

December 19, 2012

Ms. Margaret Parlor
President
National ME/FM Action Network
512, 33 Banner Road
Ottawa, ON K2H 8V7 Canada

Dear Ms. Parlor:

Thank you for your letter of October 15, 2012 concerning the 2012 Canadian Guidelines for the diagnosis and management of fibromyalgia syndrome (FM). I am pleased to respond on behalf of the Canadian Rheumatology Association (CRA).

The CRA has considered carefully the concerns that you have outlined in your excellent letter on behalf of Canadians with Myalgia Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Fibromyalgia. We applaud the impressive and important accomplishments of the National ME/FM Action Network.

An ad-hoc committee developed the 2012 Canadian Guidelines for the diagnosis and management of FM with representation from the Canadian Pain Society (CPS) and the 2012 Canadian FM Guideline Committee, who undertook a rigorous, peer-review process. Both the CRA Therapeutics Committee and the Executive Committee of the CRA then reviewed the final document; these committees were independent of the actual Guidelines development. After careful consideration, both committees of the CRA unanimously endorsed the FM guidelines, as developed by the 2012 FM Guideline committee, under its chair, Dr. Mary-Ann Fitzcharles.

The CRA considered the composition of the 2012 FM Guideline committee and is satisfied that there was fair representation of all relevant parties. There was a patient representative on the committee who, as Dr. Fitzcharles stated, was involved in each stage of the development of the guidelines. We agree with you "...that there are very few studies around FM in peer-reviewed journals that are stronger than opinion and evidence. This is consistent with a topic that is in the relatively early stages of understanding." As a result of the paucity of research in this area and the relative lack of true evidence-based medicine (EBM), we agree with you that practitioners and patients alike have sometimes been confused and/or dissatisfied with the diagnostic processes and/or treatments for FM.

The CRA agrees with you also that much more research in this area is needed to facilitate evidence-based medicine. However, at this time, the CRA, the Canadian Pain Society (CPS) and the National ME/FM Action Network are all in agreement that development of guidelines for the diagnosis and management of FM might help alleviate some of the confusion in this area of medicine. The FM guidelines committee used EBM wherever it was available and the CRA is satisfied that the FM guideline committee followed appropriately rigorous process as outlined in Dr. Mary-Ann Fitzcharles' letter to you of October 29th, 2012. As you understand, particularly in the diagnosis of FM, there is a dearth of evidence and, thus, the collection of expert opinion (level D) is the best that can be offered, at this time.

Given all of this, the CRA feels that the 2012 Canadian Guidelines for the diagnosis and management of FM provide the best guidelines to practitioners, based on currently available evidence. The CRA agrees with Dr. Mary-Ann Fitzcharles and the CPS that the 2012 FM guidelines are intended to serve as a reference for Canadian practitioners; they do not limit any particular practitioner in her/his care of any particular patient to provide the most appropriate individualized medical care for that unique patient.

The CRA agrees with you, the 2012 Canadian FM Guideline committee and the CPS that much more research is desperately needed in this area of medicine and supports further research in this area. The CRA appreciates and applauds your interest and your efforts in this area.

Sincerely,



Carter Thorne MD
President CRA