RESIDENT PHYSICIAN UNDERSTANDINGS OF FIBROMYALGIA

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Background

Fibromyalgia is a complex, chronic pain syndrome that can have a debilitating impact on quality of life. However, it remains a frequently misunderstood and under-recognized condition in many medical settings. Patient often see multiple providers before diagnosed appropriately. Studies show that many physicians are unfamiliar with these criteria or do not apply them consistently.There is a growing recognition that both underdiagnosis and misdiagnosis of fibromyalgia stem from knowledge gaps among medical professionals. There has been limited investigation into medical trainees understandings of and attitudes towards fibromyalgia.

Purpose

The purpose of this study is to assess the current knowledge, diagnostic approaches, and attitudes regarding fibromyalgia among resident physicians from specialties outside of anesthesiology.

Methods

An electronic survey was designed based on literature review of diagnostic and treatment guidelines for fibromyalgia as well barriers commonly faced by patients. The survey consisted of Likert-style questions addressing residents' familiarity with fibromyalgia, diagnosis, treatment, and perceptions of the disorder, as well as interest in further education on the topic. Anonymous responses were collected from Internal Medicine, Family Medicine, Emergency Medicine, and Orthopedic Surgery residents.

Comparative analysis was conducted using ranked t-tests and ANOVA for responses to questions by specialty and by training level. Only responses from Internal Medicine and Emergency Medicine residents were included in comparative analysis due to a relatively small sample size from the other specialties.

Results

37 total respondents were included in the study, which included **15 PGY1**, **7 PGY2**, **8 PGY3**, and **7 PGY4+** residents.

Specialty-wise, the distributions of survey participants were:

51% Emergency Medicine **32% Orthopedic Surgery**
11% Family Medicine **5% Internal Medicine**

Only **27%** of respondents feel comfortable assessing a patient for fibromyalgia.

51% had never heard of recommended diagnostic tools for fibromyalgia, such as the Widespread Pain Index.

51% would not be comfortable explaining treatment options to a patient.

81% believe that the etiology of fibromyalgia includes both psychological and physiological causes.

83.7% believe that less than half of patients presenting for fibromyalgia are drug-seeking.

73.0% said they were familiar with some but not all FDA approved drugs.

92% were open to further education on fibromyalgia, with 46% saying they believe it is important to their practice.

Results (cont'd)

Overall, 92% of respondents had worked with at least one fibromyalgia patient. Most respondents did not report concern for drug-seeking or malingering in this population, with only 16.2% responding that fibromyalgia patients may be seeking primary or secondary gain.

In regards to treatment, the majority respondents appropriately recommended against the use of opioids. 48.6% said opioids should only be used for refractory fibromyalgia, and 37.8% said opioids should never be prescribed for fibromyalgia. Comparative analysis by training level or specialty did not reveal statistically significant differences for most questions. However, EM residents did report greater comfort in assessing patients for fibromyalgia for diagnosis or continued management than IM residents (Difference in Means = 0.68, P value = 0.038).

Discussion and Future Directions

This survey revealed key knowledge gaps in fibromyalgia diagnosis and management among residents physicians. However, perceptions of fibromyalgia among these residents seem to indicate that a majority due not hold stigmatizing beliefs. Additionally, a large majority of the residents were interested in further training regarding fibromyalgia, offering an opportunity for educational intervention that should be explored in future quality improvement and research endeavours.

References

1. Able, S. L., Robinson, R. L., Kroenke, K., Mease, P., Williams, D. A., Chen, Y., Wohlreich, M., & McCarberg, B. H. (2016). Variations in the management of fibromyalgia by physician specialty: Rheumatology versus primary care. Pragmatic and Observational Research, 7, 11–20. https://doi.org/10.2147/POR.S79441
2. Choy, E., Perrot, S., Leon, T., Kaplan, J., Petersel, D., Ginovker, A., & Kramer, E. (2010). A patient survey of the impact of fibromyalgia and the journey to diagnosis. BMC Health Services Research, 10(1), 102. https://doi.org/10.1186/1472-6963-10-102
3. Clauw, D. J. (2014). Fibromyalgia: A clinical review. JAMA, 311(15), 1547–1555. https://doi.org/10.1001/jama.2014.3266
4. Robinson, R. L., Kroenke, K., Mease, P., Williams, D. A., Chen, Y., D'Souza, D., Wohlreich, M., & McCarberg, B. (2012). Burden of illness and treatment patterns for patients with fibromyalgia. Pain Medicine, 13(10), 1366–1376. https://doi.org/10.1111/j.1526-4637.2012.01475.x