

International Journal of Medical Science and Innovative Research (IJMSIR)

IJMSIR: A Medical Publication Hub Available Online at: www.ijmsir.com

Volume - 6, Issue - 6, December - 2021, Page No.: 74 - 76

Prevalence of fibromyalgia syndrome (FMS) among women

¹Dr Sumeet Verma, Medical Officer, Department of Orthopaedics Regional Hospital, Bilaspur, Himachal Pradesh.

²Dr Rakesh Thakur, Medical Officer, Department of Paediatrics, Civil Hospital Barsar, Hamirpur, Himachal Pradesh.

Corresponding Author: Dr Rakesh Thakur, Medical Officer, Department of Paediatrics, Civil Hospital Barsar, Hamirpur, Himachal Pradesh.

Citation this Article: Dr Sumeet Verma, Dr Rakesh Thakur, "Prevalence of fibromyalgia syndrome (FMS) among women", IJMSIR- December - 2021, Vol – 6, Issue - 6, P. No. 74 – 76.

Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Background: The aim of the study is to find the incidence of fibromyalgia in orthopaedic female outpatient department

Methods: Cross-sectional study conducted on the female patients coming to orthopedic outpatient department.

Results: The result showed that about 40.00% patients diagnosed with fibromyalgia syndrome (FMS). The age group that is majorly affected by fibromyalgia is between 40-60 years of age. Married women accounts to the major group of 98.00%.

Conclusion: We concluded that the most common diagnosis made in an orthopaedic female outpatient department is fibromyalgia

Keywords: Fibromyalgia, Orthopaedics, Women

Introduction

There is a general belief that the most common diagnosis made in an orthopaedic female outpatient department is fibromyalgia. Though fibromyalgia is a common diagnosis, there are very few papers pertaining to that. Fibromyalgia is a syndrome characterised by chronic widespread pain at multiple tender points, joint stiffness, and systemic symptoms

(e.g., mood disorders, fatigue, cognitive dysfunction, and insomnia) without a well-defined underlying organic disease. Associated with specific diseases such as rheumatic pathologies, psychiatric or neurological disorders, infections, and diabetes.^{1,2}

The aim of the study is to find the incidence of fibromyalgia in orthopaedic female outpatient department in a medical college hospital.

Methods

Type of study: Cross-sectional study

Inclusion criteria

The female patients coming to orthopedic outpatient department

Exclusion criteria

The pediatric female, fresh fracture cases, postoperative follow up cases.

The assessment of fibromyalgia is based on the criteria for the classification of fibromyalgia by the American College of Rheumatology, (ACR) 1990.5-7

The criterion involves, history of widespread pain has been present for at least three months. Pain in both sides of the body pain above and below the waist. Pain is considered widespread when all of the following are present, pain in 11 of 18 tender point sites on digital

palpation (both side of the body): occiput (2), low cervical (2), trapezius (2), supraspinatus (2), second rib (2), lateral epicondyle (2), gluteal (2), greater trochanter (2), knee (2). A tender point hurts only at the area where pressure (enough to cause the examiner's nail bed to blanch, or about 4 kg) is applied, and there is no referred pain.

Results

Table 1: Prevalence of fibromyalgia (n=100)

Prevalence of	40/100=40.000%
fibromyalga	
Mean age of patients	50.23±6.11 Yrs
with fibromyalgia	
Married: Unmarried	98: 2

The result showed that about 40.00% patients diagnosed with fibromyalgia syndrome (FMS). The age group that is majorly affected by fibromyalgia is between 40-60 years of age. Married women accounts to the major group of 98.00%.

Discussion

Fibromyalgia is the most common chronic widespread pain condition; it is often under diagnosed. The diagnosis of fibromyalgia has been shown to increase patient satisfaction and reduce healthcare utilization.

