

Short Communication

Do they Improve Fibromyalgia Patients After Receiving Incapacity?

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ABSTRACT

Fibromyalgia (FM) or fibromyalgia syndrome is a clinical condition of unknown origin that over time has been redefined so that in 2010 the American College of Rheumatology proposes new criteria to evaluate the patient depending on the number of regions painful (Widespread Pain Index [WPI]) and a severity scale (symptom severity Score [SS-Score]) of fatigue, restless sleep and cognitive symptoms. It chronicles the pain persists, generally unchanged for many years disease. Despite the onset of symptoms it depends largely on the degree of involvement of the patient, since it has been found that the prognosis is worse in those patients with more severe symptoms. Although

the process tends to chronicity and causes severe disability and impaired quality of life of patients, it has been found that various factors can vary prognosis. The absence of psychiatric comorbidity, better educational level and work outside the home are associated with a better prognosis. But, How does the granting of permanent incapacity (IP) in these patients?

Mesh Headings/Keywords: Fibromyalgia; Somatoform disorders; Laboral inability

Objective: Assess whether obtaining a pension for IP involves a clinical improvement in patients with fibromyalgia.

Introduction

Material and Method

A prospective cohort study in which patients evaluated at the Medical Tribunal of the Provincial Directorate of the National Institute of Social Security Palencia (TMDPINSSP) January/04 to March/05 in which valuation report included is performed figure the diagnosis of FM [1-6]. Between June/2006 and Feb/2007 the evolution of these patients is studied with 3 variables:

- Qualification of disability, either by UMDPINSSP or through the courts.
- Clinical status after passage through the medical board. This information is collected from the clinical history of Rheumatology Public Health Service (RSPS).
- Return to work.

Results

A sample of 32 patients is obtained. They are qualified without disability 21 and IP 11 (6 through administrative and judicial means 5). The first group 10 maintains the previous clinical passage through the TMDPINSSP, 4 show improvement, worsening 5 and 2 not later revisions made in RSPS. The group of patients with disability, 5 keep the clinic, 2 improvement, 3 refer worsening and one has not subsequently revised in RSPS. Regarding the return to work, none of the 11 patients who obtained IP rejoins the workforce and 20 of the 21 are still working. That is, we obtain similar percentages in each of the subgroups (Figure 1).

Discussion and Conclusions

It has been argued that the very process of evaluation of disability and litigation to obtain or improve financial compensation may

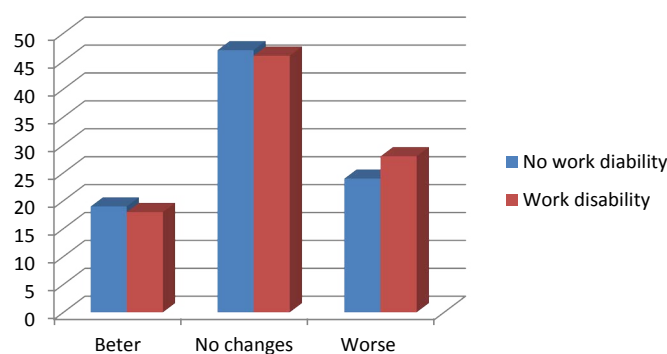


Figure 1: Clinical state after passage through the medical board.

worsen the clinic of these patients [7] and even if the existence of such compensation may increase the prevalence of the disease [8]. But what does agree more authors [9,10], and our data confirm this, it is that these patients have no clear signs of improvement once they get a pension of IP. The trend has been linked to the chronicity of these patients unconscious benefits from the sick role [11-14], as with other diseases of psychosomatic profile. Although the study sample is small and do not have tracking data in private clinics, it is a representative sample and allows endorse the theory that these patients do not simulate or consciously seek any secondary gains.

REFERENCES

1. Wolfe F, Clauw DJ, Fitzcharles MA, Goldenberg DL, Hauser W, et al. Fibromyalgia criteria and severity scales for clinical and epidemiological studies: a modification of the ACR preliminary diagnostic criteria for fibromyalgia. *J Rheumatol* 2011; 38: 1113-1122.
2. Rivera J, Alegre C, Ballina FJ, Carbonell J, Carmona L, et al. Documento de consenso de la Sociedad Española de Reumatología sobre la fibromialgia. *Reumatol Cli* 2006; 2: S55-S66.

3. Wolfe F, Anderson J, Harkness D, Bennett RM, Caro XJ, et al. Health status and disease severity in fibromyalgia: results of a six – center longitudinal study. *Arthritis Rheum* 1997; 40: 1571-1579.
4. García FJB. Fibromialgia. En: Blanco García FJ, et al. Manual de enfermedades reumáticas de la Sociedad Española de Reumatología, Madrid: Médica Panamericana. 2004; 112-115.
5. Goldenberg DL, Mossey CJ, Schmid CH. A model to assess severity and impact of fibromyalgia. *J Rheumatol* 1995; 22: 2313-2318.
6. Resine S, Fifield J, Walsh SJ, Feinn R. Do employment and family work affect the health status of women with fibromyalgia? *J Rheumatol* 2003; 30: 2045-2053.
7. Tornero J, Vidal J. Impacto social y económico de las enfermedades reumáticas: la discapacidad laboral. *Rev Esp Reumatol* 1999; 26: 357-366.
8. Wolfe F, Aarflot T, Bruusgaard D, Henriksson KG, Littlejohn G, et al. Fibromyalgia and disability. Report of the Moss International Working Group on Medico-Legal Aspects of Chronic Widespread Musculoskeletal Pain Complaints and Fibromyalgia. *Scand J Rheumatol* 1995; 24: 112-118.
9. Greenfield S. Reactive fibromyalgia syndrome. *Arthritis Rheum* 1992; 35: 678-681.
10. Moldofsky H. Litigation, sleep, symptoms and disabilities in post – accident pain, fibromyalgia. *J Rheumatol* 1993; 20: 1935-1940.
11. Shilling C. Culture, the ‘sick role’ and the consumption of health. *Br J Sociol* 2002; 53: 621-638.
12. Kwan O, Friel J. Clinical relevance of the sick role and secondary gain in the treatment of disability syndromes. *Med Hypotheses* 2002; 59: 129-134.
13. Gil KM, Keefe FJ, Crisson JE, Van Dalfsen PJ. Social support and pain behaviour. *Pain* 1987; 29: 209-217.
14. Pérez-Pareja J, Borrás R, Palmer A, Sesé A, Molina F, et al. Fibromialgia y emociones negativas. *Psicothema* 2004; 16: 415-420.

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Submitted June 24, 2016

Accepted August 16, 2016