

## Letter to the Editor (Matters arising from published papers)

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**Comment on: Diagnosis of fibromyalgia: comparison of the 2011/2016 ACR and AAPT criteria and validation of the modified Fibromyalgia Assessment Status. Reply**

DEAR EDITOR, We were pleased to read the comment by Couture *et al.* [1] in relation to our recent work dedicated to the comparison of different sets of diagnostic/classification criteria for FM [2]. The list of conditions that can cause chronic widespread pain to be included in the differential diagnosis with FM is very long, and in our work not all diseases have been specifically listed. Certainly non-FGF23-dependent phosphorus diabetes is one of them, a rarer condition than the listed diseases. However, patients with phosphataemia alterations have been excluded, as explicitly stated. Among the 732 patients evaluated in the study (405 affected by FM and 327 controls), we did not register hypophosphataemia.

The endocrine activities of bone, both direct and indirect, particularly in relation to the production of biogenic amines such as serotonin, are fascinating [3], the latter probably playing a role in the determinism of pain symptoms in phosphorus diabetes patients. However, we are within the framework of the hypothesis, and the reality of conditions characterized by widespread chronic pain is extremely complex.

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- 2 Salaffi F, Di Carlo M, Farah S *et al.* Diagnosis of fibromyalgia: comparison of the 2011/2016 ACR and AAPT criteria and validation of the modified Fibromyalgia Assessment Status. *Rheumatology (Oxford)* 2020; doi: 10.1093/rheumatology/keaa061.
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