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Brief communication

Characterization of the pain, sleep and alexithymia patterns of patients with fibromyalgia treated in a Brazilian tertiary center



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ABSTRACT

Objectives: Fibromyalgia (FM) is a complex syndrome that is characterized by lasting and diffuse chronic musculoskeletal pain, derived from non-inflammatory causes and classically associated with the presence of specific tender points. However, studies have highlighted other important symptoms associated with a lower quality of life (QOL) in FM, such as sleep disturbances and alexithymia. This study aimed to investigate the pain, sleep and alexithymia patterns of FM patients treated in a Brazilian tertiary center.

Methods: 20 patients with FM who were followed-up in the Rheumatology outpatient clinic of a Brazilian tertiary center (Faculdade de Medicina de São José do Rio Preto – FAMERP, São Paulo, Brazil) and 20 patients without FM from other outpatient services of the FAMERP completed a clinical and socio-demographic questionnaire, the Fibromyalgia Impact Questionnaire (FIQ), the Pittsburgh Sleep Quality Index (PSQI), the Toronto Alexithymia Scale (TAS-20) and the SF-36 (WHOQOL).

Results: The patients with FM presented worse performances in all QOL dimensions of the SF-36 and higher scores on the PSQI ($p=0.01$), and the TAS-20 ($p=0.02$). Patients with FM also scored significantly higher in all specific domains of PSQI and TAS-20.

Discussion: The present data were in accordance with literature, disclosing a worse performance of patients with FM on pain impact, sleep complains and more presence of alexithymia.

Conclusion: Studies have disclosed the presence of important and frequently underdiagnosed symptoms beyond pain complaints in FM, such as sleep complaints and alexithymia, and a better knowledge of such disturbances might improve FM patients' approach and treatment.

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Caracterização dos padrões de dor, sono e alexitimia em pacientes com fibromialgia atendidos em um centro terciário brasileiro

R E S U M O

Palavras-chave:

Fibromialgia
Queixas de sono
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Alexitimia
Pittsburgh Sleep Quality Index
Toronto Alexithymia Scale

Objetivos: Fibromialgia (FM) é uma síndrome complexa, caracterizada por uma dor musculoesquelética crônica duradoura e difusa, derivada de causas não inflamatórias e classicamente associada à presença de pontos sensíveis específicos. No entanto, estudos destacaram outros sintomas importantes associados à má qualidade de vida (QDV) em pacientes com FM, por exemplo, distúrbios do sono e alexitimia. Esse estudo teve por objetivo investigar os padrões de dor, sono e alexitimia de pacientes com FM em um centro terciário brasileiro.

Métodos: 20 pacientes com FM acompanhados na clínica ambulatorial de reumatologia de um centro terciário brasileiro (Faculdade de Medicina de São José do Rio Preto – FAMERP, São Paulo, Brasil) e 20 pacientes sem FM provenientes de outros serviços ambulatoriais da FAMERP completaram um questionário clínico e sociodemográfico, o *Fibromyalgia Impact Questionnaire* (FIQ), o *Pittsburgh Sleep Quality Index* (PSQI), o *Toronto Alexithymia Scale* (TAS-20) e o SF-36 (WHOQOL).

Resultados: Os pacientes com FM tiveram desempenhos piores em todas as dimensões de QDV do SF-36 e escores mais altos no PSQI ($P=0,01$) e no TAS-20 ($P=0,02$). Pacientes com FM também tiveram escores significativamente mais altos em todos os domínios específicos do PSQI e TAS-20.

Discussão: Os presentes dados concordavam com a literatura, evidenciando pior desempenho de pacientes com FM no impacto da dor, queixas de sono e maior presença de alexitimia.

Conclusão: Estudos evidenciaram, além das queixas de dor, a presença de sintomas importantes e frequentemente subdiagnosticados, em pacientes com FM, como queixas relativas ao sono e alexitimia. Um conhecimento mais aprofundado desses distúrbios poderia melhorar a abordagem e o tratamento dos pacientes com FM.

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Introduction

Fibromyalgia (FM) is a complex syndrome that is characterized by lasting and diffuse chronic musculoskeletal pain, derived from non-inflammatory causes and classically associated with the presence of specific tender points.¹⁻⁵ It is the second most common rheumatologic disease, with a worldwide prevalence of 0.5% to 5%. Women aged between 40 and 55 years are predominantly affected, with a prevalence approximately seven fold higher than in men.^{1,4,5} The diagnosis of FM remains essentially clinical, although the aid of subsidiary exams can be useful for associated diagnosis.⁵⁻⁷

Recent studies have highlighted other important symptoms associated with a lower quality of life (QOL) in FM, such as sleep disturbances and alexithymia.⁸⁻¹⁰ The major sleep complaints reported by patients include insomnia, feeling tired upon waking, decreased sleep time and an increased number of sleep interruptions per night. In addition, the high prevalence of sleep disorders in patients with FM impairs their QOL in two ways: difficulty obtaining restorative sleep and increased sleepiness during the day, characterized by difficulty maintaining wakefulness.⁸⁻¹⁰

In accordance with the definition provided by Campbell (1996), “alexithymia” is characterized by difficulty identifying one’s own emotional state, with the inability to focus on external and somatic interests and to productively fantasize.¹¹⁻¹⁵

Studies have reported that FM patients have a specific difficulty in recognizing their own emotions in association with more complaints of increased pain, fatigue and decreased physical function.¹⁴⁻¹⁶ In addition to alexithymia, patients exhibit “sensory amplification”, which consists of a greater sensitivity and responsiveness to different sensory stimuli, including pain.¹⁷ Based on these definitions and previous studies of FM, the present study aimed to investigate, in a more detailed manner, the pain, sleep and alexithymia patterns of FM patients treated in a Brazilian tertiary center.

Patients and methods

Participants

The included patients were followed-up in the Rheumatology outpatient clinic of a Brazilian tertiary center (Faculdade de Medicina de São José do Rio Preto – FAMERP, São José do Rio Preto, Brazil), and all patients were receiving treatment at the time of the study. After receiving Ethical Committee approval, the advantages and risks of participation were explained, and informed consent was obtained. The inclusion criteria for the patient group were an age between 18 and 65 years, the presence of a current diagnosis of FM accordingly to the American College of Rheumatology (ACR) and having been treated in our unit for at least six months. Patients younger than 18 years or

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