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Search details

Fibromyalgia patient satisfaction questionnaire

Resources searched

NICE Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar; Google Advanced Search

**Database search terms:** fibromyalgia; FIBROMYALGIA; patient* adj0 (satisfaction OR opinion) adj2 (questionnaire* OR survey*); PATIENT SATISFACTION; SURVEYS; exp QUESTIONNAIRES

**Evidence / Google Scholar search string(s):** fibromyalgia ("patient satisfaction" OR "patient opinion" OR "patient assessment" OR "patient evaluation") (questionnaire OR "feedback tool" OR survey OR "feedback form")

fibromyalgia (questionnaire OR "feedback tool" OR survey OR "feedback form")

Summary

There is some research on fibromyalgia questionnaires, mostly on their use, but I have included them, because they may reveal specific examples which you can look up, or ask me to find, and you may find them of interest nonetheless.

Guidelines and Policy

None found.
1. Does increasing steps per day predict improvement in physical function and pain interference in adults with fibromyalgia?.

**Author(s)** Kaleth AS, Slaven JE, Ang DC

**Citation:** Arthritis care & research, December 2014, vol./is. 66/12(1887-94), 2151-464X;2151-4658 (2014 Dec)

**Publication Date:** December 2014

**Abstract:** OBJECTIVE: To examine the concurrent and predictive associations between the number of steps taken per day and clinical outcomes in patients with fibromyalgia (FM). METHODS: A total of 199 adults with FM (mean age 46.1 years, 95% women) who were enrolled in a randomized clinical trial wore a hip-mounted accelerometer for 1 week and completed self-report measures of physical function (Fibromyalgia Impact Questionnaire-Physical Impairment [FIQ-PI]), Short Form 36 [SF-36] health survey physical component score [PCS], pain intensity and interference (Brief Pain Inventory [BPI]), and depressive symptoms (Patient Health Questionnaire-8 [PHQ-8]) as part of their baseline and followup assessments. Associations of steps per day with self-report clinical measures were evaluated from baseline to week 12 using multivariate regression models adjusted for demographic and baseline covariates. RESULTS: Study participants were primarily sedentary, averaging 4,019 +/- 1,530 steps per day. Our findings demonstrate a linear relationship between the change in steps per day and improvement in health outcomes for FM. Incremental increases on the order of 1,000 steps per day were significantly associated with (and predictive of) improvements in FIQ-PI, SF-36 PCS, BPI pain interference, and PHQ-8 (all P < 0.05). Although higher step counts were associated with lower FIQ and BPI pain intensity scores, these were not statistically significant. CONCLUSION: Step count is an easily obtained and understood objective measure of daily physical activity. An exercise prescription that includes recommendations to gradually accumulate at least 5,000 additional steps per day may result in clinically significant improvements in outcomes relevant to patients with FM. Future studies are needed to elucidate the dose-response relationship between steps per day and patient outcomes in FM. Copyright © 2014 by the American College of Rheumatology.

**Source:** Medline

2. Longitudinal observation of treatment patterns and outcomes for patients with fibromyalgia: 12-month findings from the reflections study.
**Author(s)** Robinson RL, Kroenke K, Williams DA, Mease P, Chen Y, Faries D, Peng X, Hann D, Wohlreich M, McCarberg B

**Citation:** Pain Medicine, September 2013, vol./is. 14/9(1400-15), 1526-2375;1526-4637 (2013 Sep)

**Publication Date:** September 2013

**Abstract:** OBJECTIVE: To describe 12-month treatment patterns and outcomes for patients starting a new medication for fibromyalgia in routine clinical practice.

DESIGN AND OUTCOME MEASURES: Data from 1,700 patients were collected at baseline and 1, 3, 6, and 12 months. Repeated measures and Poisson regression models controlling for demographic, clinical, and baseline outcomes were used to assess changes in health outcomes (Brief Pain Inventory severity and interference, Sheehan Disability Scale, Fibromyalgia Impact Questionnaire), satisfaction, and economic factors for patients who initiated on pregabalin (214, 12.6%), duloxetine (264, 15.5%), milnacipran (134, 7.9%), or tricyclic antidepressants (66, 3.9%). Sensitivity analyses were run using propensity-matched cohorts.

RESULTS: Patients started on 145 unique drugs for fibromyalgia, and over 75% of patients took two or more medications concurrently for fibromyalgia at each time point assessed. Overall, patients showed improvement on the four health outcomes, with few differences across medication cohorts. At baseline, patients reported annual averages of 20.3 visits for outpatient care, 27.7 missed days of work, and 32.6 days of care by an unpaid caregiver. The duloxetine and milnacipran (vs pregabalin or tricyclic antidepressant) cohorts had fewer outpatient visits during the 12-month study. Patients reported satisfaction with overall treatment and their fibromyalgia medication (46.0% and 42.8%, respectively). CONCLUSIONS: In this real-world setting, patients with fibromyalgia reported modest improvements, high resource, and medication use, and were satisfied with the care they received. Cohort differences were difficult to discern because of the high rates of drug discontinuation and concomitant medication use over the 12-month study period.

