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Review

Fibromyalgia: Prevalence, epidemiologic profiles and economic costs[☆]Asensi Cabo-Meseguer^{a,*}, Germán Cerdá-Olmedo^b, José Luis Trillo-Mata^c^a Escuela de Doctorado, Universidad Católica de Valencia San Vicente Mártir, Valencia, Spain^b Facultad de Medicina, Universidad Católica de Valencia San Vicente Mártir, Valencia, Spain^c Departamento Clínico Malvarrosa, Conselleria de Sanidad, Generalitat Valenciana, Valencia, Spain

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ABSTRACT

Fibromyalgia is an idiopathic chronic condition that causes widespread musculoskeletal pain, hyperalgesia and allodynia. This review aims to approach the general epidemiology of fibromyalgia according to the most recent published studies, identifying the general worldwide prevalence of the disease, its basic epidemiological profiles and its economic costs, with specific interest in the Spanish and Comunidad Valenciana cases.

Fibromyalgia affects, on average, 2.10% of the world's population; 2.31% of the European population; 2.40% of the Spanish population; and 3.69% of the population in the Comunidad Valenciana. It supposes a painful loss of the quality of life of the people who suffer it and the economic costs are enormous: in Spain is has been estimated at more than 12,993 million euros annually.

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Fibromialgia: prevalencia, perfiles epidemiológicos y costes económicos

RESUMEN

La fibromialgia es una enfermedad crónica idiopática que ocasiona dolor musculoesquelético generalizado, hiperalgesia y alodinia. La presente revisión pretende aproximarse a la epidemiología general de la fibromialgia de acuerdo con los más recientes estudios publicados, identificar la prevalencia general de la enfermedad a nivel mundial, sus perfiles epidemiológicos básicos y los costes económicos que ocasiona, con interés específico en el caso de España y de la Comunidad Valenciana.

La fibromialgia afecta como promedio a un 2,10% de la población mundial; al 2,31% de la europea; al 2,40% en la población española y al 3,69% de la población en la Comunidad Autónoma Valenciana. Supone una dolorosa pérdida de la calidad de vida de las personas que la presentan y los costes económicos son enormes: en el caso español se han estimado en más de 12.993 millones de euros anuales.

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Palabras clave:

Fibromialgia

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Introduction

Fibromyalgia (FM) is a chronic condition of unknown aetiology, characterized by the presence of chronic generalized muscu-

loskeletal pain, with low tolerance to pain, hyperalgesia and allodynia. In affected individuals, the presence of chronic pain usually coexists with other symptoms, mainly fatigue, sleep problems, anxiety and depression, but patients may also experience paresthesias, joint stiffness, headache, swelling in the hands, concentration difficulties and memory impairment. The natural course of FM is chronic, with fluctuations in the intensity of symptoms over time. Its etiopathogenesis is not clearly defined. It is considered multifactorial and combines genetic and epigenetic factors that determine a persistent dysfunction in pain regulation systems and central nociceptive hyperexcitability along with a decreased

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* Corresponding author.

E-mail address: asensicabo@hotmail.com (A. Cabo-Meseguer).

inhibitory response activity related to pain modulation and control.

The risk of suffering FM seems to be controlled by several essential factors: being female (the sex ratio is approximately 9 women per every male); familial aggregation; the concomitant existence of chronic regional pain (myofascial, pelvic, lumbar, headache,...) and the presence of emotional stress (anxiety, depression and, to a lesser extent, post-traumatic stress and obsessive-compulsive disorder).¹ In addition, it is more frequent in the adult age, especially between 40 and 49 years of age; more frequent in rural than in urban areas and is also more common among people with lower educational and economic levels.^{2,3}

Objective

The objective of the present review is to analyze the general prevalence of FM in different geographic areas of the world, its basic epidemiological profiles and economic costs, with specific interest in Spain and the Valencian Community.

Method

The present review derives from a systematic search in Pubmed, Cochrane and Google Scholar databases, in addition to the manual search related to articles of special relevance. Descriptors were used with the following keywords: *fibromyalgia epidemiology*; *fibromyalgia impact*; *epidemiology of fibromyalgia*; *fibromyalgia and epidemiology*; *epidemiological study and fibromyalgia*; *fibromyalgia prevalence*; *fibromyalgia costs*; *fibromyalgia and health care costs*. The search was aimed at both clinical studies and reviews and was limited to publications in the last 10 years, although previous literature was considered due to its importance in understanding the disease's epidemiology (e.g., epidemiological and diagnostic studies conducted by Wolfe et al. which are mentioned later). A total of 32 studies were selected. For this purpose, the studies had to fulfil one of the following criteria -always for specific geographic areas: (1) the study makes a specific estimate of the prevalence of FM; (2) the study determines the impact or weight of FM among other diseases; (3) the study estimates the economic costs of FM.

