



Fibromyalgia: The Copenhagen declaration.

Authors: [Csillag, Claudio](#)

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Abstract: Informs that the 'Copenhagen Declaration' has established fibromyalgia as a distinctive diagnosis. The 2nd World Congress on Myofascial Pain and Fibromyalgia; Diagnostic criteria; Details.

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FIBROMYALGIA: THE COPENHAGEN DECLARATION

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Last week the "Copenhagen Declaration" established fibromyalgia as a distinctive diagnosis. The document(n1) stems from the 2nd World Congress on Myofascial Pain and Fibromyalgia, held in Copenhagen from August 17 to 20. The diagnosis has been incorporated in WHO's tenth revision (1992) of the International Statistical Classification of Disease and Related Health Problems (ICD-10), which comes into force on Jan 1, 1993.

Fibromyalgia (with fibrositis) appears in ICD-10 as "M79-0 Rheumatism, unspecified", one of many soft-tissue disorders not specified elsewhere. The new document defines fibromyalgia as a painful, non-articular condition predominantly involving muscles, and as the commonest cause of chronic, widespread musculoskeletal pain. Onset of symptoms occurs usually between the ages of 20 and 40 years, mainly in women.

Diagnostic criteria were defined by the American College of Rheumatology (ACR) in 1990. (n2) The ACR conducted a blinded study with 558 patients (of which 265 were control patients) in 16 centres in the United States and Canada, and concluded that fibromyalgia could be diagnosed clinically by a history of widespread pain in combination with pain in 11 or more out of 18 specified tender points in muscular tissue. The 18 tender points are nine bilateral pairs from occiput (at the suboccipital muscle insertions) to knee (at the medial fat pad proximal to the joint line).

The Copenhagen Declaration recommends the adoption of the two criteria established by ACR for research purposes, since they work as a standardising protocol. However, it enhances ACR's definition into a pragmatic and clinical perspective: "the diagnosis is commonly entertained in the presence of unexplained widespread pain or aching, persistent fatigue, generalised [morning] stiffness, non-refreshing sleep, and multiple tender points. Most patients with these symptoms have 11 or more tender points. But a variable proportion of otherwise typical patients may have less than 11 tender points at the time of the examination". Besides, says the document, fibromyalgia is often "part of a wider syndrome encompassing headaches, irritable bladder, dysmenorrhoea, cold sensitivity, Raynaud's phenomenon, restless legs, atypical patterns of numbness and tingling, exercise intolerance, and complaints of weakness". "I believe this is a stony document", says Bente Danneskiold-Samsøe, president of the congress. "Many patients will not have to be considered as hypochondriacs any more." Fibromyalgia, which has a prevalence of 0.6% in Denmark, is often accompanied by symptoms of depression and anxiety.(n3) Although the aetiology is unknown, members of the consensus panel tended to rule out psychological distress as a cause of the muscular pain and tenderness in fibromyalgia. It could be the other way round, suggests the declaration: psychological state could be mainly an effect of the pain patients suffer.

Muscle biopsy has revealed important morphological changes but no characteristic ones, and other tests (eg, serum levels of muscle enzymes, electromyography, exercise testing, and nuclear magnetic resonance spectroscopy) have not been helpful. Laboratory tests can be important to rule out conditions that mimic fibromyalgia, such as hypothyroidism, polymyalgia rheumatica, or generalised osteoarthritis. Regional myofascial pain syndrome can be excluded clinically because it is associated with limited pain distribution.

"With the Copenhagen Declaration, these people will now have better chances that governments and insurance companies accept their condition as a cause for invalidity pensions and early retirement", says Finn Kamper-Jørgensen, of the Danish Institute for Clinical Epidemiology, chairman of the consensus panel.(*)

(* Other members were: Liv Anne Andreassen (Norway) Robert M. Bennett (USA), Dag Bruusgaard (Norway), Bente Danneskiold-Samsøe (Denmark), Alfonse T. Masi (USA), and

Janine Morgall (Denmark) The expert panel contributing to the declaration was Ann Bengtsson (Sweden), Robert M Bennett (chairman, USA), Anders Bjelle (Sweden), c. S. Burckhardt (USA), Don L. Goldenberg (USA), K. G. Henriksson (Sweden), Soren Jacobsen Denmark), Marijke van Santen-Hoeufft (the Netherlands), Henning Vaeroy (Norway), and Frederick Wolfe (USA).

(n1.) The Copenhagen Declaration. Available from sense Danneskioldsamsee, Department of Rheumatology, Frederiksberg Hospital, Ndr Fasanvej 57, DK-2000 Frederiksberg, Denmark.

(n2.) Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology 1990 criteria for the classification of fibromyalgia. Arth and Rheum 1990; 33 (no 2) 160-72.

(n3.) Prescott E, Jacobsen S, Kjoller M, et al. Prevalence of fibromyalgia in the adult Danish population. Scand J Rheumatol 1992; supplement 94.

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By Claudio Csillag

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