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**Source:** Medline

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3. Participation and social functioning in patients with fibromyalgia: Development and testing of a new questionnaire

**Author(s)** Farin E., Ullrich A., Hauer J.

**Citation:** Health and Quality of Life Outcomes, August 2013, vol./is. 11/1, 1477-7525 (05 Aug 2013)

**Publication Date:** August 2013

**Abstract:** Background: While there are numerous instruments for capturing the symptoms
of fibromyalgia syndrome (FMS) patients, there is a lack of questionnaires capable of measuring in detail FMS patients' participation and social functioning. It was our aim to develop and methodologically test a new patient questionnaire specific to FMS measuring these concepts (the "Fibromyalgia Participation Questionnaire" FPQ).

Methods: We first conducted a qualitative prestudy (focus groups, N = 38) to identify which impairments FMS patients experience in daily life because of their illness. To analyze the data we developed a coding system that contained 10 supercategories and a total of 105 subcategories. Items for the FPQ were developed from the subcategories. The psychometric analysis was done on a sample of N = 256 FMS patients undergoing inpatient rehabilitation in Germany.

Results: The final version of the FPQ contained 27 items and three scales (participation in social life FPQ-S, 11 items; participation in daily life FPQ-D, 11 items, participation in work-life FPQ-W 5 items). The FPQ displays good distribution properties, all the scales are unidimensional, and the scales fit to the Rasch model. Cronbach's Alpha range from 0.85 to 0.94. We noted indications of construct validity in that the FPQ correlates as expected with the Fibromyalgia Impact Questionnaire (physical scale), Pain Disability Index and scales from the PROMIS item banks for satisfaction with participation. The FPQ scales generally reveal greater responsiveness than other instruments. By linking FPQ items to the categories of the International Classification of Functioning, Disability and Health (ICF) we demonstrate content validity.

Conclusions: The FPQ captures participation and social functioning in FMS patients. As its psychometric properties are good, it can be recommended for use in evaluation studies and clinical trials. © 2013 Farin et al.; licensee BioMed Central Ltd.

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4. Patient-related predictors of treatment satisfaction of patients with fibromyalgia syndrome: Results of a cross-sectional survey

Author(s) Lauche R., Hauser W., Jung E., Erbsloh-Moller B., Gesmann M., Kuhn-Becker H., Petermann F., Weiss T., Thoma R., Winkelmann A., Langhorst J.

Citation: Clinical and Experimental Rheumatology, 2013, vol./is. 31/SUPPL.79(34-40), 0392-856X;1593-098X (2013)

Publication Date: 2013

Abstract: Objectives. This study aimed to determine patient-related predictors of treatment satisfaction in fibromyalgia syndrome (FMS)-patients. Methods. In a cross-sectional survey, participants with self-reported diagnosis of FMS were recruited by FMS-self help organisations and clinical institutions. The patients answered demographic and medical questionnaires, the Fibromyalgia Survey Questionnaire (FSQ) including the Somatic Severity Score (SSS) and Widespread Pain Index (WPI), the Patient Health Questionnaire (PHQ-4), and rated their treatment satisfaction on an 11-point Likert scale. The impact of patient-related variables (age, gender, partnership, educational level, time since onset of pain, time since FMS-diagnosis, health status since diagnosis, membership in FMS self-help organisations, polysymptomatic distress, anxiety and depression) and types of treatment on treatment satisfaction were tested by a multiple regression analysis. Results. The study sample (n=1651 patients) was composed mainly of middle-aged women with a long disease history, and 83.9% fulfilled the American College of Rheumatology diagnostic criteria of 2010. There was considerable variety regarding treatment satisfaction in FMS-patients, 14.8% reported no, 31.7% low, 40.8% moderate and 12.7% high satisfaction. Higher satisfaction was predicted by longer time since FMS diagnosis (p=0.03), improved health status since FMS-diagnosis (p<0.0001), lower depression score (p=0.005) and higher amount of active therapies (p<0.0001). Other sociodemographic (age, gender etc.) and disease-related variables (polysymptomatic distress intensity) did not influence treatment satisfaction. Conclusion. The results of the study illustrate the influence of patient-related factors on treatment satisfaction. Treating comorbid depression and enabling patients to actively cope with the disease might prove successful in improving treatment satisfaction of FMS-patients. © Clinical and Experimental Rheumatology 2013.

Source: EMBASE

5. Six-and 12-month follow-up of an interdisciplinary fibromyalgia treatment programme: results of a randomised trial

Author(s) Martin J., Torre F., Padierna A., Aguirre U., Gonzalez N., Garcia S., Matellanes
Abstract: To assess the efficacy of a 6-week interdisciplinary treatment that combines coordinated psychological, medical, educational, and physiotherapeutic components (PSYMEPHY) over time compared to standard pharmacologic care. Randomised controlled trial with follow-up at 6 months for the PSYMEPHY and control groups and 12 months for the PSYMEPHY group. Participants were 153 outpatients with FM recruited from a hospital pain management unit. Patients randomly allocated to the control group (CG) received standard pharmacologic therapy. The experimental group (EG) received an interdisciplinary treatment (12 sessions). The main outcome was changes in quality of life, and secondary outcomes were pain, physical function, anxiety, depression, use of pain coping strategies, and satisfaction with treatment as measured by the Fibromyalgia Impact Questionnaire, the Hospital Anxiety and Depression Scale, the Coping with Chronic Pain Questionnaire, and a question regarding satisfaction with the treatment. Six months after the intervention, significant improvements in quality of life (p=0.04), physical function (p=0.01), and pain (p=0.03) were seen in the PSYMEPHY group (n=54) compared with controls (n=56). Patients receiving the intervention reported greater satisfaction with treatment. Twelve months after the intervention, patients in the PSYMEPHY group (n=58) maintained statistically significant improvements in quality of life, physical functioning, pain, and symptoms of anxiety and depression, and were less likely to use maladaptive passive coping strategies compared to baseline. An interdisciplinary treatment for FM was associated with improvements in quality of life, pain, physical function, anxiety and depression, and pain coping strategies up to 12 months after the intervention.

