What Is the Significance of Change of Cutpoint from 13 to 12 If Polysymptomatic Distress Is Not a Diagnostic Criterion?

To the Editor:

Dr. Wolfe, *et al* reported a new idea about polysymptomatic distress (PSD)[1]. I am afraid that some persons misunderstand that 12 on the PSD scale is a diagnostic criterion for fibromyalgia (FM). He stated that PSD was not a diagnostic criterion[2]. The diagnostic criteria of the 2010 criteria and the modified 2010 criteria for FM are the Widespread Pain Index (WPI) 7 and the Symptom Severity Scale (SSS) 5 or WPI 3–6 and SSS 9[3,4]. I understand that the PSD scale is useful to evaluate FM severity. If PSD is a diagnostic criterion, change of cutpoint from 13 to 12 has significance. However, PSD is not a diagnostic criterion of FM. The diagnostic criteria are WPI 7 and SSS 5 or WPI 3–6 and SSS 9. What is the significance of the change of cutpoint from 13 to 12 when PSD is not a diagnostic criterion?

The treatment of chronic widespread pain (CWP) and chronic regional pain, incomplete forms of FM, is usually identical with that of FM. This is true for CWP, especially, around the world[5]. Therefore, diagnostic criteria of FM are not clinically useful. If the treatment of 2 or more diseases (or disorders) is the same, it is not clinically useful in distinguishing between diseases (or disorders). I believe that the purpose of the diagnostic criteria is to maintain similar patients in conferences and/or articles. FM, CWP, chronic regional pain, and low back pain are continuum disorders. All diagnostic criteria make incomplete forms of FM. If we consider patients at 5 on the PSD scale (or the number of the tender points is 0) as having FM, presentations and articles will cause great confusion. What is the significance of the diagnostic criteria of FM?

Dr. Wolfe, *et al* stated that FM criteria can be clinically useful[1]. However, in another article, he stated as follows: "Underlying these challenges to FM is the conviction that the FM idea is harmful"[6]. He showed problems caused by FM (increasing disability, corrupting scientific research, changing psychosomatic illness into compensable disease, etc.)[6]. I often provide an opinion brief for patients with FM after traffic accidents in court. In all likelihood, the insurance companies consisted that the presence of FM is extremely questionable based on his opinion[6]. Sometimes patients with FM after traffic accidents lose a suit in Japan. A few physicians accept the idea of FM in Japan. Some physicians including pain clinicians do not accept the idea of FM in Japan; Wolfe's opinion is one of the reasons. He is a first author of articles that include the diagnostic criteria of FM[3,4,7]. I am very confused. Could Dr. Wolfe explain the discrepancy?

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