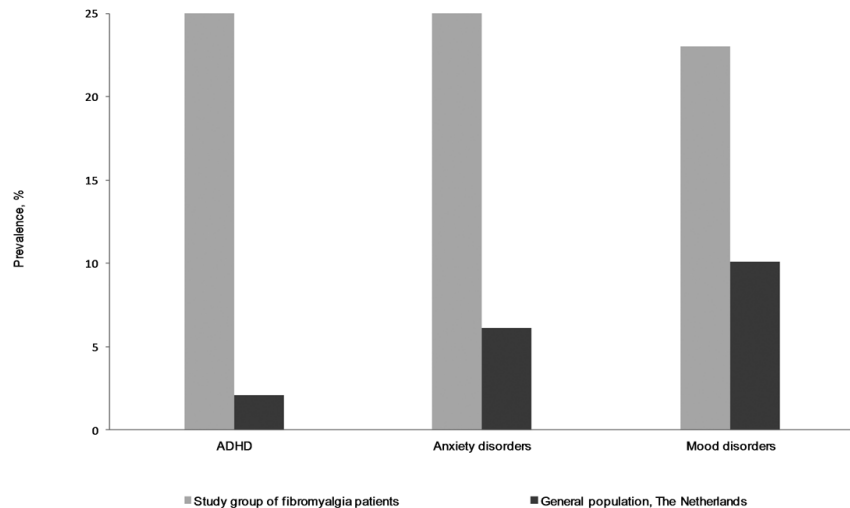


**High frequency of adult attention deficit hyperactivity disorder among fibromyalgia patients in the Netherlands: should a systematic collaboration between rheumatologists and psychiatrists be sought?**

Sirs,

We would like to report the findings of increased frequency of adult attention deficit hyperactivity disorder (ADHD) in the population of fibromyalgia patients in rheumatologic practice in The Netherlands. Fibromyalgia is a chronic condition commonly diagnosed in the primary care setting as well as in the rheumatologic practice. The diagnosis is symptom-based, and can be defined as meeting the ACR 2010 criteria, which are built upon the chronicity of the complaints, absence of disorders which could otherwise explain complaints and severe widespread pain (1). There are several common clinical features of fibromyalgia that are shared with adult ADHD (2). ADHD is a chronic mental disorder with a persistent pattern of serious impaired attention and concentration, hyperactive and impulsive behaviour, emotional instability, restlessness, and unorganised behavior. Several symptoms such as neurologic phenomena, including restlessness and impaired concentration, unexplained fatigue and widespread musculoskeletal pain are frequently found in fibromyalgia as well as in ADHD. Recently, it has been shown that there is a high frequency of childhood ADHD history in fibromyalgia patients (3). Based on previous work (4, 5) one would expect that the frequency of ADHD in adult fibromyalgia is higher than in the general population. This has not yet been examined. The patients included in the present study were recruited at the rheumatology outpatient clinic of the Albert Schweitzer (AS) hospital, Dordrecht, the Netherlands. The protocol of the study was approved by the METC of the hospital. All consecutive patients in the period between April 2010 and April 2011 who attended one specific rheumatologist and were diagnosed with fibromyalgia were asked to participate in the study. The diagnosis of fibromyalgia was made based on the ACR 1990 classification criteria for fibromyalgia (6), the standard at the time. During the study period, 89 patients received the diagnosis fibromyalgia. Fifty patients were included and were seen for an interview by a trained psychiatrist or assistant psychiatrist (inclusion criteria: a diagnosis of fibromyalgia, a written informed consent and sufficient knowledge of the Dutch language). In the end, 44 patients completed the interview and were included in the analysis.

Of these patients diagnosed with fibromyalgia, 11 (25%) met the diagnostic criteria for adult ADHD at the time of the diagnosis.



**Fig. 1.** Prevalence of ADHD, Anxiety disorders and Mood disorders in the study fibromyalgia patients as compared to the general population. According to the Dutch national Nemesis research in 2009 the prevalence of ADHD in adults was 2.1%, of depression was 6.1% and of anxiety disorders was 10.1% (7).

tic interview. Five of these 11 patients also received a comorbid psychiatric diagnosis such as a mood- or anxiety disorder. In addition, 10 patients (23%) met the criteria for an actual mood disorder (depression) and 11 patients (25%) met the criteria for a current anxiety disorder (panic disorder, generalised anxiety disorder and/or phobia) (Fig. 1). In total, almost 60% of the fibromyalgia patients were diagnosed with a comorbid psychiatric disorder.

Firstly, a significant proportion of the fibromyalgia patients in our group was found to suffer from psychiatric conditions such as mood and anxiety disorders. These results are in line with previously published reports, indicating the compatibility of the study patients group to previously described patients groups.

Secondly, the results show that in our sample, there is a strikingly high frequency of fibromyalgia patients who fulfilled the criteria for adult ADHD (25%) compared to a prevalence of adult ADHD of 2.1% of the general population in The Netherlands (7). Our results are in line with reported findings of 32% of the fibromyalgia patients reporting a history of childhood ADHD<sup>3</sup> given the fact that approximately 60 to 80% of the childhood ADHD patients tend to retain symptoms into the adulthood.

To our knowledge, this is the first report indicating high frequency of adult ADHD among the fibromyalgia patients. Although in need of confirmation, the results show that there seems to be a distinguishable subgroup within the population of fibromyalgia patients. The presented results may add to awareness of the rheumatologist of the high frequency of (treatable) psychiatric conditions among fibromyalgia patients.

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