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# **ESPS PEER REVIEW REPORT**

Name of journal: World Journal of Rheumatology

ESPS manuscript NO: 12328

Title: OROFACIAL PAIN AND FIBROMYALGIA PAIN: BEING AWARE OF

COMORBID CONDITIONS **Reviewer code:** 00505763

Science editor: Xue-Mei Gong

**Date sent for review: 2014-07-03 17:04** 

Date reviewed: 2014-07-16 22:49

| CLASSIFICATION         | LANGUAGE EVALUATION                   | RECOMMENDATION | CONCLUSION            |
|------------------------|---------------------------------------|----------------|-----------------------|
| [ ] Grade A: Excellent | [ Y] Grade A: Priority publishing     | Google Search: | [ ] Accept            |
| [Y] Grade B: Very good | [ ] Grade B: Minor language polishing | [ ] Existing   | [Y] High priority for |
| [ ] Grade C: Good      | [ ] Grade C: A great deal of          | [ ] No records | publication           |
| [ ] Grade D: Fair      | language polishing                    | BPG Search:    | [ ] Rejection         |
| [ ] Grade E: Poor      | [ ] Grade D: Rejected                 | [ ] Existing   | [ ] Minor revision    |
|                        |                                       | [ ] No records | [ ] Major revision    |
|                        |                                       |                |                       |

#### **COMMENTS TO AUTHORS**

good research



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Name of journal: World Journal of Rheumatology

ESPS manuscript NO: 12328

Title: OROFACIAL PAIN AND FIBROMYALGIA PAIN: BEING AWARE OF

COMORBID CONDITIONS **Reviewer code:** 02482489

Science editor: Xue-Mei Gong

**Date sent for review:** 2014-07-03 17:04

Date reviewed: 2014-08-12 23:24

| CLASSIFICATION         | LANGUAGE EVALUATION                    | RECOMMENDATION | CONCLUSION            |
|------------------------|--|----------------|-----------------------|
| [ ] Grade A: Excellent | [ ] Grade A: Priority publishing       | Google Search: | [ ] Accept            |
| [ ] Grade B: Very good | [ Y] Grade B: Minor language polishing | [ ] Existing   | [ ] High priority for |
| [Y] Grade C: Good      | [ ] Grade C: A great deal of           | [ ] No records | publication           |
| [ ] Grade D: Fair      | language polishing                     | BPG Search:    | [ ] Rejection         |
| [ ] Grade E: Poor      | [ ] Grade D: Rejected                  | [ ] Existing   | [ Y] Minor revision   |
|                        |  | [ ] No records | [ ] Major revision    |

#### **COMMENTS TO AUTHORS**

(1) Mention the American College of Rheumatology (ACR) 2010 Fibromyalgia criteria used for clinical diagnosis and severity classification. Diagnosis is based on: 1. Widespread Pain Index (WPI) >7 and a symptom severity scale (SS) >5 or WPI 3-6 and SS >9. 2. Symptoms have been present at a similar level for at least 3 months. 3. The patient does not have a disorder that would otherwise explain the pain (2) Also mention the alternative terminology for Fibromyalgia: Chronic widespread pain (3) The Female:male ratio for fibromyalgia quoted at 7:1 in newer is publications (http://www.cdc.gov/arthritis/basics/fibromyalgia.htm) (4)The article is well written, but I feel there needs to be more emphasis given the management of TMD & Fibromyalgia, which need to be dwelt upon in some more detail, mentioning the holistic/biopsychosocial model based on a multidisciplinary approach incorporating physical therapy, pharmacological and interventional approaches and cognitive behavioural therapy. Though I appreciate this is not the main emphasis of the article, adding in the above will serve to make the article truly useful to the reader



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#### ESPS PEER REVIEW REPORT

Name of journal: World Journal of Rheumatology

ESPS manuscript NO: 12328

Title: OROFACIAL PAIN AND FIBROMYALGIA PAIN: BEING AWARE OF

COMORBID CONDITIONS **Reviewer code:** 02487021

Science editor: Xue-Mei Gong

**Date sent for review:** 2014-07-03 17:04

Date reviewed: 2014-08-13 02:50

| CLASSIFICATION         | LANGUAGE EVALUATION                   | RECOMMENDATION | CONCLUSION            |
|------------------------|---------------------------------------|----------------|-----------------------|
| [ ] Grade A: Excellent | [ ] Grade A: Priority publishing      | Google Search: | [ ] Accept            |
| [ ] Grade B: Very good | [ ] Grade B: Minor language polishing | [ ] Existing   | [ ] High priority for |
| [ ] Grade C: Good      | [ ] Grade C: A great deal of          | [ ] No records | publication           |
| [ ] Grade D: Fair      | language polishing                    | BPG Search:    | [ ] Rejection         |
| [ Y] Grade E: Poor     | [ Y] Grade D: Rejected                | [ ] Existing   | [ ] Minor revision    |
|                        |                                       | [ ] No records | [Y] Major revision    |

#### **COMMENTS TO AUTHORS**

Fibromyalgia is a complex syndrome that can be associated with local pain syndromes, mainly muskuloskeletal. TMD is one of the diagnosis that can be associated, however careful criteria for investigation is necessary to determine if the symptoms at the head and face are from fibromyalgia or properly TMD. This has important implications in treatment, and quality of life of the patients. This paper is important, however can only be published with major revision. As a revision paper, I suggest a deeper explanation about fibromyalgia, its pathophysiology, co-morbidities, symptoms, treatments, etc, and after a careful description about TMD and its symptoms, signs, diagnosis, and association with fibromyalgia, including implications of that in treatment and in fibromyalgia symptoms. I missed an introduction about the issue, and there is no clear objective at the end of an introduction. Or discussion and conclusion. The format needs to be revised. The revision suggestion is to be started by fibromyalgia, after describing TMD and finally the association and implications, according to the literature results. The order in the manuscript is confuse. But, at least part of the difficult in understanding, is the need of English revision and checking typing errors, for example. Another important issue is that TMD RDC is an instrument for research but not for diagnosis. See articles of Woda, for example, about orofacial pain diagnosis. The evaluation of patients for diagnosis needs to be done using criteria of the IASP or AAOP, and IHS is another classification important in the evaluation of headache and orofacial pain. There are major problems in this paper that need to be



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revised. Articles about the association of local pain conditions like TMD in systemic disorders such as fibromyalgia are necessary and important for the scientific community, and a good revision could

improve it.