

Comorbid psychiatric and somatic syndromes in Fibromyalgia in a acute psychiatric unit

Maria Gema Hurtado¹, Joan Ramon Fortuny¹, Antonio Luis Palomo¹, Gerard Angel Mateu¹, Maria Teresa Campillo¹, Josep Marti¹, Roberto Sanchez², Rosa Sauras¹, Amira Trabsa¹, David Sanagustin¹, Elisenda Carrio¹

¹Institut de Neuropsiquiatria i Addiccions, Centre Emili Mira, Parc de Salut Mar, Barcelona, Spain

²Institut de Neuropsiquiatria i Addiccions, CSMA, Parc de Salut Mar, Barcelona, Spain

Introduction

Fibromyalgia syndrome (FMS) is characterized by wide-spread pain, hypersensitivity to palpation at specific body points, and also functional limitations and comorbidity and not negligible functional limitations and physical symptoms, including persistent fatigue, headache, irritable bowel disorders and sleep disturbance. The prevalence of fibromyalgia in general population is about 2,7%.

Patients with fibromyalgia were 2.14 to 7.05 times more likely to have comorbid conditions than general population (depression, anxiety, headache, irritable bowel syndrome..) Depression is reported to be particularly prevalent in FMS, leading to suggest that it's a depressive disorder.

The aim of this study is to assess the prevalence of comorbidity of psychiatric and somatic syndromes in patients with fibromyalgia syndrome in a acute psychiatric unit.

Material and methods

6767 cases discharged in our acute psychiatric unit in CAEML (monographic hospital near to Barcelona) between 2010 and 2016, Mean age 45 ± 14.4. 59.5% were men. 71 of them has a previous diagnosis of fibromyalgia (1% of sample).

The data was collected of electronic data base of our hospital.

SPSS programme was used to analyze outcome.

Descriptive statistics was performed for descriptive analysis.

χ^2 to compare qualitative variables and t-Student to compare quantitative variables between independent groups was used.

Results

Sex: 94.4% in fibromyalgia group were women (39.5% in non- fibromyalgia group). Mean age: 57.4 ±10.3 vs 44.8 ± 14.3 years for fibromyalgia group vs no fibromyalgia group respectively.

Statistically significant differences were observed between fibromyalgia group and non-fibromyalgia group in prevalence of comorbid conditions as shows [figure 1](#).

Statistically significant differences were observed between fibromyalgia group and non-fibromyalgia group for prevalence of other diagnosis, but more than 20% of the boxes in the subtable have an expected outcome less than 5. The chi-square results may not be valid. See [table 1](#).

No statistically significant differences were observed between groups for prevalence of Bipolar disorder (9.9% vs 12.7%), Major depression (7% vs 6.6%), Other psychosis (9.9% vs 15%), Induced psychosis (0% vs 1.8%), Anxiety disorder (1.4% vs 2.8%) and Benzodiazepine use disorder (4.2% vs 5%).

Table 1. Other fibromyalgia comorbidity

	FIBROMYALGIA	NON FIBROMYALGIA
PSYCHIATRIC DISORDER		
Dysthymia	15.5%	1.4%
Unspecified depression	15.5%	1.7%
Adaptative disorder	11.3 %	1.5%
Somatic symptom disorder	1.4%	0.2%
Opiod use disorder	0%	5.3%
Suicidal attempt	5.6%	1.9%
SOMATIC DISORDER		
Digestive disorder	22.5%	2.2%
Bone disorder	21.1%	1.2%
Chronic obstructive pulmonary disease and asthma	15.5%	3.3%
Hipotyroidism	14.1%	3.4%
Other rheumatologic pathologies	7%	0.7%
Nefrological disorder	4.2%	1.1%
Delirium	2.8%	0.6%
Heart disease	2.8%	0.1%

