

Prevalence of Fibromyalgia in Housewives: A Cross-sectional study

SHAHZAD KALEEM¹, SAJJAD ALI SAJJAD², MEHWISH NIAZ³, ARIF ALI RANA⁴, KHIZER HAYAT⁵

¹Assistant Professor, Physiotherapist, Imperial College of Business Studies, Lahore

²Assistant Professor, Physiotherapist, ABWA Medical College, Jaranwala Faisalabad

³Associate Professor, Physiotherapist, CMH Medical College, Lahore

⁴Assistant Professor, Physiotherapist, Central Park Medical College, Lahore

⁵Assistant Professor, Physiotherapist, Riphah International University, Islamabad

Corresponding Author: Mehwish Niaz, Email: mehwishniaz2011@hotmail.com, Cell No. +923234284700

ABSTRACT

Objective: The objective of the study was to determine prevalence of fibromyalgia in housewives

Methods: It was Cross Sectional Survey. Public and Private Clinical Setups to screen patients coming for Orthopedic, Physiotherapy and Neurological departments. Both male and female, Age above 18 years and having widespread of pains were included. Data was collected through questionnaire extracted from similar studies conducted in past. It will have three parts, demographics, widespread pain index (WPS) and symptom scale (SS). SPSS V.21 is used for data analysis.

Results: Main Results regarding prevalence of suspected fibromyalgia showed that there were 8.2% females susceptible to fibromyalgia while rest majority of 91.8% were non-fibromyalgia. Results regarding descriptive statistics as mean and standard deviation of self-care, widespread pain index, symptom severity and total FM score found to be 0.13 ± 0.335 , 5.17 ± 1.240 , 3.43 ± 0.760 and 8.61 ± 1.724 , respectively.

Conclusion: The results showed high prevalence of fibromyalgia as compare to expectation. However, there was high prevalence of musculoskeletal problems in females as per measured as associate findings.

Keywords: Fibromyalgia (FM), Fibromyalgia syndrome (FMS), Physical Therapy, Prevalence

INTRODUCTION

Fibromyalgia (FM) is chronic pain syndrome that is characterized by widespread pain for greater than 3 months along with the presence of ≥ 11 out of 18 tender points(1,2). Even though the combination of these 2 criteria provided a sensitivity of nearly 88% and specificity of 81% in differentiating FM from other causes of chronic musculoskeletal pain, it is notable that additional complaints, especially fatigue, sleep disturbance, and/or sleep, morning stiffness, paresthesia, as well as psychic distress, are common in FM.(3,4). In this regard, fatigue is major and common issue in fibromyalgic patients. It is second most common disorder after osteo-arthritis (OA). Patients developing fibromyalgia usually have lifelong histories of chronic pain throughout their body. Any regional or extensive chronic musculoskeletal pain take place in about 30% of the population. Fibromyalgia can be assumed as a centralized pain state. Centralized pain is a lifelong disorder.(5,6) Environmental factors most likely to cause fibromyalgia include stressors involving acute pain that would normally last a few weeks. Fibromyalgia or similar diseases, such as chronic fatigue syndrome, can be elicited by certain types of infections. The aim of the study is to find out the prevalence of fibromyalgia (FM) in housewives.

METHOD

It was Cross Sectional Survey with a sample size of 110 participants. Public and Private Clinical Setups to screen patients coming for Orthopedic, Physiotherapy and Neurological departments. Study was complete in for months after the approval from ethical committee. Sample size is calculated by epi-tool with 95% confidence level, 5% absolute precision with 0.5 proposed promotion. Housewives having from 18-50 years, with widespread pain, fatigue and tender points were included. While housewives having comorbid diseases (diabetes mellitus,

cancer) were excluded. After taking inform consent from subjects, data was collected through questionnaire extracted from similar studies conducted in past. It will have three parts, demographics, widespread pain index (WPS) and symptom scale (SS). Data was analyzed by Statistical Package for Social Sciences, SPSS 20.0. Mean and Standard deviation for continuous variables. Frequency and percentages for categorical variables was extracted.