Source: EMBASE

6. Effects of acupuncture in fibromyalgia: A literature review of controlled clinical trials

Author(s) Vaz H.H., Bernando W.M., Borges F.V., De Oliveira J.P.V., Fadel G., Gutierrez T., Imamura M., Paim C.P.

Citation: PM and R, October 2012, vol./is. 4/10 SUPPL. 1(S321), 1934-1482 (October 2012)

Publication Date: October 2012

Abstract: Objective: Review the effects of acupuncture in fibromyalgia syndrome (FMS). Design: traditional review. Design: PUBMED and the Cochrane Library were screened through Jan 2012. The search strategy used was based on structured questions as PICO (The initials "Patient," "Intervention," "Control," "Outcome"): Fibromyalgia AND "Acupuncture Therapy" OR "Acupuncture" OR "Acupuncture Points" OR "Acupuncture
Analgesia" OR "Acupuncture Ear". Studies were included for adults diagnosed with FMS, randomized controlled trials (RCTs), published in any date, in humans, in the English language and using needle acupuncture. Methodological quality was assessed by the Jadad and Van Tulder scores. Setting: Clinical research center. Main Outcome Measures: Visual Analog Scale (VAS); Questionnaires: Fibromyalgia Impact, McGill, Short Form-36 and patient satisfaction. Results: Seven RCTs with treatment median time of 4.5 weeks (range 3-12), 13 sessions (range 6-24), and 421 patients were included. Studies were reported as: two low risk, three moderate risk and two high risk of bias. Main results are that classical acupuncture, as an isolated intervention, does not improve symptoms of fibromyalgia. However, the association of classical acupuncture with tricyclic antidepressants, relaxation, aerobic and stretching exercises is more beneficial than these interventions alone. Electroacupuncture alone improves fatigue and anxiety symptoms in patients with fibromyalgia, as well as pain and patient satisfaction. Molecular neuroimaging studies indicate that acupuncture increase the binding potential of – opioid receptors at sensory processing regions including dorsal and subgenual cingulate, insula, caudate, thalamus and amygdala; and significantly increase glutamate values within the insula. Main adverse events are described as discomfort at the site of needle insertion, bruising, nausea and faint. Conclusions: Electroacupuncture and the association of traditional acupuncture with other interventions such as antidepressants and exercise seem to provide better relief. Molecular neuroimaging evidence suggests that acupuncture can play a role in the management of fibromyalgia patients.

Source: EMBASE

7. Applying the ACR preliminary diagnostic criteria in the diagnosis and assessment of fibromyalgia

Author(s) Kim S.M., Lee S.H., Kim H.R.

Citation: Korean Journal of Pain, July 2012, vol./is. 25/3(173-182), 2005-9159:2093-0569 (July 2012)

Publication Date: July 2012

Abstract: Background: Fibromyalgia (FM) is characterized by chronic widespread pain with a low pain threshold. The aim of this study was to compare two criteria for the diagnosis and assessment of FM and to analyze the correlation and agreement between the 1990 and 2010 American College of Rheumatology (ACR) preliminary diagnostic criteria for FM. Methods: We studied 98 patients who had already been diagnosed as having FM using the 1990 criteria or 2010 preliminary criteria. Tender point examination, FM impact questionnaire (FIQ) and pain visual analog scale (VAS) were obtained. According to the preliminary criteria, FM was quantified as WPI (widespread pain index) and the SS scale (symptom severity) and the two criteria were compared. Results: Among 98 patients, 78.6% of the patients were diagnosed with the 1990 ACR criteria and 93.9% of the patients were diagnosed with the ACR preliminary diagnostic criteria, and there was also significant
agreement between the two criteria (P < 0.01). There was a correlation with the WPI and the tender point, with the SS and the FIQ, and with the sum of the WPI and SS and the FIQ. Conclusions: The ACR preliminary diagnostic criteria for FM were in agreement with the 1990 ACR criteria during the disease course. The preliminary criteria were the more sensitive method than the 1990 criteria. In addition, the 2010 criteria might have advantages since it is easy to assess the physical and psychological symptoms and can be quantified. Therefore, the ACR preliminary diagnostic criteria for FM could be used more conveniently for clinical diagnosis and follow up evaluation after starting management of FM. © The Korean Pain Society, 2012.

