



Evaluating Nurse-Led ME/CFS and Fibromyalgia Early Diagnostic Screening in South Australian General Practice

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Background and Objectives

Many Australians living with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Fibromyalgia face long delays (average 4-7 years) before receiving a diagnosis.

The responsibility for diagnosis and management typically falls to general practitioners (GPs), who are the gatekeepers of medical care and referrals to specialist services, often working under significant time constraints.

Missed or delayed diagnoses can lead to further functional decline, limited access to support services, and reduced quality of life. It also places strain on GPs, who are left to manage patients with persistent, unexplained symptoms without clear clinical pathways or specialist referral options.

However, GP clinics include an under-utilised workforce: **the practice nurse**.

This proof-of-concept study aimed to test the feasibility & acceptability of embedding nurse-led diagnostic screening for ME/CFS and Fibromyalgia within general practice, using structured tools and chronic disease workflows.

Methods

The study was conducted in an accredited SA General Practice between July and October 2024. Ten females aged 30-50 participated.

Diagnostic screening surveys were provided to participants 2 weeks prior to appointments and time made available for nurse review of forms prior to appointments.

Tools-Used:

- → ME/CFS-ICC-Questionnaire
- → Fibromyalgia-Survey-Questionnaire-(FSQ)
- → PEM-Questionnaire
- → NASA-Lean-Test
- → Epworth-Sleepiness-Scale-(ESS)
- → DASS-21
- → Widespread-Pain-Index



Results

Diagnosis:

Diagnostic Tool	Patient met criteria
ME/CFS ICC Questionnaire	10/10 (100%)
Fibromyalgia Survey Questionnaire (FSQ)	10/10 (100%)
Overlapping or Dual diagnosis	10/10 (100%)
Post Exertional Malaise (PEM) Questionnaire	10/10 (100%)

Supplementary Assessments:

NASA Lean Test	22% positive for orthostatic intolerance, 44% borderline
Epworth Sleepiness Scale	70% showed normal daytime sleepiness
DASS-21	Moderate depression most prominent, mild anxiety and stress
Widespread Pain Index (WPI)	Mean score 13.3 out of 19, indicating moderate to high number of pain areas

Nurse & Patient Feedback

Both nurse and patients indicated that the surveys helped streamline consultations and validate symptoms.

The ME/CFS ICC tool was effective to screen but needed clearer scoring guidance. The FSQ made it easy to screen for Fibromyalgia and provided a practical way to prioritise symptoms for all patients. The PEM tool was practical for quantifying PEM and the results facilitated discussion on energy management. The supplementary tools proved important to evaluate core symptoms and prioritise interventions for management.

Discussion and Conclusions

The study results support the premise that trained nurses, when provided with structured and disease specific tools, can accurately identify ME/CFS and Fibromyalgia. The integration of structured tools and symptom checklists enhanced the quality and consistency of clinical data. The model aligns with Medicare CDM workflows and supports multidisciplinary, integrated care.

The findings supported the aim to **reduce the burden on GPs and specialist referrals and improve time efficiency**. Nurse-led assessments allowed for longer, dedicated time to explore complex symptom histories without displacing GP capacity.

Nurses reported that pre-completed surveys facilitated more focused consultations, reduced cognitive burden for patients and improved data completeness. The patient centred delivery enhanced the diagnostic experience and set a strong foundation for ongoing shared management.

Patients valued the staged approach, nurse-led consultations, and the sense of being heard & validated. The opportunity to complete forms in advance helped mitigate common barriers such as cognitive impairment and fatigue.

This study highlights a promising model for **scaling diagnostic services** for ME/CFS and Fibromyalgia within primary care. It is cost effective and suitable for broader implementation, providing multidisciplinary, nurse-led care planning approaches that are well-aligned with best practice recommendations and patient needs i.e. earlier diagnosis and better patient experience. The model also has the potential to reduce waiting lists and unnecessary referrals.

Future Directions:

With minor refinements, including improved survey clarity and embedded scoring guidance, this model could be replicated in other practices' Medicare Chronic Disease Management (CDM) workflows.

Further research with larger cohorts is warranted to validate these findings, assess long-term health and cost outcomes, and evaluate integration with digital and telehealth platforms.

Nonetheless, the pilot provides a strong **proof of concept** for bridging the diagnostic gap in ME/CFS and Fibromyalgia through enhanced nurse-led models.

References

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