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Original article

The association of fibromyalgia and systemic lupus erythematosus change the presentation and severity of both diseases?



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ABSTRACT

Introduction: The association of fibromyalgia (FM) and systemic lupus erythematosus (SLE) has been investigated, with conflicting results regarding the impact of a condition on the other.

Objectives: To determine the frequency of FM in a sample of patients with SLE treated at the Hospital Complex of Sorocaba (CHS) and the impact of FM in SLE activity and quality of life, as well as of SLE in FM.

Materials and Methods: Descriptive and correlational study. Patients who met the American College of Rheumatology (ACR) criteria for SLE and/or FM were included. The total sample was divided into three groups: FM/SLE (patients with association of SLE and FM), SLE (SLE patients only) and FM (FM patients only). The following variables were used: Fibromyalgia Impact Questionnaire (FIQ), activity index of SLE (SLEDAI), Indices of Diagnostic Criteria for Fibromyalgia 2010 (SSI end GPI) and SF-36.

Results: The prevalence of patients with FM among SLE patients was 12%. FIQ showed no difference between groups, indicating that SLE did not affect the impact caused by FM alone. The presence of FM in SLE patients did not influence the clinical activity of this disease. A strong impact of FM on the quality of life in patients with SLE was observed; the opposite was not observed.

Conclusions: The prevalence of FM observed in SLE patients is 12%. The presence of FM adversely affects the quality of life of patients with SLE.

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A associação fibromialgia e lúpus eritematoso sistêmico altera a apresentação e a gravidade de ambas as doenças?

R E S U M O

Palavras-chave:

Fibromialgia
Lúpus eritematoso sistêmico
Atividade clínica
Qualidade de vida
Associação

Introdução: A associação da fibromialgia (FM) e de lúpus eritematoso sistêmico (LES) tem sido investigada com resultados conflitantes em relação ao impacto de uma condição na outra.

Objetivos: Determinar a frequência de FM em uma amostra de pacientes com LES atendidos no Conjunto Hospitalar de Sorocaba (CHS) e o impacto da FM na atividade do LES e na qualidade de vida, bem como do LES na FM.

Material e métodos: Estudo descritivo e transversal. Incluíram-se pacientes que preenchem os critérios de classificação para LES e/ou de FM do Colégio Americano de Reumatologia (ACR). A amostra total foi dividida em três grupos: FM/LES (pacientes com associação LES e FM), LES (somente pacientes com LES) e FM (somente pacientes com FM). As seguintes variáveis foram Questionário de Impacto da Fibromialgia (FIQ), Índice de Atividade do Lúpus Eritematoso Sistêmico (Sledai), Índices dos Critérios Diagnósticos de Fibromialgia de 2010 (IGS E IDG) e o SF-36.

Resultados: A prevalência de pacientes com FM entre os pacientes com LES foi de 12%. O FIQ não apontou diferença entre os grupos e indicou que o LES não interferiu no impacto causado pela FM isoladamente. A presença da FM em pacientes com LES não influenciou a atividade clínica dessa doença. Observou-se um forte impacto da FM na qualidade de vida nos pacientes com LES e não foi observado o contrário.

Conclusões: A prevalência de FM observada nos pacientes com LES é de 12%. A presença de FM afeta adversamente a qualidade de vida dos pacientes com LES.

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Introduction

Fibromyalgia (FM) is a rheumatic condition that has as main features a diffuse chronic pain, hyperalgesia and allodynia. Fatigue, sleep disturbances, morning stiffness, headache and paresthesia are symptoms often present.¹ Comorbidities like depression, anxiety, irritable bowel syndrome, myofascial pain syndrome and nonspecific urethral syndrome are also associated.²

This syndrome, whose etiology and pathogenesis have not been fully elucidated yet, has as its most important mechanism the amplification of the transmission of painful stimuli, with changes in the perception of pain.¹ An imbalance in neurotransmitters involved in the physiology of pain was also observed. Among other abnormalities, an increase of substance P and nerve growth factor in the cerebrospinal fluid (CSF) of individuals with fibromyalgia was found.³

Although few Brazilian epidemiological data have been published, some studies show a prevalence of about 2.5% in the general population; mostly they are women aged 35–44 years old.⁴ The mean age of patients is around 29.8 years old. A relationship with low family income was also noted.⁵

The clinical assessment can be done through scales of intensity of symptoms, by specific instruments to assess the disease like the Fibromyalgia Impact Questionnaire (FIQ),⁶ and by generic questionnaires on quality of life.⁷

Systemic lupus erythematosus (SLE) is an inflammatory autoimmune disease involving multiple organs, especially the skin, joints, kidneys, blood vessels, heart and lungs. It is a rare

disease, with more frequent incidence in young women, i.e., in the reproductive phase, in a ratio of nine to ten women to one man, and with its prevalence ranging from 14 to 50/100,000 inhabitants.^{8–12}

SLE causes significant morbidity and mortality due to inflammatory disease activity, infectious processes secondary to the disease-induced immunosuppression and its treatment, and to cardiovascular complications.¹³

The disease assessment can be made by clinical observation, laboratory tests and imaging studies of the organs involved, evidence of inflammatory activity, evidence relating to autoimmunity, specific questionnaires for the assessment of disease activity such as the Systemic Lupus Erythematosus Disease Activity Index (SLEDAI)¹⁴ and generic questionnaires to assess quality of life.¹⁵

The association of FM and SLE has been investigated by several authors, with conflicting results regarding the impact of a condition on the other.^{16–22} The prevalence of a concomitant association between the two diseases is around 20%.¹⁶ Thus, the presence of FM in SLE patients is much greater than in the general population. No study of this association was held in the Brazilian population; and taking into account the personal and cultural nature of the impact of chronic diseases on the quality of life, we believe that knowing the nature of this association in a Brazilian sample can contribute to this discussion. The objectives of this study are to determine the presence of FM in a sample of patients with SLE treated at the Hospital Complex of Sorocaba (CHS) and the impact of FM on SLE clinical activity and on the quality of life of these patients, as well as of SLE in FM.

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