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Author(s) Ozkurt S, Donmez A, Zeki Karagulle M, Uzunoglu E, Turan M, Erdogan N

Citation: Rheumatology International, July 2012, vol./is. 32/7(1949-54), 0172-8172;1437-160X (2012 Jul)

Publication Date: July 2012

Abstract: We aimed to evaluate the effectiveness of balneotherapy in fibromyalgia management. Fifty women with fibromyalgia under pharmacological treatment were randomly assigned to either the balneotherapy (25) or the control (25) group. Four patients from the balneotherapy group and one patient from the control group left the study after randomization. The patients in the balneotherapy group (21) had 2 thermomineral water baths daily for 2 weeks in Tuzla Spa Center. The patients in the control group (24) continued to have their medical treatment and routine daily life. An investigator who was blinded to the study arms assessed the patients. All patients were assessed four times; at the beginning of the study, at the end of the 2nd week, the 1st month, and the 3rd month after balneotherapy. Outcome measures of the study were pain intensity, Fibromyalgia Impact Questionnaire (FIQ), Beck Depression Inventory (BDI), patient's global assessment, investigator's global assessment, SF-36 scores, and tender point count. Balneotherapy was found to be superior at the end of the cure period in terms of pain intensity, FIQ, Beck Depression Inventory, patient's global assessment, investigator's global assessment scores, and tender point count as compared to the control group. The superiority of balneotherapy lasted up to the end of the 3rd month, except for the Beck Depression Inventory score and the investigator's global assessment score. Significant improvements
were observed in PF, GH, and MH subscales of SF-36 during the study period in the balneotherapy group; however, no such improvement was observed in the control group. Balneotherapy was superior only in VT subscale at the end of therapy and at the end of the third month after the therapy as compared to the controls. It was concluded that balneotherapy provides beneficial effects in patients with fibromyalgia.

Source: Medline

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Author(s) Rasmussen LB, Mikkelsen K, Haugen M, Pripp AH, Fields JZ, Forre OT

Citation: Clinical Rheumatology, May 2012, vol./is. 31/5(821-7), 0770-3198;1434-9949 (2012 May)

Publication Date: May 2012

Abstract: Treatments offered at the Maharishi Ayurveda Health Centre in Norway are based on Maharishi Vedic Medicine (MVM). MVM is a consciousness-based revival by Maharishi Mahesh Yogi, the founder of the Transcendental Meditation (TM) program of the ancient Ayurvedic medicine tradition in India. To extend from 6 to 24 months, a pilot study of the effects of the treatment program at the Health Centre on fibromyalgia. Retesting 2 years after a clinical trial, 31 women with a diagnosis of fibromyalgia received an individually tailored program of (1) physiological purification therapy (Maharishi Panchakarma) and (2) Ayurvedic recommendations regarding daily routine and diet including a novel approach to food intolerance. Five subjects chose to learn TM for stress reduction, pain management and personal development. All were recommended Ayurvedic herbal products for follow-up treatment. A modified Fibromyalgia Impact Questionnaire (FIQ) that included seven dimensions. Scores at 24 months follow-up were compared with pre-treatment scores. At 24-months follow-up, there were significant reductions (26% to 44%) in six of the seven fibromyalgia dimensions: impairment of working ability, pain, tiredness, morning tiredness, stiffness and anxiety. The 7th, depression, decreased 32% (borderline significant). At 24 months, the four subjects who continued practising TM, had almost no symptoms and significantly lower FIQ change scores (-92% to 97%) than the non-meditators on all outcomes. This pilot study suggests that the treatments and health promotion programs offered at the Maharishi Ayurveda Health Centre in Norway lead to long-term reductions in symptoms of fibromyalgia, which is considered a treatment-resistant condition, and further studies are warranted.

Source: Medline

Author(s) Oh TH, Hoskin TL, Luedtke CA, Weingarten TN, Vincent A, Kim CH, Thompson JM

Citation: Pm & R, April 2012, vol./is. 4/4(257-63), 1934-1482;1934-1563 (2012 Apr)

Publication Date: April 2012

Abstract: OBJECTIVE: To determine which patient characteristics are closely associated with a positive response to a brief interdisciplinary fibromyalgia treatment program (FTP). DESIGN: A prospective cohort study. SETTING: FTP at a tertiary medical center. PARTICIPANTS: A total of 536 patients with a confirmed diagnosis of fibromyalgia who underwent the FTP and completed the Fibromyalgia Impact Questionnaire (FIQ) at baseline and 6-12 months after treatment. INTERVENTIONS: A brief 1.5-day interdisciplinary FTP, which included evaluation with a registered nurse and a physician for a diagnosis or confirmation of fibromyalgia, fibromyalgia education, interactive self-management session, and physical and occupational therapy. MAIN OUTCOME MEASUREMENTS: The responder definition was an improvement of 14% or more in the FIQ total score from their baseline to 6-12 months after treatment. RESULTS: Mean (standard deviation) age of our patients was 50.3 +/- 13.0 years; 515 women (96%) and 23 men (4%). Two hundred forty-eight patients (46%) met the responder definition at 6-12 months follow-up. In an univariate analysis, younger age (P = .008), college or higher education (P = .02), fewer tender points (P = .048), and higher FIQ depression subscore (P = .02) significantly predicted positive response. In a multivariate analysis, these factors all remained statistically significant. In addition, a positive abuse history became significant (P = .03). There was no significant association for gender, duration of symptoms, marital status, employment, smoking status, or 3 numeric rating scale pain scores. CONCLUSIONS: Patients with younger age, more years of education (with college or graduate degree), higher baseline FIQ depression score, lower tender point count, and absent abuse history experience greater benefit from a brief FTP. Copyright © 2012 American Academy of Physical Medicine and Rehabilitation. Published by Elsevier Inc. All rights reserved.