In 1904, Gowers coined the term "fibrositis" which was used until the seventies and eighties of the last century when an aetiology involving the central nervous system was discovered.⁵

In 1950 Graham introduced the modern concept of fibromyalgia as "pain syndrome" in the absence of a specific organic disease. Smythe and Moldofsky in mid-1970's coined "fibromyalgia" and identified the tender points. However, it is still a poorly understood condition that is difficult to diagnose. ⁶ Different hypotheses on the aetiology of fibromyalgia have been

suggested.⁷⁻¹¹ It has also been argued that fibromyalgia is too heterogeneous a condition to consider only one single aetiology, and it has been questioned whether it is a disease entity or one end of a continuous spectrum of pain.¹²⁻¹⁴

The result of this study indicates high prevalence of fibromyalgia about 42.00%. From the interpretation of all the data collected, married unskilled women between the ages of 40-60 years are the ones with highest incidence. The advantage of my study is large study group. The disadvantage is that the study group population is confined to patients coming to single institute and not that of generalized population. Majority of patients visiting the study institute are south Indian population. Since it is medical college outpatient department, medicines are given at a subsidized cost to the patient. Most of the patients coming for diabetic, hypertension and other illness tend to come to orthopaedic outpatient department for analgesics. Hence there is a little risk of malingering which may affect the result.

Conclusion

We concluded that the most common diagnosis made in an orthopaedic female outpatient department is fibromyalgia.

References

- 1. Bigatti SM, Hernandez AM, Cronan TA, Rand KL. Sleep disturbances in fibromyalgia syndrome: relationship to pain and depression. Arthritis Care Res. 2008;59(7):961–7.
- Clauw DJ. Fibromyalgia: an overview. American J Med. 2009;122(12):3–13.
- 3. Giesecke T, Williams DA, Harris RE, Cupps TR, Tian X, Tian TX, et al. Subgrouping of fibromyalgia patients on the basis of pressure-pain

- thresholds and psychological factors. Arthritis Rheumatism. 2003;48(10):2916–22.
- 4. Katz RS, Wolfe F, Michaud K. Fibromyalgia diagnosis: a comparison of clinical, survey, and American College of Rheumatology criteria. Arthritis Rheum. 2006;54(1):169-76.
- Wolfe F, Smythe HA, Yunus MB, Bennett RM, Bombardier C, Goldenberg DL, et al. Report of the Multicenter Criteria Committee The American College of Rheumatology 1990 criteria for the classification of fibromyalgia. Report of the multicenter criteria committee. Arthritis Rheum. 1990;33(2):160-72.
- 6. Gowers WR. A lecture on lumbago: its lessons and analogues: delivered at the national hospital for the paralysed and epileptic. Br Med J. 1904;1:117–21.
- Bengtsson A, Henriksson K. Fibromyalgins orsaker ba°de perifera och centrala (The cause of fibromyalgia both peripheral and central). La¨kartidningen. 1996;193:161–5.
- Yunus M. Towards a model of pathophysiology of fibromyalgia: aberrant central pain mechanisms with peripheral modulation. J Rheumatol. 1992;19:846–50.
- Pillemer S, Bradley L, Crofford L, Moldofsky H, Chrousos G. The neuroscience and endocrinology of fibromyalgia. Arthritis Rheum. 1997;40:1928– 39.
- Goldenberg D. Psychological symptoms and psychiatric diagnoses in patients with fibromyalgia. J Rheumatol. 1989;16:127–30.
- Kellner R. Psychosomatic syndromes, somatization and somatoform disorder. Psychother Psychosom. 1994;61:4–24.

- 12. Schochat T, Croft P, Raspe H. The epidemiology of fibromyalgia. Br J Rheumatol. 1994;33:783–6.
- 13. Croft P, Burt J, Schollum J, Thomas E, Macfarlane G, Silman A. More pain more tender points: Is fibromyalgia just the end of a continuous spectrum? Ann Rheum Dis. 1996;55:482–5.
- 14. Wolfe F. The relation between tender points and fibromyalgia symptom variables: Evidence that fibromyalgia is not a discrete disorder in the clinic. Ann Rheum Dis. 1997;56:268–71.