Suffolk County Council

Public Health & Communities

Fibromyalgia, Medically Unexplained Symptoms and similar conditions topic paper

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Background and request

This topic paper has been produced to examine fibromyalgia (FM), Medically Unexplained Symptoms and similar conditions. The report covers the Suffolk & North East Essex (SNEE) geography. This is a different geographical coverage from Suffolk County Council (SCC), and includes Colchester and Tendring as part of the Integrated Care System (ICS) footprint. Where possible data has been broken down by lower tier local authority (LTLA). Note: East Suffolk LTLA includes the Lowestoft and Waveney area, which is in the Norfolk and Waveney ICS.

Type of report

This report is a topic paper in the Suffolk Joint Strategic Needs Assessment, rather than a full health needs assessment. A health needs assessment is a systematic approach to understanding the needs of a population that can be used as part of the commissioning process to ensure that the most effective support is provided for those in greatest need. A topic paper, however, is a one-off analysis of specific data on a given subject, usually in response to a specific request for information. It should be utilised as an overview of the topic, rather than a comprehensive examination of the health needs of a population.

Summary of report

- Fibromyalgia (FM) is a chronic condition associated with long-term fatigue and pain that is generally difficult to diagnose as it lacks specific diagnostic tests and is based on certain sets of symptoms.
- The severity of these conditions can vary over time, and can be debilitating. Other similar conditions to FM, where diagnoses are complex and the symptoms may be medically unexplained, include somatoform disorders, dissociative convulsions and irritable bowel syndrome (IBS).
- Fibromyalgia admission rates in East Suffolk and West Suffolk LTLAs were statistically significantly higher than the East of England regional rate between 2018/19 and 2021/22, whereas admission rates in Babergh, Colchester and Tendring were statistically significantly lower than the East of England over the same period.
- Admission rates for IBS, somatoform disorders and dissociative convulsions were far lower across all areas examined during the 2018/19 to 2021/22 timeframe compared to FM, although there were still some geographical variations observed.

National data and prevalence estimates

National data on conditions such as fibromyalgia, medically unexplained symptoms and other similar conditions are generally quite poor. As the causes of these conditions are often unknown, with diagnosis only confirmed by the absence of certain measurable biological markers in the individual and generally limited understanding of conditions by clinicians, there are concerns that these conditions are under-diagnosed [1]. Although work is ongoing to improve recognition, understanding and diagnosis, it is recognised that people with these conditions often experience prejudice and disbelief regarding their symptoms [1].

Fibromyalgia (FM)

Fibromyalgia diagnosis is based on presence of specific symptoms [1]. For FM, these symptoms include widespread, generalised pain that has been present for at least three months where sleep provides poor refreshment and the individual has poor concentration and short-term memory [1]. Fibromyalgia severity can fluctuate over time, with higher pain scores more likely to trigger a fibromyalgia

diagnosis, although lower pain scores at the time of observation do not necessarily mean that the individual does not have FM, it merely reflects the nature of the condition [1].

Prevalence estimates for fibromyalgia (from work in the United States) using the regular 2010 criteria indicating 1.2% (95% CI 0.3-2.1%) fibromyalgia prevalence [2]. This does, however, depend on classification criteria, which are complex [2,3]. The Royal College of Physicians now recommends using the American College of Rheumatologists (ACR) 2016 diagnostic criteria [1,4].

Incidence estimates of recorded cases of fibromyalgia are 33.3 per 100,000 population[5]. This is similar to previous estimates in the UK of fibromyalgia incidence being around 35 per 100,000 population [6].

Local SNEE data (Hospital Episode Statistics)

Data were obtained from the NHS Hospital Episode Statistics (HES) admitted patient care dataset (2018/19 to 2021/22) to examine the numbers and rates of admissions of SNEE residents to hospital with the following ICD-10 codes at any position in their concatenated diagnoses strings (not just primary diagnosis):

- F445 – Dissociative convulsions
- K58 - Irritable bowel syndrome (IBS)
- M797 – Fibromyalgia

