

Cognitive dysfunction in patients with fibromyalgia

Sir,

We read with interest the review on fibromyalgia by Dr Suresh (vol 76(12), 2015, p. 696). We would like to add a brief addendum on the cognitive dysfunction seen in patients with fibromyalgia, as the article only briefly alluded to this. Working in a cognitive disorders clinic, the authors encounter a steady trickle of patients with fibromyalgia, mostly referred from primary care (although of course it might be argued that such referrals are inappropriate, as reinforcing patient fears that 'something is seriously wrong' or that it is 'all in the mind').

Over a 12-month period (January–December 2015), eight out of 328 consecutive new referrals (2.4%) had an established diagnosis of fibromyalgia. All

were female (age range 29–55 years, median 42.5 years). Most patients (7/8) were tested with the Mini-Addenbrooke's Cognitive Examination, which comprises five subtests (attention, memory, letter fluency, clock drawing, memory recall). Aggregate performance, ranked worst to best, was letter fluency (0/7 patients scored at ceiling), memory recall, memory, attention, and clock drawing (6/7 at ceiling). No patient received a diagnosis of either dementia or mild cognitive impairment.

Cognitive dysfunction in patients with fibromyalgia is likely to be multifactorial, variably related to pain, sleep disturbance and depression. Performance on individual Mini-Addenbrooke's Cognitive Examination subtests may be related to the cognitive

demand of each subtest. Although cerebral vasoconstriction secondary to hyperadrenergic tone has been suggested, the authors have found no evidence of cerebrovascular disease on structural brain imaging in these patients.

Cognitive complaints are common in fibromyalgia, indeed probably an integral part of the somatic manifestations, and further investigation is unlikely to disclose an alternative neurological explanation.

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