Source: Medline

11. Effect of venlafaxin in the treatment of fibromyalgia syndrome
Abstract: Objective: The aim of this study was to evaluate the effectiveness of the antidepressant venlafaxin, which is a serotoninergic noradrenergic receptor inhibitor (SNRI), in the treatment of the symptoms fibromyalgia syndrome (FS). Methods: Twenty-eight patients having applied to Medicana Hospital during February-July 2006, diagnosed with FS, were assigned for a 12 weeks treatment with venlafaxin, and were evaluated in the beginning of the treatment, and after in the 4th, 8th, and 12th weeks of the treatment. Evaluation was made with the Visual Analogue Scale (VAS), Fibromyalgia Impact Questionnaire (FIQ), Health Assessment Questionaire (HAQ), and patient satisfaction. Results: The mean age of patients was 44 +/- 9.6. Initial mean VAS of the patients was 7.3 +/- 1.8, and VAS scores decreased beginning from the 4th week, and continuing in the following weeks (p< 0.001). Initial mean FIQ score was 57.5 +/- 11.3, and HAQ score was 0.53 +/- 0.41. Improvement in FIQ scores, and HAQ scores were shown in the 12th week (both p< 0.05). As patient satisfaction, while 20% of patients said to show no improvement, 44% declared moderate good and very good improvement. Adverse effects were noted as excessive sweating, sleepiness, dryness in the mouth, nausea, and insomnia. Conclusion: Venlafaxin was found to be effective in the treatment of the symptoms of FS. However the initiation time of beneficial effects for pain was as early in the 4th week, while improvement in function, or disability began in the 12th week.

Source: EMBASE

12. Societal and individual burden of illness among fibromyalgia patients in France: Association between disease severity and OMERACT core domains

Abstract: Background: Patients with fibromyalgia (FM) report widespread pain, fatigue, and other functional limitations. This study aimed to provide an assessment of the burden of illness associated with FM in France and its association with disease severity and core domains as defined by Outcome Measures in Rheumatology Clinical Trials (OMERACT) for FM. Methods. This cross-sectional, observational study recruited patients with a prior diagnosis of FM from 18 community-based physician offices in France. Patients completed questions about FM impact (Fibromyalgia-Impact Questionnaire [FIQ]), core symptoms (defined by OMERACT), health-related quality of life (EQ-5D), current overall health status (rated on a scale from 0 to 100), productivity, treatment satisfaction, and out-of-pocket expenses related to FM. Site staff recorded patients' treatment and health resource use based on medical record review. Costs were extrapolated from 4-week patient-reported
data and 3-month clinical case report form data and calculated in 2008 Euros using a societal perspective. Tests of significance used the Kruskal-Wallis test or Fisher's Exact test where $P < 0.05$ was considered significant. Results: Eighty-eight patients (mean 55.2 y; female: male 74:14) were recruited. The majority of patients (84.1%) were prescribed medications for FM. Patients mainly described medications as a little/not at all effective (40.0%) or somewhat effective (52.9%). Current Overall Health rating was 52.9 (17.8) and FIQ total score was 54.8 (17.3). FIQ total score was used to define FM severity, and 17 patients scored 0-<39 (mild FM), 33 patients 39-<59 (moderate FM), and 38 scored 59-100 (severe FM). As FM severity level worsened, patients had poorer overall health status and perceived their prescription medications to be less effective. Average cost/FM patient was higher for severe (10,087) vs. moderate (6,633) or mild FM (5,473); however, the difference was not significant. Conclusions: In a sample of 88 patients with FM from France, we found that FM poses a substantial economic and human burden on patients and society. FM severity level was significantly associated with patients' health status and core symptom domains. © 2012 Perrot et al; BioMed Central Ltd.

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Author(s) Kool MB, van Middendorp H, Bijlsma JW, Geenen R

Citation: Clinical & Experimental Rheumatology, November 2011, vol./is. 29/6 Suppl 69(S63-9), 0392-856X;0392-856X (2011 Nov-Dec)

Publication Date: November 2011

Abstract: OBJECTIVES: The health problems of patients with rheumatoid arthritis and fibromyalgia are mostly invisible to others, which can lead to a discrepancy between
patients' and spouses' appraisals of the severity of the health problems. As a consequence, some patients may feel 'invalidation' from their spouse, such as not being understood and believed. Aim of this study was to compare patients' and spouses' appraisals of the health status of patients with rheumatoid arthritis and patients with fibromyalgia, and to examine whether discrepancies in these appraisals are associated with invalidation experiences of the patient.

METHODS: Eighty-four patients with rheumatoid arthritis and 95 patients with fibromyalgia filled out a health status questionnaire (MOS short-form general health survey, SF-20) and a questionnaire on invalidation by the spouse (Illness Invalidation Inventory, 3*). The spouses appraised the patients' health status independently from the patients using a spouse version of the SF-20.