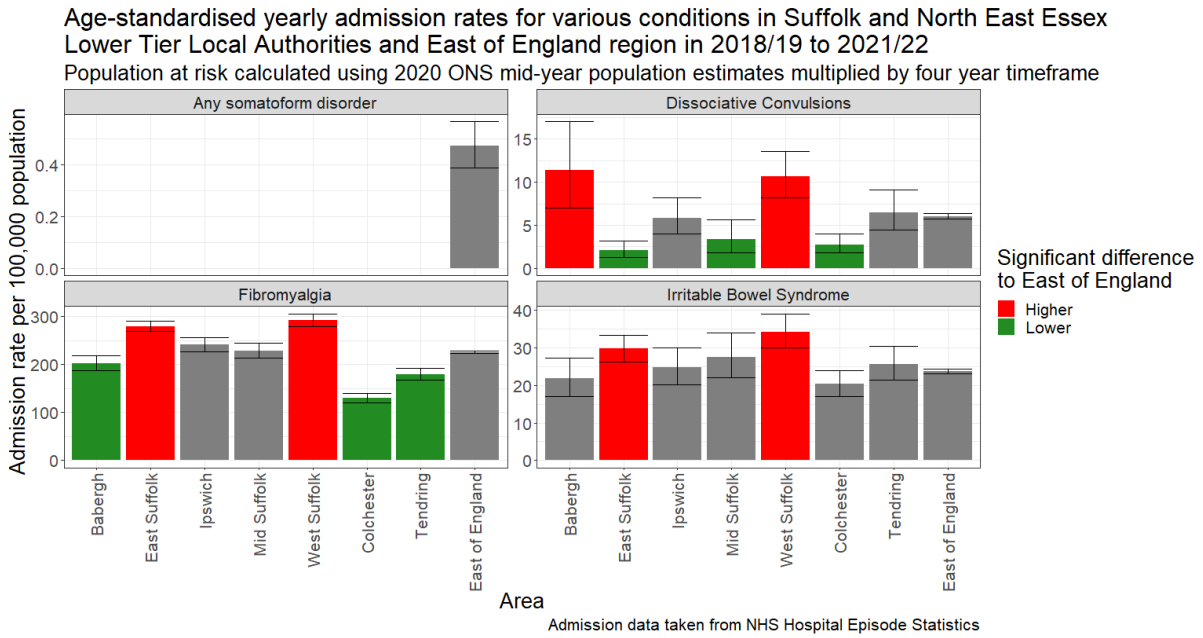
There is not a specific ICD-10 code for "medically unexplained disorders", however most patients will be categorised under the "undifferentiated somatoform disorder" code of F45.1 [7], and will therefore be captured in the F45 search for any somatoform disorder.

Data to calculate rates have been taken from the ONS mid-year population estimates (MYE) for 2020 (with these denominators used across all years). Population at risk was calculated using the 2020 MYE multiplied by four to account for the four years of HES data.

For the following analysis, admission rates have been calculated as the number of admissions where the appropriate ICD-10 code appears in the diagnosis codes. This means that individual people can appear multiple times if they have had multiple admissions. Additionally, a single admission could appear in more than one category if the ICD-10 codes for a single admission include, for example, fibromyalgia and IBS.

This analysis therefore indicates demand on the system as a result of these conditions, rather than the prevalence across the population.

Figure 1: Age-standardised yearly admission rates for SNEE LAs compared to East of England region



