Reviewer's report

Title: Prevalence of fibromyalgia in low socioeconomic status population

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Reviewer: robert katz

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This is a very good paper that took a lot of work. Seven hundred and sixty-eight people were interviewed by telephone and asked about pain, and then 304 of these people had an examination looking for tender points.

One wonders about the prevalence of fibromyalgia in various populations. Is it truly about the same worldwide, or are there various factors that are cultural, work-related, genetic, or environmental that influence the prevalence of widespread pain and fibromyalgia?

This paper, not intentionally, highlights the deficiency of using the current American College of Rheumatology criteria for the diagnosis of fibromyalgia. Recently, a group was formed to re-evaluate and revise the ACR criteria. Many feel that 11 tender points are simply too many for various reasons. These include the difficulty of non-rheumatologists in assessing tender points; the fact that most rheumatologists do not rely on them but still make a clinical diagnosis of fibromyalgia; and the fact that many patients will have 11 or more tender points on one occasion, but fewer at another visit, but still have fibromyalgia.

It is interesting that the widespread pain group and the fibromyalgia group were fairly similar with regard to intensity of pain and also fatigue. The fibromyalgia group was slightly worse, and perhaps that means that tender points are a sign of increased distress and pain. In any event, the very high prevalence of widespread pain in this population, 24 percent, exceeds that in most other studies. I am not sure why that is so, and the authors should probably comment further on this point. Their explanation is that the type of work that these people of low socioeconomic status are doing might bring out the pain symptoms and make them more evident. That is an interesting supposition. But 24 percent is a huge number.

I do believe that widespread pain and fibromyalgia are probably fairly equivalent and only the tender points get in the way of realizing that a great many patients have subjectively intense widespread pain.

In this paper the authors never really define widespread pain or how they separate it from regional pain. Other investigators may use a regional pain score asking patients about many (in some cases 19) areas of pain. Others use the ACR definition of widespread pain.. I assume the authors used that definition, but they might be more specific about how they decided that patients had widespread pain-how many regions or locations?.
I feel the authors have done a very nice job in determining the prevalence of chronic widespread pain and also fibromyalgia as defined by the current ACR criteria. The fact that the prevalence of widespread pain of 24 percent probably needs to be commented on further to determine whether the ascertainment of this information was accurate on the basis of phone conversations.