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# 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

**Registration date**
27/01/2006

**Overall study status**
Completed

**Last Edited**
24/01/2012

**Condition category**
Musculoskeletal Diseases

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] 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

## Primary study design
Interventional

## Study design
Randomised single blind active controlled parallel group trial

## 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
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# 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 |