

Good agreement for doctor, patient criteria for fibromyalgia

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PSD, the LOA were ± 8.5 and ± 7.77 , with a bias of ± 0.42 . There was a strong association for the TPC with both MD and PT PSD scales ($r = 0.779$ and 0.702 , respectively).

"There is acceptable agreement in diagnosis and PSD for research, but insufficient [agreement](#) for clinical decisions and [diagnosis](#)," the authors write. "We suggest adjudication of symptom data by patients and physicians, as recommended by the 2010 American College of Rheumatology criteria."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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(HealthDay)—There is good agreement in physician-based (MD) and patient-based (PT) criteria for fibromyalgia diagnosis, according to a study published in the May issue of *Arthritis Care & Research*.

Frederick Wolfe, M.D., from the University of Kansas School of Medicine in Wichita, and colleagues obtained rheumatology practice data for 514 patients and 30 physicians. Widespread pain index, polysymptomatic distress (PSD) scale, tender point count (TPC), and [fibromyalgia](#) diagnosis were evaluated using 2010 and 2011 rules. Agreement and disagreement were measured using the Bland-Altman 95 percent limits of agreement (LOA), kappa statistic, Lin's concordance coefficient, and the area under the receiver operating curve.

The researchers observed considerable diagnostic agreement for the MD and PT criteria (83.4 percent; $\kappa = 0.67$). Slight differences were seen in PSD scores (12.3 MD, 12.8 PT; $P = 0.213$). For

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