RESULTS: Patients with fibromyalgia and their spouses appraised the patients' health status significantly worse than patients with rheumatoid arthritis and their spouses. The agreement between patients and spouses was generally fair with somewhat more agreement in rheumatoid arthritis than in fibromyalgia. Patient-spouse discrepancies in health status appraisals were not associated with invalidation experiences.

CONCLUSIONS: The invisibility of health problems in fibromyalgia and rheumatoid arthritis is not accompanied by large patient-spouse discrepancies of health status appraisals, which suggests that invalidation by spouses is not dependent on observable evidence such as clinical signs of damage or pathology.

Source: Medline

14. Description of a half-day interprofessional fibromyalgia clinic with an evaluation of patient satisfaction

Author(s) Jones K.D., Bennett R.M., Ward R.L., Deodhar A.A.

Citation: American journal of physical medicine & rehabilitation / Association of Academic Physiatrists, October 2011, vol./is. 90/10(825-833), 1537-7385 (Oct 2011)

Publication Date: October 2011

Abstract: This study aimed to evaluate patient satisfaction of a half-day interprofessional fibromyalgia clinic. A convenience sample of 167 consecutively enrolled patients were evaluated retrospectively for clinical and laboratory findings. After 2 yrs, a patient satisfaction survey and the Fibromyalgia Impact Questionnaire were mailed for follow-up analyses. Sixty-five patients returned the mailed questionnaire (54.2 % response rate). More than 90% of the patients rated their clinic experience and provider visits as very positive or positive. Notably, those patients who reported that their primary care provider regarded fibromyalgia as a valid diagnosis were willing to implement the consultant's recommendations, and those who were prescribed medications were more likely to experience an improvement in symptoms and function. Sleep, fatigue, pain, and work interference were the variables most likely to improve, whereas mood was largely unchanged. Finally, the patients with insulin-like growth factor-1 levels that were within the reference range based on age had a better Fibromyalgia Impact Questionnaire response compared with those with low insulin-like growth factor-1 levels. A half-day fibromyalgia
treatment program is feasible and acceptable to patients. This program was designed to provide an expert interprofessional assessment and treatment recommendations to the referring primary care provider. Overall, the program was positively rated by the participants who, overall, experienced a modest improvement in their fibromyalgia symptoms over a 2-yr period.

Source: EMBASE

15. Psychometric properties of the Dutch Five Facet Mindfulness Questionnaire (FFMQ) in patients with fibromyalgia

Author(s) Veehof M.M., Ten Klooster P.M., Taal E., Westerhof G.J., Bohlmeijer E.T.

Citation: Clinical Rheumatology, August 2011, vol./is. 30/8(1045-1054), 0770-3198;1434-9949 (August 2011)

Publication Date: August 2011

Abstract: Mindfulness-based interventions are increasingly being used in clinical populations to reduce psychological distress and improve functioning. The Five Facet Mindfulness Questionnaire (FFMQ) is a questionnaire that measures five facets of mindfulness: observe, describe, actaware, nonjudge and nonreact. The goal of this study was to examine the psychometric properties of the FFMQ in a clinical population of fibromyalgia patients. A total of 141 patients completed an online questionnaire on mindfulness (FFMQ) and theoretically related (e.g. acceptance, openness, alexithymia) and unrelated (physical health) constructs. Thirty-eight patients filled in the FFMQ twice. A confirmatory factor analysis (CFA) was conducted to test the five-factor structure of the FFMQ. Internal consistency and test-retest reliability were respectively assessed with Cronbach's alpha and intraclass correlation coefficients. Construct validity was examined by correlating FFMQ facets with theoretically related and unrelated constructs. Incremental validity in predicting mental health and psychological symptoms was examined with regression analyses. CFA confirmed the correlated five-factor structure of the FFMQ. Internal consistency of the five facets was satisfactory and test-retest reliability was good to excellent. Construct validity was excellent, as shown by the moderate to large correlations with related constructs (except observe facet) and weak correlation with a theoretically unrelated construct. Two of the five facets (actaware and nonjudge) had incremental validity over the others in predicting mental health and psychological symptoms. After controlling for related constructs, the actaware facet remained a significant predictor. This study showed satisfactory psychometric properties of the Dutch FFMQ in fibromyalgia patients. The observe facet, however, should be used with caution given its deviant relationship with theoretically related constructs. © 2011 The Author(s).

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16. Specialized rheumatology nurse substitutes for rheumatologists in the diagnostic process of fibromyalgia: A cost-consequence analysis and a randomized controlled trial

Author(s) Kroese M.E., Severens J.L., Schulpen G.J., Bessems M.C., Nijhuis F.J., Landewe R.B.

