Diagnosing Fibromyalgia Saves Money

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There are two opposing views about the economic impact of diagnosing people with fibromyalgia. One school of thought, often touted by the very people who cling to the notion that fibromyalgia is not real, says that the mere labeling of a person with fibromyalgia leads to "illness behavior" and an increase in health care costs. According to the other school of thought, making the diagnosis should reduce the number of health care visits and associated medical costs. "If the latter hypothesis is confirmed," write the authors of a recent economic study, "providers might then be legitimately concerned not only with the costs of diagnosing fibromyalgia but also with the cost of not diagnosing fibromyalgia."*

The study, conducted in Great Britain, looked at the medical costs per year of patients not diagnosed with fibromyalgia and compared it to their costs per year after they were diagnosed. In a way, patients served as their own control because it looked at each person’s change in medical expenditures before and after the fibromyalgia diagnosis.

Information about the cost of four categories was obtained: 1) diagnostic tests, 2) medications, 3) referrals to specialists, and 4) visits to the general practitioner (similar to the primary care provider in the United States). Between the years 1998 and 2003, 2,260 new diagnoses of fibromyalgia were recorded. The average age of the patients was 49 years, and 81 percent of the cases were women.

Following diagnosis, study results demonstrated substantial reductions in health care costs. In fact, the overall cost savings per patient, per year was $265. Looking at how this breaks down into the various health resource categories, the savings were as follows: $96 on tests, $89 on medications, $62 on referrals to specialists, and $18 on visits to general practitioners. Understandably, the cost savings would be less for doctor visits because fibromyalgia is a chronic condition and patients still need to regularly see a physician for their fibromyalgia-related health care.

While $265 per patient per year may not sound like a lot of savings, keep in mind the high prevalence rate of fibromyalgia (3-5 percent of the general population). In the United States, if just 10 percent of people with fibromyalgia were currently undiagnosed, the added medical burden would be $2 million per year using the cost valued from the Great Britain study. However, medical costs are considered to be much higher in the United States, so the cost burden of not diagnosing people with fibromyalgia would be substantially more.

The January 14th front page article in the New York Times called into question whether the diagnosis of fibromyalgia was real. The report also stated that diagnosing fibromyalgia placed a financial burden on the health care system. Clearly, these statements were merely opinions that were deceptively promoted as fact. This research paper provides the scientific proof that diagnosing people with fibromyalgia not only reduces unnecessary suffering, but it saves on health care costs too.