



14th April, 2025

Deputy Pádraig Mac Lochlainn, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 15910/25

To ask the Minister for Health the specific supports and treatments available for patients suffering from Fibromyalgia; and if she will make a statement on the matter

Dear Deputy Mac Lochlainn,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Rheumatology, (NCPR), on your question and have been informed that the following outlines the position.

Fibromyalgia is a chronic pain or nociplastic¹ condition. It is estimated to have a worldwide prevalence of 2% and is classified in the International Classification of Diseases (ICD-11) as Chronic Primary Pain.

Fibromyalgia is characterised by widespread pain in the soft tissues (muscles, tendons, etc.) around the joints. It is commonly associated with symptoms including fatigue, brain fog, poor sleep, impaired physical function and mood disorders. The cause is not known. Current understanding is that there is abnormal pain processing in the nervous system, though the mechanism of this has not been elucidated. Fibromyalgia has a broad clinical spectrum, ranging from minor pain symptoms with a good quality of life to severe intrusive symptoms with a poor quality of life.

There are no abnormalities found on blood tests or imaging studies to confirm a diagnosis. The diagnosis is based on clinical examination and by the exclusion of other conditions that might cause similar symptoms.

There is currently no cure for fibromyalgia. The current general systematic plan for fibromyalgia sufferers is to provide treatment to ease symptoms. This treatment comprises a combination of exercise or other movement therapies, e.g., physiotherapy, education, psychological support and medication.

The diagnosis and treatment of fibromyalgia can be delivered mainly in primary care through confirmation of diagnosis, education, self-management including exercise and prescription of medication. Patients may sometimes be referred to secondary care for confirmation of diagnosis by a Specialist Consultant Rheumatologist, but this is not necessary in most cases. Patients may also be referred to secondary care to access services such as physiotherapy, psychology or pain management programmes when these services are not readily available at primary care level.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely

Anne Horgan
General Manager

References

1. Nociplastic pain: towards an understanding of prevalent pain conditions
Fitzcharles, Mary-Ann et al., The Lancet, Vol. 397, Issue 10289, 2098 – 2110; May 29, 2021