Citation: Journal of Rheumatology, July 2011, vol./is. 38/7(1413-1422), 0315-162X;1499-2752 (July 2011)

Publication Date: July 2011

Abstract: Objective. To perform a cost-consequence analysis of the substitution of specialized rheumatology nurses (SRN) for rheumatologists (RMT) in the diagnostic process of fibromyalgia (FM), using both a healthcare and societal perspective and a 9-month period. Methods. Alongside a randomized controlled trial, we measured costs and consequences of a nurse-led diagnostic consult (SRN group, n = 97) versus a rheumatologist-led diagnostic consult [usual care (UC) group, n = 96]. Patients were followed for 9 months. Every second month a questionnaire on medical consumption and social participation was filled out. Satisfaction was measured 1 week after the first consultation. During followup, health status was measured by health-related quality of life (EQ-5D), functional status (Fibromyalgia Impact Questionnaire), fatigue (Checklist Individual Strength), and self-efficacy (Generalized Self-Efficacy Scale). Results. Patients in the SRN group were significantly more satisfied. Improvements in health status were similar in both groups after 9 months of followup. Total costs for healthcare consumption and patient and family costs were significantly lower in the SRN group (1298 vs 1644; difference 346; 95% CI -746 to -2). Total societal costs were 3853 per patient for the SRN group and 5293 for the UC group after 9 months of followup (difference 1440; 95% CI -3721 to 577). Conclusion. From both a healthcare and societal perspective, the nurse-led diagnostic process can be recommended. Patients in the SRN group were significantly more satisfied, improvements in health status were similar in both groups, and total societal costs were lower for the SRN group compared to the RMT group after 9 months’ followup.

Registered with Current Controlled Trials, no. ISRCTN77212411. The Journal of Rheumatology Copyright © 2011. All rights reserved.

Source: EMBASE

17. Patients with more severe symptoms benefit the most from an intensive multimodal programme in patients with fibromyalgia

Author(s) Van Abbema R., Van Wilgen C.P., Van Der Schans C.P., Van Ittersum M.W.
Abstract: Patients with fibromyalgia (FM) experience symptoms over a long period of time impacting their quality of life (QoL). Patients are often treated in multimodal programmes that combine physical and cognitive treatment modalities. Purpose of this study was to identify prognostic factors of effectiveness of a multimodal programme. A prospective study was performed with a group of 87 patients with FM who had participated in a multimodal programme. The Revised Illness Perception Questionnaire (IPQ) and the Fibromyalgia Impact Questionnaire (FIQ) were used. Criterion for clinically relevant improvement was a decline in total FIQ score of 12.5 points or more after the treatment programme. Investigated determinants of improvement of QoL were patient characteristics, illness perceptions (IP) and QoL at baseline. QoL of 34 patients with FM made a clinically relevant improvement after the programme. There was no difference in age, number of years with pain, number of years diagnosed or IP compared to the group that did not improve. The group of patients with an improved QoL after the programme reported severe impact on daily living, highest intensity of pain and most depression at baseline. Total FIQ score on QoL, intensity of pain, morning tiredness and depression can be used as prognostic factors to pre-select patients with FM for a multimodal treatment. IP were not adequate to predict treatment outcome. An intensive multimodal programme seemed most suitable for patients with severe symptoms and limitations.

Source: EMBASE

18. Efficacy and safety of milnacipran 100 mg/day in patients with fibromyalgia: Results of a randomized, double-blind, placebo-controlled trial

Author(s) Arnold L.M., Michael Gendreau R., Palmer R.H., Gendreau J.F., Wang Y.

Citation: Arthritis and Rheumatism, September 2010, vol./is. 62/9(2745-2756), 0004-3591;1529-0131 (September 2010)

Abstract: Objective. To assess the efficacy and safety of milnacipran at a dosage of 100 mg/day (50 mg twice daily) for monotherapy treatment of fibromyalgia. Methods. A double-blind, placebo-controlled trial was performed to assess 1,025 patients with fibromyalgia who were randomized to receive milnacipran 100 mg/day (n = 516) or placebo (n = 509). Patients underwent 4-6 weeks of flexible dose escalation followed by 12 weeks of stable-dose treatment. Two composite responder definitions were used as primary end points to classify the response to treatment. The 2-measure composite response required achievement of >30% improvement from baseline in the pain score and a rating of "very much improved" or "much improved" on the Patient's Global Impression of Change (PGIC) scale. The 3-measure composite response required satisfaction of these same 2 improvement criteria for pain and global status as well as improvement in physical function.
on the Short Form 36 (SF-36) physical component summary (PCS) score. Results. After 12 weeks of stable-dose treatment, a significantly greater proportion of milnacipran-treated patients compared with placebo-treated patients showed clinically meaningful improvements, as evidenced by the proportion of patients meeting the 2-measure composite responder criteria (P < 0.001 in the baseline observation carried forward [BOCF] analysis) and 3-measure composite responder criteria (P < 0.001 in the BOCF).

Milnacipran-treated patients also demonstrated significantly greater improvements from baseline on multiple secondary outcomes, including 24-hour and weekly recall pain score, PGIC score, SF-36 PCS and mental component summary scores, average pain severity score on the Brief Pain Inventory, Fibromyalgia Impact Questionnaire total score (all P < 0.001 versus placebo), and Multidimensional Fatigue Inventory total score (P = 0.036 versus placebo). Milnacipran was well tolerated by most patients, with nausea being the most commonly reported adverse event (placebo-adjusted rate of 15.8%). Conclusion. Milnacipran administered at a dosage of 100 mg/day improved pain, global status, fatigue, and physical and mental function in patients with fibromyalgia. © 2010, American College of Rheumatology.

