

**Diagnosis of fibromyalgia through the biopsychosocial model: combining the criteria written by Wolfe with those proposed by Pontes-Silva**

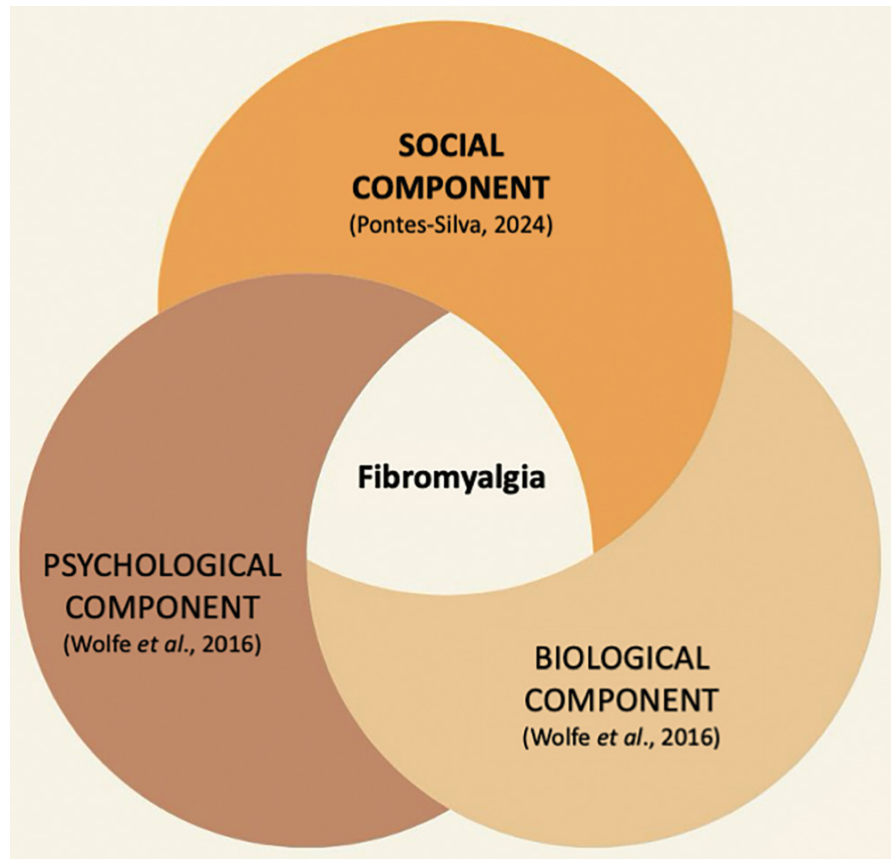
Sir,  
*Clinical and Experimental Rheumatology* has published a review that has generated considerable discussion about fibromyalgia (1). In the study entitled “Fibromyalgia: one year in review 2024” Di Carlo *et al.* state that “in the strictly diagnostic context, no new sets of criteria have been proposed in the last 12 months” (1). However, a new set of diagnostic criteria based on the biopsychosocial model has recently been published (February 2024) in *Rheumatology*, one of the official journals of the British Society for Rheumatology (2).

This is a relevant discussion for fibromyalgia one year in review (2024) (1), because we are looking at fibromyalgia as usual, *i.e.*, through the biomedical model (3). Although pain and fatigue are important symptoms in fibromyalgia (4), they can be attributed to the biological component (2); therefore, other symptoms such as mood disturbance and cognitive impairment are currently considered since they include the psychological component (2). However, the new set of diagnostic criteria based on the biopsychosocial model showed the relevance of including the assessment of the social component, since these patients have their social relationships affected by the prognosis of the biological and psychological dimensions (2).

Discussing the use of the new set of diagnostic criteria based on the biopsychosocial model (2) means considering the recommendations of the World Health Organization (5, 6), which defines health as a state of complete physical (biological component), mental (psychological component), and social well-being (social component (2)), and not merely the absence of disease (5, 6).

The diagnostic criteria for fibromyalgia proposed by the American College of Rheumatology were developed by Wolfe *et al.* (2016) (7), which include the biological and psychological components through the widespread pain index and symptom severity scale. The diagnostic criteria for fibromyalgia proposed by the British Society for Rheumatology were developed in 2024 by Pontes-Silva (2), which include the assessment of the social component through the patient’s socialisation and their perceptions and feelings about it.

Therefore, it is necessary to use both assessments (Wolfe + Pontes-Silva) to incorporate the biopsychosocial model (Fig. 1) (2, 7). The new assessment proposal is able to categorise patients as: (i) a patient with fibromyalgia and an impaired social component; and (ii) a patient with fibromyalgia without an impaired social component (2).



**Fig. 1.** Diagnostic criteria for fibromyalgia based on the biopsychosocial model combining the 2016 recommendations written by Wolfe with the 2024 recommendations written by Pontes-Silva.

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A. PONTES-SILVA, *MSc*  
 Postgraduate Program in Physical Therapy,  
 Department of Physical Therapy, Universidade  
 Federal de São Carlos, SP, Brazil.  
 Please address correspondence to:  
 André Pontes-Silva  
 Postgraduate Program in Physical Therapy,  
 Department of Physical Therapy,  
 Universidade Federal de São Carlos,  
 Rodovia Washington Luís, Km 235,  
 13560-642 São Carlos, SP, Brasil.  
 E-mail: contato.andrepsilva@gmail.com  
<https://orcid.org/0000-0002-3983-5342>

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