

Fibromyalgia on the move. Randomised study on the feasibility and effect of fast-tracked diagnosis.

Submission date 27/01/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 27/01/2006	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 24/01/2012	Condition category Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
NTR421

Study information

Scientific Title

Study objectives

The aim of this study is to care for patients with fibromyalgia more efficiently through the cooperation of the rheumatologist and the nurse specialist. Because of this, the rheumatology outpatient department can be relieved partly, which can have a positive consequence on the waiting list for patients with other rheumatologic disorders. Besides, we expect that this new way of diagnostics will have a small therapeutic effect. First, the patient can be seen two and a half months earlier. At the moment, there is a three-month waiting list for fibromyalgia patients at the rheumatology outpatient departments, but at the nurse specialist there is only a three-week waiting list. This can have a favourable effect on uncertainty and fixation of the complaints. Furthermore, the nurse specialist has probably more time and by this more attention for the support of this patient group.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from local medical ethics committee

Study design

Randomised single blind active controlled parallel group trial

Primary study design

Interventional

Study type(s)

Diagnostic

Health condition(s) or problem(s) studied

Fibromyalgia

Interventions

1. A fast-tracked diagnosis, in which the nurse specialist gathers data by a prestructured anamnesis, and sets in screening diagnostics. At the end of the visit, the rheumatologist is involved. He is able to accept or reject the diagnosis in a shorter time on the basis of the available data.
2. Regular visit at the rheumatology outpatient clinic

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

1. Social participation
2. Medical consumption
3. Quality of life

Key secondary outcome(s)

1. Pain
2. Anxiety
3. Catastrophying
4. Fatigue
5. Disability
6. Self-efficacy

Completion date

01/11/2005

Eligibility

Key inclusion criteria

1. Suspicion fibromyalgia
2. First visit to rheumatology outpatient clinic
3. Age 18-65
4. Be able to understand Dutch language

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Upper age limit

65 years

Sex

All

Key exclusion criteria

1. Comorbidity locomotor apparatus
2. Involved in an appeal concerning disability payment

Date of first enrolment

24/11/2003

Date of final enrolment

01/11/2005

Locations

Countries of recruitment

Netherlands

Study participating centre
University Hospital Maastricht
Maastricht
Netherlands
6202 AZ

Sponsor information

Organisation
Academic Hospital Maastricht (AZM) (The Netherlands)

ROR
<https://ror.org/02d9ce178>

Funder(s)

Funder type
Other

Funder Name
Care Funds (Zorgvernieuwingsgelden) (Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	15/09/2008		Yes	No
Results article	results	01/07/2011		Yes	No