THE EFFECTS OF KINESIOPHOBIA ON PAIN, FATIGUE, FUNCTIONAL EXERCISE CAPACITY, FUNCTIONAL STATUS AND QUALITY OF LIFE IN FIBROMYALGIA

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Background: Kinesiophobia play an important role in the development of chronic pain in Fibromyalgia (FM) patients. This condition lead to increase clinical symptoms and reduce quality of life.

Objectives: The aim of the study is to examine the effects of kinesiophobia on pain, fatigue, functional exercise capacity, functional status and quality of life in FM patients.

Methods: Twenty-one FM patients were evaluated. We used Tampa Scale of Kinesiophobia (TSK) for perception kinesiophobia, Visual Analogue Scale (VAS) for pain intensity, Fatigue Severity Scale (FSS) for fatigue, six-minute walk test (6MWT) for functional capacity, Fibromyalgia Impact Questionnaire (FIQ) for the functional status, and Short-Form Health Survey (SF-36) for quality of life.

Results: The results of this study, there was a strong correlation between TSK and VAS, FSS, physical and mental components of SF-36 (r=0.754, r=0.762, r=0.780, and r=0.843, respectively; p<0.05). There was a moderate correlation between TSK and FIQ and 6MWT (r=0.695, r=0.510, respectively; p<0.05).

Conclusions: The results of the present study indicate that kinesiophobia can adversely affect pain, fatigue, functional status and functional exercise capacity, which is result in impaired quality of life in FM. Further, it demonstrates kinesiophobia can be a clinically appropriate assessment to evaluate patients and to determine the effectiveness of treatments in FM.

Disclosure of Interest: None declared

AB1400-HPR MUSCLE QUALITY INDEX IN OBESE SUBJECTS WITH HIP OSTEOARTHRITIS

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Background: Obese older adults with hip osteoarthritis suffer a progressive loss of neuromuscular function affecting their activities of daily living.

Objectives: The objective of this study is to determine the behaviour of the muscular quality index in obese subjects with osteoarthritis and to compare the manifestations of strength and anthropometric variables with control subjects.

Methods: Thirty-two subjects (4 men and 28 women, 66±5.2 years of age, 159.2±7.5 cm, 71.5±11.7 kg) were evaluated. 14 subjects suffered osteoarthritis. Muscle circumference, limb length, body mass and sit and stand test were evaluated, in addition to the maximal voluntary isometric contraction in hip flexion and extension movements.

Results: The osteoarthritis group presented obesity (p=0.037). The muscle quality index of the osteoarthritis group correlated with the weight (p=0.776**), with maximum peak strength in flexion (p=0.552+) and average maximal strength (p=0.574*). In the control group the muscle quality index correlated with: weight (p=0.689*) and muscle circumference (p=0.571*), maximum peak strength in extension (p=0.534*), average peak strength in extension (p=0.523*) and maximum peak strength in extension (p=0.509*) and maximum impulse in extension (p=0.508).

Conclusions: The muscle quality index is a useful tool to measure muscle quality in the healthy population, but is not clear enough for obese subjects with osteoarthritis, so it is necessary to perform future studies to determine their behaviour.

REFERENCES:


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