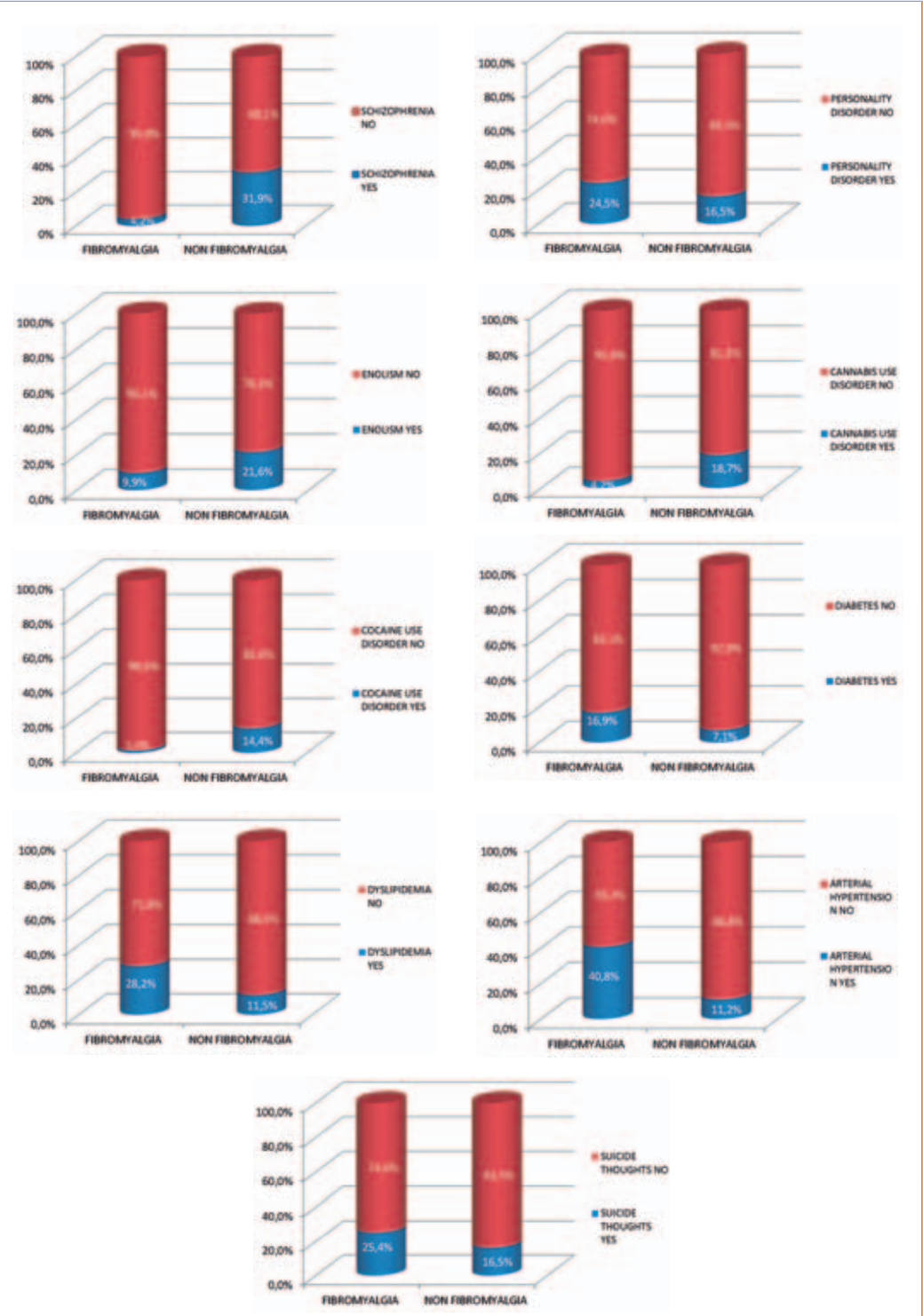
Conclusions

The prevalence of Fibromyalgia was lower in our inpatients than in general population, despite its high psychiatric comorbidity. Personality disorder and Suicide thoughts were the more prevalent psychiatric diagnosis.

Major affective disorders and Anxiety in Fibromyalgia group, weren't more prevalent than in non-Fibromyalgia group, against expected.

Arterial hypertension, Dyslipidaemia and Diabetes were the more prevalent diagnosis in comparison with non-Fibromyalgia group, but similar to general population. It could be explained because of significant differences between groups in sex and age.

Figure 1: Comorbidity in fibromyalgia



References

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