RESULTS

Out of 110 participants 89(80.9%) was between 31-40 years and 21(19.1%) was between 41 50 years of age. Table-I shows the frequency and percentages of age, body mass index (BMI) marital status, number of children and co-morbidities.

Table-I

Variables	Frequency (%)
Age	
31-40 years	89(80.9%)
41-50 years	21 (19.1%)
BMI	
Normal	43(39.1%)
Over-weight	65(59.1%)
obese	2(1.8%)
Marital status	
Married	99(90%)
Widowed/Divorced	11(10%)
Children	
No children	9(8.2%)
1-2 children	52(47.3%)
2-4 children	39(35.5%)
>4 children	10(9.1%)
Co-morbidities	
Hypertension	21(19.1%)
Diabetes	16(14.5%)
Both HTN/DM	3(2.7%)
Nil	70(63.6%)

Table-II

	YES	NO
Drug dependent	94(85.5%)	16(14.5%)
Anxiety	88(80%)	22(20%)
Depression	70(63.6%)	40(36.4%)
Insomnia	44(40%)	66(60%)
Memory loss	32(29.1%)	78(70.9%)
Fatigue for >3 months	25(22.7%)	85(77.3%)
Pain	16(14.5%)	94(85.5%)

Table-III

	Mean	Std. Deviation
Self-Care	.13	.335
Widespread Pain Index	5.1727	1.24044
Symptom Severity	3.4364	.76058
Total Score FM Scale	8.6091	1.72460

Table-II presents the frequency and percentages of drug dependency, depression, anxiety, insomnia, memory loss, fatigue and pain. Table-III presents descriptive statistics as mean and standard deviation of self-care, widespread pain index, symptom severity and total FM score found to be 0.13±0.335, 5.17±1.240, 3.43±0.760 and 8.61±1.724, respectively. The results showed that there were 8.2% females susceptible to fibromyalgia while rest majority of 91.8% were non-fibromyalgia.

DISCUSSION

This study showed that there was high prevalence of fibromyalgia in housewife. It was revealed females living in houses are much more exposed to different kinds of musculoskeletal problems. Symptoms of fibromyalgia overlaps with symptoms of musculoskeletal disorders. There were lots more participants in this study who did not fulfill the criteria of fibromyalgia but reported many work related musculoskeletal disorders in our most every part of body especially back and lower limb and upper quadrant. The separating focuses among fibromyalgia and not fibromyalgia in the ACR 1990 and 2010 criteria depended on a criteria advisory group's assessment of side effect seriousness. With a pervasiveness of 1.75% in the present examination and 2.1% in the huge German populace study, fibromyalgia remains at the 98th percentile of the range of poly-symptomatic trouble, with a PSD analytic cut purpose of 12–13 that yields the most precise characterization of the syndrome.(7,8) It appears to be conceivable that the comorbid physical diseases that we recognized may speak to precursor stressors. On the other hand, they may to some degree speak to intervened ailments identified with existing social variables, for example, heftiness and smoking history, just as to the nearness of interminable torment. Notwithstanding, this perception serves to remind clinicians that human ailment regularly accompanies indications that can't be handily ascribed to the sickness itself (9,10). Consciousness of the solid connection among comorbidity and fibromyalgia side effects may help clinicians in diminishing pointless medicinal testing and patients' wellbeing concerns.(11,12) In short fibromyalgia found to be more common than expected. The findings of the study also suggest that there should be regular screening of emails regarding their musculoskeletal problems are associated symptoms of disease. On regular

interval the quality of life of all patients otherwise healthy also be taken into account. Prevention is better than cure and such kind of today's can help figure out the exact balance of problem so that years can be taken to prevent these problems in future.(13, 14,15)

CONCLUSION

The results showed high prevalence of fibromyalgia as compare to expectation. However, there was high prevalence of musculoskeletal problems in females as per measured as associate findings.

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