias Boeselt and colleagues present a comprehensive review of sleep disturbances in rheumatic diseases.

We hope that the reader enjoys and learns from the writings of our experts. Furthermore, we would like to take this opportunity to thank the authors for their contributions to this publication.