

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

Sirs,

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 Organisation (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).

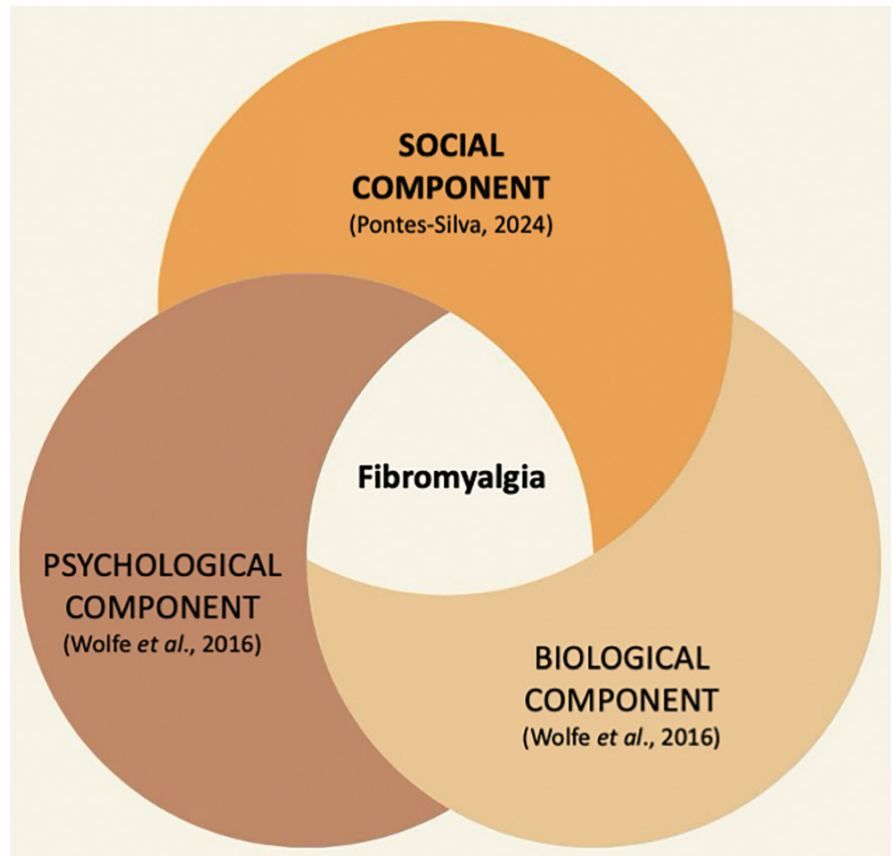


Fig. 1. Diagnostic criteria for fibromyalgia based on the biopsychosocial model combining the 2016 recommendations written by Wolfe with the 2024 recommendations written by Pontes-Silva.

Acknowledgments

I would like to thank the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES), the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), the Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP), and the Universidade Federal de São Carlos (UFSCar), Brazil.

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

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
ORCID iD. 0000-0002-3983-5342

Funding: this study was partially supported by the CAPES (code 001). The funding source had no role in the study design, collection, analysis, interpretation of data, writing of the report, or in the decision to submit the article for publication.

Funding: A. Pontes-Silva was funded by the FAPESP (grant 2022/08646-6).

Competing interests: none declared.

© Copyright CLINICAL AND
EXPERIMENTAL RHEUMATOLOGY 2025.

References

1. DI CARLO M, BIANCHI B, SALAFFI F *et al.*: Fibromyalgia: one year in review 2024. *Clin Exp Rheumatol* 2024; 42(6): 1141-49.
<https://doi.org/10.55563/clinexprheumatol/mbyi1n>
2. PONTES-SILVA A: Fibromyalgia: a new set of diagnostic criteria based on the biopsychosocial model. *Rheumatology* (Oxford) 2024; 63(8): 2037-39.
<https://doi.org/10.1093/rheumatology/keae074>
3. PONTES-SILVA A: We are looking at fibromyalgia as usual: a discussion of the meaning and consequences of fibromyalgia in the biomedical model. *Semin Arthritis Rheum* 2023; 63: 152261.
<https://doi.org/10.1016/j.semarthrit.2023.152261>
4. MACFARLANE GJ, KRONISCH C, DEAN LE *et al.*: EULAR revised recommendations for the management of fibromyalgia. *Ann Rheum Dis* 2017; 76(2): 318-28.
<https://doi.org/10.1136/annrheumdis-2016-209724>
5. ROSIGNOLI C, ORNELLO R, ONOFRI A *et al.*: Applying a biopsychosocial model to migraine: rationale and clinical implications. *J Headache Pain* 2022; 23(1): 100.
<https://doi.org/10.1186/s10194-022-01471-3>
6. CHILDERSHOE JE, CRONIN RM, KLATT MD, SHAMNESS A: Treating chronic pain in sickle cell disease - the need for a biopsychosocial model. *N Engl J Med* 2023; 388(15): 1349-51.
<https://doi.org/10.1056/nejmp2301143>
7. WOLFE F, CLAUW DJ, FITZCHARLES MA *et al.*: 2016 Revisions to the 2010/2011 fibromyalgia diagnostic criteria. *Semin Arthritis Rheum* 2016; 46(3): 319-29.
<https://doi.org/10.1016/j.semarthrit.2016.08.012>