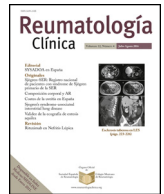




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## Original Article

## Knowledge on Fibromyalgia Among General Practitioners, From Chiclayo-Peru, 2016<sup>☆</sup>

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### ABSTRACT

**Objective:** Knowledge about fibromyalgia in general practitioners in the province of Chiclayo, Peru, 2016. **Materials and methods:** Cross sectional descriptive study. Non-probability sampling, census type. In all, 145 physicians were evaluated through a questionnaire of 14 questions, validated by experts and a pilot. The analysis was performed using STATA v. 13.

**Results:** Accuracy in questions involving diagnosis was 41.1% and in questions about treatment: 65%; 75.1% 'had seen patients with fibromyalgia' previously. The average on locating pain points was  $2.2 \pm 2.8$ . Only 2.8% identified 11 or more painful points; 54.5% answered that 'the diagnosis is clinical and exams are for the differential diagnosis'; 46.1% in Ministerio de Salud (MINSA) and 28.3% in Seguro Social de Salud (EsSalud) answered the item about diagnostic criteria ( $P = .021$ ); 65.7% said that psychotherapy, pregabalin and aerobic exercise were the most effective therapeutic triad, with no differences between MINSA and EsSalud: 61.5% vs 68.6% ( $P = .23$ ); 59.3% responded that drugs that had proved to be useful were: pregabalin, duloxetine and amitriptyline; 66.2% responded that the most effective physical therapy is aerobic exercise.

**Conclusions:** Knowledge of the diagnosis and treatment of fibromyalgia by general doctors in Chiclayo is poor. There are some differences in knowledge depending on the age and type of institution to which each belongs.

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## Conocimientos de fibromialgia en médicos de atención primaria de la provincia de Chiclayo-Perú, 2016

### RESUMEN

**Objetivo:** Describir los conocimientos en fibromialgia de los médicos de atención primaria de la provincia de Chiclayo durante el 2016.

**Materiales y métodos:** Estudio descriptivo transversal, con un muestreo no probabilístico, tipo censal. Se evaluaron 145 médicos mediante un cuestionario de 14 preguntas, validado por expertos y con una prueba piloto. El análisis univariado y bivariado se realizó con STATA v. 13.

**Resultados:** El acierto en las preguntas de diagnóstico fue del 41,1% y en las de tratamiento, del 65%. El 75,1% «habían visto pacientes con fibromialgia», previamente. La media de puntos dolorosos acertados fue de  $2,2 \pm 2,8$ . Solo el 2,8% identificaron de 11 a más puntos dolorosos; el 54,5% respondieron que «el diagnóstico es clínico y los exámenes son para el diagnóstico diferencial». El 46,1% de los médicos del Ministerio de Salud del Perú (MINSA) y el 28,3% de los del Seguro Social de Salud (EsSalud) respondieron correctamente el ítem de criterios diagnósticos ( $p = 0,021$ ). El 65,7% respondieron que la psicoterapia, la pregabalina y el ejercicio aeróbico eran la tríada terapéutica más eficaz, sin diferencias entre MINSA y EsSalud, con un 61,5 y 68,6%, respectivamente ( $p = 0,23$ ). El 59,3% respondieron que los fármacos con utilidad demostrada son: pregabalina, duloxetina y amitriptilina. El 66,2% respondieron que la terapia física más eficaz es el ejercicio aeróbico.

#### Palabras clave:

Fibromialgia

Médicos de atención primaria

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**Conclusiones:** El conocimiento en diagnóstico y tratamiento de la fibromialgia en médicos generales de Chiclayo es deficiente. Existen algunas diferencias en el conocimiento según la edad y el tipo de institución a la que pertenecen.

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## Introduction

Fibromyalgia is a disorder with multiple etiologies,<sup>1</sup> which is frequently observed in the general population<sup>2</sup> and in outpatient clinics.<sup>3</sup> Its coexistence with mental health problems and the changes in the quality of life that it produces makes its early detection crucial. The diagnostic is eminently clinical, there being no ancillary test to determine whether the disease is or is not present.<sup>1</sup> Regrettably, as occurs with a number of conditions, its diagnosis comes late, often because its presence is not suspected. An extensive medical history and a detailed clinical examination can point to the diagnosis. The diagnostic criteria were established in 1990 by the American College of Rheumatology (ACR).<sup>4</sup>

The worldwide prevalence is 0.5%–5%.<sup>2</sup> In Chiclayo, Peru, the prevalence is 4.25%<sup>5</sup> and in Lambayeque district, it is 2.9%.<sup>6</sup> The frequency in the internal medicine outpatient clinic is 9.4%.<sup>3</sup>

The majority of the patients are diagnosed by rheumatologists.<sup>7</sup> This prolongs the time to diagnosis. In 2010, Choy et al. reported a study performed in 8 countries that found that patients with fibromyalgia had been evaluated by 3.7 physicians before being diagnosed; the diagnosis is obtained approximately 2.3 years after the onset of symptoms, and that period can range from months to 23 years.<sup>8,9</sup> Given its high prevalence and importance, its presence should be suspected by primary care physicians.

