Fibromyalgia

symptoms, diagnoses and self-image

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Background

Fibromyalgia was initially associated with inflammatory muscular rheumatism, and named by William Gowers fibrositis. This condition had become a topic of interest mainly because it raises questions about the existence of inflammation, the interference of muscle spasms and even the anatomical location and dimensions of the common nodules of these cases (Kellner 1991; Quartilho 2016; Reynolds 1983).

In the 1970s, a research conducted by Smythe and Moldofsky (1977) revealed that fibrositis was also related to sleep disturbances, fatigue and morning stiffness. In the same period, the term fibromyalgia emerged, used by Kahler Hench to describe the clinical condition characterized by the presence of stiffness and generalized pain, predominantly involving the muscles. Other symptoms described in fibromyalgia: headache, paresthesias, irritable bowel syndrome, etc. (Quartilho, 2016).

Although the role of psychopathology cannot be confirmed, psychological factors have been referred as possible triggers of this condition (Wolfe, 1993). Studies have shown that patients with fibromyalgia have historical of stressful life events and higher rates of psychopathologies compared to healthy individuals and even to patients with rheumatoid arthritis (Ahles et al., 1984). In addition, according to studies in this field, anxiety disorder affects 35 to 62% of these patients, and the prevalence of major depressive disorder ranges from 58 to 86% in fibromyalgia patients (Arnold et al., 2011). Finally, the controversies regarding fibromyalgia are also related to epidemiological aspects. Studies indicate a higher incidence of the disease in women over 50 years old, with a history of depressive disorder, low income and lower educational level (Barker, 2005; Wolfe et al., 1995; Quartilho, 2016).

Aim

This study aimed to obtain the profile of fibromyalgia patients at three levels: psychopathological; physical; and perception of health.

Method

1) The assessment of 52 fibromyalgia patients through sociodemographic and clinical questionnaires, the 15-item Patient Health Questionnaire and the 20-Item Short Form Health Survey in order to verify somatic symptom severity, physical limitations, impairment in social activities and health perception.

2) A data survey on the comorbidities of patients currently enrolled at the Department of Psychosomatic Medicine of the Coimbra University Hospital Center.

Results

Study 1: Sample = 52 subjects (49 women and 3 men); Mean age = 54 years old; Average schooling = 10 years

The main complaints: back pain (n=46); pain in the arms, legs and joints (n=48); headache (n=44); fatigue (n=50); sleep problems (n=44)

Psychopathologies: depressive disorder (n=25); anxiety disorder (n=4); panic disorder (n=4)

Physical conditions: arthrosis (n=6), cholesterol (n=11) and spinal hernia (n=8).

All subjects in this sample described a long path to reach the psychiatric service, preceded by the search for different medical specialties and submission to several clinical trials. Most patients reported suffering with severe pain (n = 37), reasonable (n = 26) or poor (n = 22) health, which has caused impairments in their social activities. In addition, 75% (n = 39) referred feeling sad and depressed.

Study 2: Corroborating the findings of the Study 1, the survey conducted on the Department of Psychosomatic Medicine found 324 patients diagnosed with fibromyalgia. The data analysis indicated that most of the sample was women (88%), with average age of 50 years old, and the associated comorbidity was depressive disorder (75%).

Conclusion

Corroborating the existing literature on this topic, the findings of the current study allow us to draw the profile of fibromyalgia patients: women, about 50 years old, with low income and lower education level. These patients have suffered from severe pain, functional disability and impairment in social and professional life. The correlation between fibromyalgia and depression was prejudiced by the fact that some patients mentioned a previous history of depression, so it is not possible to determine a temporal relationship.

Fibromyalgia is a clinical condition that probably will continue to raise controversies, whether due to symptoms, psychiatric / psychological comorbidities, or the profile of these patients. Further research may focus on the previous life experiences of these patients, mainly considering traumatic events and psychiatric history in order to verify the presence of triggers to the development of fibromyalgia. Regardless of the cause or the consequence, this disease becomes part of the identities of those who live with fibromyalgia.

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