



Original Investigation

Cross-sectional study about the effect of catastrophizing and anxiety to pain on functional capacity and consumption of drugs of fibromyalgia patients[☆]

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ABSTRACT

Introduction: Fibromyalgia is a chronic disease characterized by musculoskeletal pain associated with other symptoms. Its etiology is unknown, diagnosis is clinical and treatments are symptomatic. How patients face the diagnosis and pain and how it appears to influence their evolution and treatment.

Objective: To evaluate the effect of catastrophising and anxiety to pain regarding functional ability and consumption of drugs in patients with fibromyalgia.

Materials and methods: Cross-sectional study of 50 patients fibromyalgia cited in rheumatology from January 1 to March 31 of 2014 and volunteers of the Association of Patients with Fibromyalgia Asturias. Clinical and epidemiological variables, Fibromyalgia Impact Questionnaire abbreviated (FIQ), Pain Catastrophising Scale (PCS) and Pain Anxiety Symptoms Scale (PASS-20) were recorded.

Results: The Spearman correlation between PCS-SP and PASS-20 was 0.67 ($p < 0.001$) between CIF and PASS-20 0.27 ($p = 0.05$) and between CIF and PCS-SP 0.03 meaningless statistics. The correlation with the consumption of drugs was: with PASS-20 0.41 ($p = 0.003$), with PCS-SP 0.49 ($p < 0.001$) and with CIF 0.32 ($p = 0.024$). The correlation coefficient from the onset of symptoms was: -0.21 ($p = 0.14$) with CIF, -0.16 ($p = 0.26$) with PCS and -0.25 ($p = 0.08$) with PASS-20.

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Conclusions: The levels of anxiety and catastrophising are strongly associated with each other, but both show a weak association with functional capacity. High scores on three scales represented an increase in consumption of drugs. A longer history of fibromyalgia appears to decrease the level of anxiety, catastrophising and functional impact.

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Estudio transversal del efecto de la catastrofización y ansiedad ante el dolor sobre la capacidad funcional y el consumo de fármacos en pacientes con fibromialgia

R E S U M E N

Palabras clave:

Fibromialgia
Síndrome de fatiga crónica
Manejo del dolor
Ansiedad
Catastrofización
Perfil de impacto de la enfermedad

Introducción: La fibromialgia es una enfermedad crónica, caracterizada por dolor musculoesquelético asociado a otros síntomas. Se desconoce su etiología, el diagnóstico es clínico y los tratamientos sintomáticos. El cómo afrontan los pacientes este dolor y su diagnóstico parece influir sobre su evolución y tratamiento.

Objetivo: Evaluar el efecto de la catastrofización y ansiedad ante el dolor, sobre la capacidad funcional y el consumo de fármacos de los pacientes con fibromialgia.

Materiales y métodos: Estudio transversal de 50 pacientes con fibromialgia, citados en reumatología desde el 1 de enero hasta el 31 de marzo de 2014 y voluntarios de la Asociación de Enfermos de Fibromialgia de Asturias. Se registraron variables clínico-epidemiológicas, Cuestionario de Impacto de la Fibromialgia abreviado (CIF), Escala de Catastrofización Ante el Dolor (PCS-SP) y Escala de Síntomas de Ansiedad Ante el Dolor (PASS-20).

Resultados: La correlación de Spearman entre PCS-SP y PASS-20 fue de 0.67 ($p < 0.001$), entre CIF y PASS-20 de 0.27 ($p = 0.05$) y entre CIF y PCS-SP de 0.03, sin significación estadística. La correlación con el consumo de fármacos fue: con PASS-20 0.41 ($p = 0.003$), con PCS-SP 0.49 ($p < 0.001$) y con CIF 0.32 ($p = 0.024$). El coeficiente de correlación desde el inicio de los síntomas fue: -0.21 ($p = 0.14$) con CIF, -0.16 ($p = 0.26$) con PCS y -0.25 ($p = 0.08$) con PASS-20. **Conclusiones:** Los niveles de ansiedad y catastrofización se encuentran fuertemente asociados entre sí, sin embargo, ambos muestran una asociación débil con la capacidad funcional. Puntuaciones altas en las 3 escalas supusieron un aumento del consumo de fármacos. Con mayor tiempo de evolución de la fibromialgia parece disminuir el nivel de ansiedad, la catastrofización y la repercusión funcional.

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Introduction

Fibromyalgia is a rheumatologic chronic disease, recognized in 1992 by the World Health Association.¹ It is a complex disorder characterized by acute and chronic musculoskeletal pain, for at least 3 months, which can become very disabling. Other associated symptoms such as morning joint stiffness, fatigue, headache, alterations in sleep, concentration and memory, as well as emotional disorders may occur, so that up to 60% of patients suffer from anxious-depressive disorders.^{2,3}

In Spain is estimated that 2.4% of the population older than 20 years suffer from it, with a 20/1 female/male ratio.⁴ Its high rate in ages of working activity implies a great socio-sanitary repercussion, because patients have limitations and aggravation of the symptoms in their work routine.⁵

The diagnosis is difficult and imprecise, since there are no specific laboratory tests and it is based on the clinic and the physical assessment.⁶ There are different scales that allow

to evaluate the impact of FM on the functional capacity, the quality of life and the psychosomatic repercussion. One of the most commonly used is the Fibromyalgia Impact Questionnaire (FIQ) (in its Spanish version: CIF, *Cuestionario de Impacto de la Fibromialgia*)⁷; others that complement the diagnosis by addressing the psychological sphere and coping with pain are the Pain Catastrophising Scale (PCS-SP)⁸ and the Pain Anxiety Symptoms Scale (PASS-20).⁹

Currently, there are drugs that can control the symptoms and improve the quality of life of these patients, but none of them can cure the disease, and for this reason it is the pathology of soft tissue that more consultations generates in the Health Centers of the Country, with great economic cost due to the interconsultations carried out and the consumption of medicines.¹⁰ The affected individuals attend an average of 9-12 annual medical visits, make greater use of alternative therapies and entail important costs in terms of labor absenteeism and litigations. Also, they undergo a greater number of surgical interventions.¹¹

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