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19. Characteristics of patients with fibromyalgia in France and Germany.


Citation: International Journal of Clinical Practice, July 2010, vol./is. 64/8(1100-8), 1368-5031;1742-1241 (2010 Jul)

Publication Date: July 2010

Abstract: INTRODUCTION: Few studies have comprehensively assessed the burden associated with fibromyalgia (FM). This cross-sectional, observational study evaluates the impact of FM on patients in France and Germany.METHODS: A total of 299 FM patients were recruited from 33 physician offices in France and Germany during routine visits. Patients completed a survey that included the Brief Pain Inventory-Short Form (BPI-sf), Fibromyalgia Impact Questionnaire (FIQ), EuroQol 5D (EQ-5D) and the Hospital Anxiety and Depression Scale (HADS) to describe their pain, FM and health-related quality of life (HRQOL). FM severity was defined using patients' FIQ total scores with 0 to < 39, 39 to < 59 and 59-100, representing mild, moderate and severe FM, respectively. Site staff completed case report forms using patients' medical records.RESULTS: Mean (standard deviation, SD) age was 54.2 (12.6); 81% of patients were women. The mean (SD) FIQ total
score was 53.3 (19.6); 33% and 44% of patients reported moderate and severe FM, respectively. Most patients (91%) were receiving prescription medications for FM during the study. Patients reported a mean (SD) EQ-5D health state valuation of 0.44 (0.33) and a mean (SD) BPI-sf Pain Severity Index score of 4.9 (1.8). Forty-one percent of patients reported some level of disruption in their employment because of FM; employed patients missed a mean (SD) of 2.2 (4.6) workdays during the past 4 weeks. An increase in FM severity was significantly associated with increased pain severity, productivity loss, sleep disturbance and higher anxiety and depression (p < 0.0001).

CONCLUSIONS: There is a substantial burden of illness including treatment limitations for FM patients in France and Germany.

Source: Medline
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Author(s) Branco JC, Zachrisson O, Perrot S, Mainguy Y, Multinational Coordinator Study Group

Citation: Journal of Rheumatology, April 2010, vol./is. 37/4(851-9), 0315-162X;0315-162X (2010 Apr)

Publication Date: April 2010

Abstract: OBJECTIVE: This randomized, double-blind, placebo-controlled, multicenter study investigated the efficacy and safety of milnacipran in the treatment of fibromyalgia (FM) in a European population.

METHODS: Outpatients diagnosed with FM according to 1990 American College of Rheumatology criteria (N = 884) were randomized to placebo (n = 449) or milnacipran 200 mg/day (n = 435) for 17 weeks (4-week dose escalation, 12-week stable dose, 9-day down-titration), followed by a 2-week posttreatment period. The primary efficacy criterion was a 2-measure composite responder analysis requiring patients to achieve simultaneous improvements in pain (>or= 30% improvement from baseline in visual analog scale, 24-hour morning recall) and a rating of "very much" or "much" improved on the Patient Global Impression of Change scale. If responder analysis was positive, Fibromyalgia Impact Questionnaire (FIQ) was included as an additional key primary efficacy measure.

RESULTS: At the end of the stable dose period (Week 16), milnacipran 200 mg/day showed significant improvements from baseline relative to placebo in the 2-measure composite responder criteria (p = 0.0003) and FIQ total score (p = 0.015). Significant improvements were also observed in multiple secondary efficacy endpoints, including Short-Form 36 Health Survey (SF-36) Physical Component Summary (p = 0.025), SF-36 Mental Component Summary (p = 0.007), Multidimensional Fatigue Inventory (p =
0.006), and Multiple Ability Self-Report Questionnaire (p = 0.041). Milnacipran was safe and well tolerated; nausea, hyperhidrosis, and headache were the most common adverse events. CONCLUSION: Milnacipran is an effective and safe treatment for pain and other predominant symptoms of FM. Registered as trial no. NCT00436033.

**Source:** Medline

### Additional research

- Evaluation of the fibromyalgia impact questionnaire at baseline as a predictor for time to pain improvement in two clinical trials of pregabalin, International journal of clinical practice, 2013
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- Minimal clinically important difference in the fibromyalgia impact questionnaire, Journal of Rheumatology, 2009
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  … If a patient *questionnaire* were to be used, that would in effect default the … assessment of the patient's symptoms, and this assessment could be different from the patient's assessment. … are available for download at URL: www.arthritis-research.org/research/fibromyalgia-criteria. …
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Association of employment and working conditions with physical and mental health symptoms for people with fibromyalgia

C Rakovski, L Zettel-Watson - Disability and …, 2012 - informahealthcare.com

The National Fibromyalgia Association Questionnaire (NFAQ) was developed by the National Fibromyalgia Association (NFA) and a panel of experts on FM [17]. Symptom clusters in fibromyalgia: potential utility in patient assessment and treatment evaluation.

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T Pincus, KA Gibson, JMM Berthelot - The Journal of rheumatology, 2014 - jrheum.org

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Only data from patients who had completed the self-report TOPS questionnaire during at least 2 clinic visits 5 or more weeks apart were included in … Generalized pain (including fibromyalgia syndrome and diffuse joint pain), 99, 10.1. Patient satisfaction with outcomes, SATOUT, 2. …

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