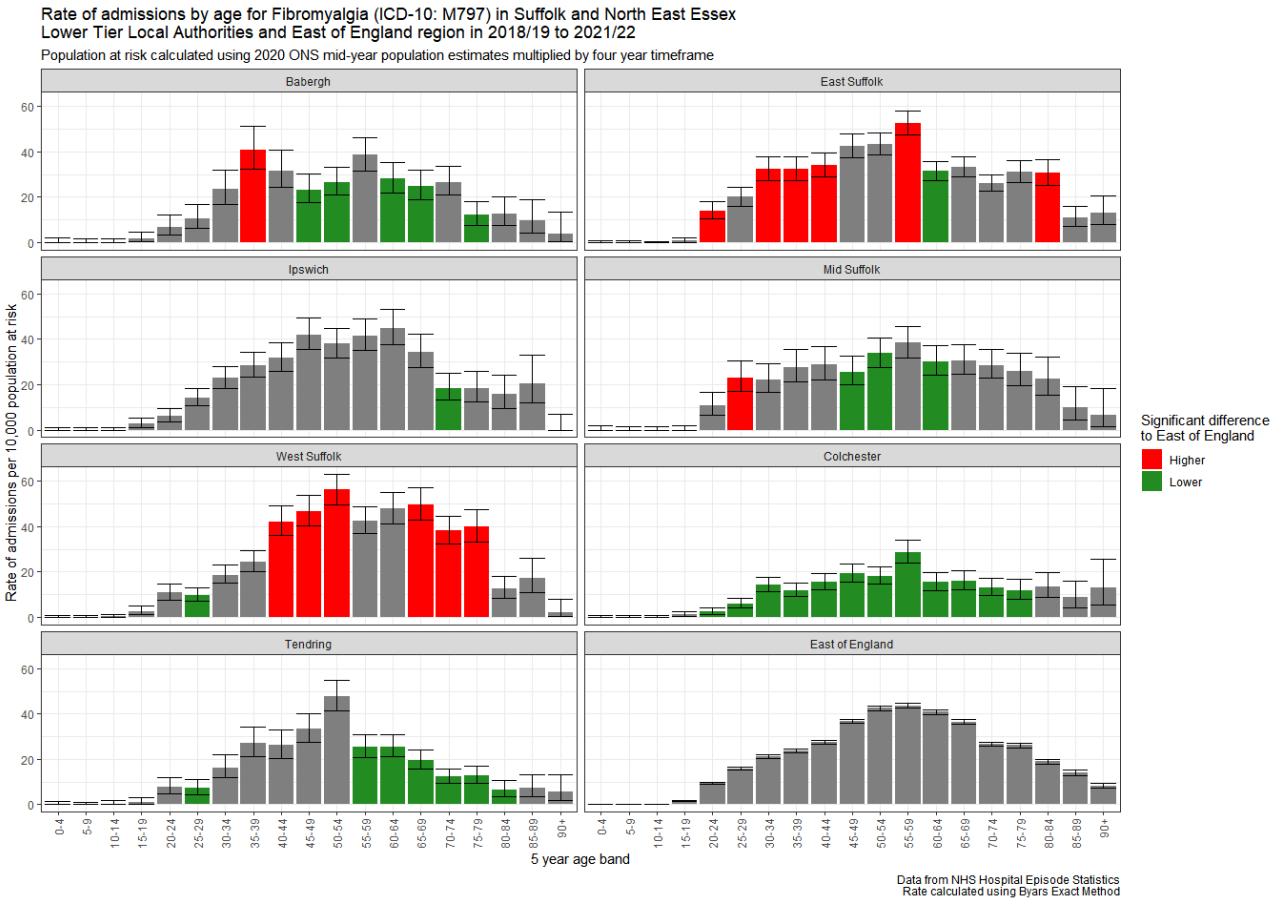
As the rates of admission for F45: any somatoform disorder are very low (< 10 for each LTLA), the rates have been suppressed for all areas other than the East of England region (Figure 1).

Rates of admissions for fibromyalgia in East Suffolk are likely to be skewed by the fact that some individuals have had high numbers of repeated admissions with this diagnosis code during this timeframe. Of the LTLAs in question, nine of the top 20 most frequently admitted patients lived in East Suffolk. The same cannot be said for West Suffolk, however, with zero of the top 20 most frequently admitted patients living in West Suffolk. Instead, West Suffolk has generally higher rates of fibromyalgia admissions when compared to the East of England average through multiple age groups from 40-44 to 75-79 (Figure 2).

Colchester and Tendring both had statistically significantly lower rates of admission for fibromyalgia than the East of England (Figure 1), with Colchester in particularly having consistently low rates across all age groups (Figure 2).

Rates of fibromyalgia admissions for women were far higher than admissions for men across all SNEE LTLAs and the East of England region, with women making up 91.2% of admissions in the East of England (86.7% - 92% in SNEE LTLAs).

Figure 2: Rates of fibromyalgia admissions by 5-year age-band for SNEE LTLAs and East of England region between 2018/19 and 2021/22



Admission rates for both dissociative convulsions and IBS were much lower across all areas than for fibromyalgia (Figure 1), although there are significantly higher rates of admissions in some SNEE LTLAs compared to the East of England average.

For dissociative convulsions, numbers of admissions are particularly low to the point where inference from these statistics should be taken with caution, although there are more patients with repeat admissions (>3 admissions with the F445 ICD-10 code) for both Babergh and West Suffolk than for other SNEE LTLAs.

For IBS, both East and West Suffolk admissions appear to be primarily driven by large numbers of single admissions (both have over 100 single IBS admissions compared to under 80 for all other SNEE LTLAs).

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