In Spain, the prevalence of fibromyalgia is 5%–7% in general medicine clinics; approximately 2 or 3 patients can go unnoticed per department.<sup>10</sup>

Perrot et al. conducted a study in 8 countries in 2012 and found that 61% of primary care physicians reported having difficulties with the diagnosis, 45% had very little training in fibromyalgia and 34% considered that they were not knowledgeable about the condition.<sup>7</sup>

Kamoun et al.<sup>11</sup> in 2010 and, in France, Túnez and Blotman et al.<sup>12</sup> in 2005 reported that 54% and 25%, respectively, of primary care physicians were aware of the identification of the tender points for the diagnosis.

With regard to treatment, physicians recommended physical exercise, swimming, regular walking and biking.<sup>12</sup> Other studies mention the use of painkillers and antidepressants as drug therapy.<sup>11</sup> In the available studies, most authors reported that they had not received training as undergraduates.<sup>7,11,12</sup>

In 2012, Pastor et al. found that the conception of fibromyalgia on the part of primary care physicians in Spain was that it was important, that it was poorly controlled and was associated with psychological disorders.<sup>13</sup> In Canada, Hayes et al. observed that 23% of the general practitioners considered fibromyalgia patients to be “malingerers”, in comparison with 12% of the rheumatologists.<sup>14</sup>

In the province of Chiclayo, we found no information concerning knowledge of the diagnosis and treatment of fibromyalgia in primary care. The reason for performing this study is the present situation of this disease, and because it is a problem with a growing trend in terms of morbidity. The objective was to describe the knowledge of fibromyalgia of the primary care physicians of Chiclayo-Lambayeque in 2016.

## Materials and methods

We conducted a cross-sectional descriptive study. The population was the primary care physicians of Chiclayo in 2016. The sample was non-probabilistic and censal-like; we contacted 145 primary care physicians from the province of Chiclayo practicing under the Ministry of Health (MINSA) or the Social Health Insurance system (EsSalud).

Setting: the province of Chiclayo is in the department of Lambayeque, in northern Peru. Its population is 857,405, 52.9% women and 47.08% men; in 2012, 28.9% were under 15 years of age, 63.2% were between 15 and 64 years old and 8.0% were 65 years old or more. These data correspond to the entire department of Lambayeque. The distribution in the province of Chiclayo is very similar.<sup>15</sup>

In Peru, the health system is composed of the public sector (MINSA, EsSalud, and the armed forces) and the private sector. The MINSA and EsSalud are administrators of the health sector with the greatest representation on the national level (92% of the hospitals, 69% of the health centers and 99% of the positions in health care). Given their representativeness and the feasibility of the study, we considered only physicians of MINSA and EsSalud. In MINSA, the patients attended to are in poverty or extreme poverty, whereas in EsSalud, the patients have a higher socioeconomic level and have worked all their lives. The first contact of the patient is with a primary care physician and, later, if it is warranted, he or she will be referred to a specialist. However, a substantial percentage of patients go directly to a specialist.<sup>16</sup>

We drafted a questionnaire of 14 multiple choice questions with a single correct alternative, based on a review of the literature and on the 1990 ACR criteria for fibromyalgia, to evaluate issues concerning the diagnosis (10 questions) and treatment (4 questions). The validity of the content was assessed by 4 rheumatologists, who evaluated the appropriateness and intelligibility of each item using a Likert scale in which “1” indicated being “totally in disagreement” and “5” was “totally in agreement”, and obtained an average of 4. A pilot test was performed with 15 internal medicine residents from Chiclayo, and there were no problems with the wording. The average duration of completing the questionnaire was 15 minutes. The questionnaire included the illustration of the human body to evaluate the 18 tender points.

We performed a univariate analysis to calculate the central tendency measures, dispersion for numerical variables and frequencies, and percentages for categorical variables. An exploratory analysis was carried out to evaluate the association between the responses to the questions and the sociodemographic variables. The analysis of the data was done using STATA 13 and Excel 2010.

The study was approved by the research ethics committee of the Faculty of Human Medicine at the Universidad Católica Santo Toribio de Mogrovejo. To guarantee the confidentiality of the participants, they were given an informed consent form that explained the objectives of the study. The physicians were given an informative leaflet related to the topics of treatment and diagnosis in fibromyalgia.

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