Results

Prevalence in Spain

Numerous studies document the importance of rheumatological and musculoskeletal diseases accompanied by chronic pain among the Spanish population and their impact on quality of life, restriction of activities and the use of health resources.²⁻⁸ According to the EPISER study,² published in 2001, probably the most cited as an epidemiological source of rheumatic disorders in Spain, FM is a highly prevalent disease affecting 2.4% of the population. In relation to other musculoskeletal disorders, FM is more prevalent in Spain than rheumatoid arthritis (0.5%), but less than osteoarthritis of the hand (6.2%), osteoarthritis of the knee (10.2%) and low back pain (14.8%). However, as we will see later, FM has the highest levels of quality of life deterioration in terms of social, familial, intellectual, emotional and health impact. In fact, comparing FM with other rheumatic conditions,³ functional capacity impairment in FM is only exceeded by rheumatoid arthritis. Regarding psychological factors of health-related quality of life, as measured by the *Soft form health survey* (SF-12), FM is the rheumatic

disease with the highest level of involvement, besides being the rheumatologic syndrome with the highest concomitant presence of depression.³

Focusing again on FM, by gender, prevalence is much higher in women (4.2%) than in men (0.2%), which would imply a 21:1 female/male ratio.³ The highest prevalence peak is found among women within the 40-49 age group. In non-specialized health services, consultations due to FM account for between 2.1% and 5.7% and among specialized rheumatology consultations, it rises to 10-20%.²

For its part, the EPIDOR study^{7,9} (*Pain in Spanish rheumatology outpatient offices: epidemiological study*), published in 2003, which focused on an extensive multicentric sample of rheumatology patients, found that the prevalence of FM consultations was 12.2%. A key finding in this study is the fact that the intensity of pain experienced by people with FM is greater than that experienced by the rest of the population affected by chronic rheumatic pain. The female-to-male ratio is 7:1, with a prevalence of 2.2% for males and 15.8% for females. With respect to the average age, the authors have estimated it to be 49 years, with higher prevalence in the 46-65 years age group. As in the case of EPISER,² the prevalence of FM is higher in the case of patients with low sociocultural levels, but, unlike EPISER, EPIDOR⁷ shows that FM is more prevalent in urban than in rural areas (only 10.4% of the sample of fibromyalgia patients comes from rural areas). Other recent national studies¹⁰ find similar results regarding the prevalence of FM in the general population (2.3%).

The EPIFFAC study¹¹ is also widely cited in the field of FM epidemiology, it is a nationwide, multicenter study which included 325 diagnosed patients. Its main objective was to study the familial and occupational impact of FM. It determined a fibromyalgia patient profile as female in 96.6% of the cases, with an average age of 52 years, with symptoms that began at a mean age of 37 and that, at the time of the study, had suffered the disease for 15 years, on average. From the start of symptomatology to diagnosis there is a latency of 6.6 years. The study collects a gloomy set of familial and occupational impacts caused by the disease, in addition to perceptions of deterioration caused by the disease in terms of health, work, leisure, psychological health, career, family economy, partner relationships, citizen rights, family and social relations.

Other European countries

In relation to other European countries, in 2010, and using the *London Fibromyalgia epidemiological study screening questionnaire*, Branco et al.¹² estimated the prevalence of FM in Spain as 4%, higher than France (2.2%) and Portugal (3.7%), but lower than Germany (5.8%) and Italy (6.6%). However, when comparing the relative prevalence of these countries regarding FM comorbidity with chronic fatigue, Spain reduces its prevalence to 2.3%. France would have the most favourable prevalence (1.4%), while Germany, Portugal and Italy would have the most unfavourable prevalence (3.2, 3.6 and 3.7, respectively). By gender, according to the results of this study for Spain, and if we consider FM alone, the prevalence of women stands at 5.2% and that of men at 2.7%. Considering the joint diagnosis, the prevalence is 3.3% in women and 1.3% in men.

The same author,¹³ in a nationwide comparative study of rheumatic disorders in Portugal, reduces the prevalence of FM to 1.7% and confirms the significant deterioration of the quality of life, high health costs and the psychological deterioration caused by these diseases.

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