Prevalence and Impact of Fibromyalgia in Patients with Idiopathic Inflammatory Myopathies

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Background

- Fibromyalgia (FM) is the prototypical central pain disorder that can be asso with rheumatic conditions; prevalence FM in patients with idiopathic inflam myopathies (IIM) is unknown
- Aims: (i) to examine the prevalence factors associated with FM and fibromyalgianess in patients with IIM (ii) to assess the association betwee and myositis disease activity Methods
- FORWARD is a longitudinal prospect registry of adults with rheumatic disea the US who are recruited from rheumatology clinics
- Comparison of patients with IIM who fulfilled the FM criteria vs those who with t-test and chi square
- Logistic regression models used to id factors associated with FM

Results

FORW>RD

he National Databank for Rheumatic Diseas

~34% of IIM patients fulfilled the FM

FM prevalence and fibromyalgianes (polysymptomatic distress score [PSD comparable across subgroups



	Patients with IIM who have FM were more likely to be younger, have lower education level and annual income							
sociated	Sociodemographics	Without FM	With FM	P-value				
ce of	Λαο	$\frac{(11-110)}{56.5 \pm 13.6}$	$(\Pi - 57)$	0.001*				
matory	Rye Symptom duration (vrs)	30.3 ± 13.0 8.7 ± 8.1	43.0 ± 13.4 7.0 ± 6.4					
matory	Econolo (%)	0.7 ± 0.1 82 (76 6%)	7.9 ± 0.4 10.60%	0.9				
	M/hito non Uicnonio (%)	02(70.070)	49 (00.070)	0.2				
c .	Ever emoker $(0/)$	00(00.070)	40(70.470) 21(57.70)	0.2				
of and	Ever Smoker (70) Rody more index (ka/m^2)	49 (44.370) 20 2 L G 2	31(34.4%)	0.5				
	Education loval (voora)	20.2 ± 0.2	20.0 ± 7.0 121 - 21	0.0 *1000 0~				
	Education level (years) Total appliation (ϕ)	14.0 ± 1.9	い. ± ∠.4 ○ _ オつ つ○○ 」 つす す(<pre>>0.0001</pre>				
I, and	Total annual income (\$)	$60,100 \pm 29,40$	$0 42,300 \pm 31,10$	JU <0.0001				
en FM								
	disease activity disa	bility quality	of life lower	health				
	anticfaction and and	otor ourobor		noann				
	satisfaction, and grea	ater number	OT ED VISILS					
ctive	Outcomes	Witho	out FM With FM	P-value				
ases in	Fatigue VAS (0-10)	3.4 =	$\pm 2.8 7.3 \pm 2.4$	< 0.0001*				
	Patient Global Dis Activity	(0-10) 3.1 =	$\pm 2.4 \qquad 5.7 \pm 2.7$	< 0.0001*				
	HAQ (0-3)	0.8	± 0.6 1.6 ± 0.6	<0.0001*				
	Patient Activity Scale (0-10) 2.8 =	$\pm 1.8 \qquad 5.6 \pm 1.9$	<0.0001*				
	SF-36 Physical componen	rt (0-100) 39.6 =	$\pm 10.8 29.4 \pm 8.7$	7 <0.0001*				
)	SF-36 Mental component	(0-100) 50.8	± 10.1 39.5 \pm 12.	7 <0.0001*				
did not	Polysymptomatic distress	(0-31) 7.8 =	± 5.2 21.0 ± 5.0) <0.0001*				
uiu not	Health satisfaction (0-4)	2.4 =	± 1.2 1.3 ± 1.3	<0.0001*				
	General practitioner visit (a	#) 1.7 =	$\pm 1.3 \qquad 2.2 \pm 1.5$	0.07				
	Emergency department vis	sit (#) 0.4 =	± 0.7 1.0 ± 1.2	0.01*				
dentify								
A Dationta with UNA who have ENA had higher comorbid								
	index and were more	likely to have	e depression,	, anxiety,				
	diabetes mellitus and	pulmonary of	disorder					
cmena	Comorbidities	Without FM	With FM	P-value				
CC	Comorbidity index (0-9)	1.8 ± 1.5	2.9 ± 1.9	<0.0001*				
	Osteoarthritis	21 (19.1%)	7 (12.3%)	0.4				
J) were	Depression	21 (19.8%)	26 (47.3%)	<0.0001*				
	Anxiety	13 (12.3%)	22 (40.0%)	<0.0001*				
	Hypertension	56 (50.9%)	29 (50.9%)	1				
Ohesity	Myocardial infarction	3 (2.7%)	6 (10.5%)	0.08				
County	Diabetes mellitus	8 (7.3%)	12 (21.1%)	0.02*				
p=0.8	Cancer	17 (15.5%)	11 (19.3%)	0.7				
	Renal disorder	11 (10.0%)	6 (10.5%)	1				
35.2 32.7	Pulmonary disorder	23 (20.9%)	24 (42.1%)	0.007*				
Non-	Gastrointestinal disorder	49 (44.5%)	33 (57.9%)	0.1				
obese obese	Cardiac condition	18 (16.4%)	17 (29.8%)	0.07				

Pt Global Dis Activ Sociodemographic Age

Symptom dur (yrs) Sex (male) Race (White) Smoking (yes) Body mass index Education level (yrs Total income (\$) Non-DM (vs DM) Comorbidities Comorbidity index[¢] Osteoarthritis Depression Anxiety Hypertension Myocardial infarctio Diabetes mellitus Cancer Renal disorder Pulmonary disorder GI disorder Cardiac condition **Medications** NSAIDs Opioids Glucocorticoids Anti-rheumatic drug significant were included in the multivariable models Conclusion

• One third of patients with IIM had comorbid FM and comorbid FM was associated with worse patient reported disease activity and clinical outcomes, poorer sociodemographic factors and higher health care utilization

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associated with FM after controlling for significant variables* in univariate models

	Univariate logistic regression model		Multivariable logistic regression model				
	Odds ratio	SE	p value	Odds ratio	SE	p value	
vity	1.48	0.07	<0.0001*	1.25	0.09	0.02*	
c variables							
	0.96	0.01	0.004*	0.98	0.02	0.2	
	0.98	0.02	0.5				
	0.54	0.44	0.2				
	0.50	0.46	0.1				
	1.48	0.33	0.2				
	1.01	0.03	0.6				
s)	0.73	0.09	0.001*	0.88	0.13	0.3	
	0.98	0.01	0.001*	0.99	0.01	0.1	
	0.86	0.39	0.7				
	1.48	0.10	0.002*	1.23	0.15	0.2	
	0.59	0.47	0.3				
	3.63	0.36	0.0004*	1.71	0.62	0.4	
	4.77	0.40	0.0001*	1.41	0.67	0.6	
	1.00	0.33	0.9				
n	4.2	0.72	0.004*	1.84	1.44	0.7	
	3.4	0.49	0.013*	1.90	0.73	0.4	
	1.31	0.43	0.5				
	1.06	0.54	0.9				
r	2.75	0.36	0.005*	2.72	0.56	0.07	
	1.71	0.33	0.1		~ - /		
	2.17	0.39	0.04*	0.66	0.74	0.6	
	0.66	0.38	0.3				
	3.92	0.38	0.0003*	2.81	0.57	0.07	
	1.07	0.34	0.8				
gs	0.67	0.34	0.2				

*All available variables were tested in univariate regression models and only those that were found to be

• Comorbidity index and rest of the comorbidities were assessed in separate multivariable models