MAY CHRONIC CONSTIPATION-INDUCED CHRONIC GASTROINTESTINAL SYMPTOMS

Fibromyalgia

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MAY CHRONIC CONSTIPATION-INDUCED CHRONIC INFLAMMATION AFFECT THE ONSET AND SEVERITY OF FIBROMYALGIA SYMPTOMS?

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Background: Up to 70% of fibromyalgia patients have functional bowel disorders as irritable bowel syndrome (IBS), constipation and diarrhea. Patients with chronic constipation may feature changes in microflora of large bowel, which are characterized by a relative decrease in obligate bacteria and a parallel increase in potentially pathogenic microorganisms and fungi. This condition causes chronic low-grade inflammation. It has been reported that as a result of chronic constipation, altered microbiota and intestinal permeability may be related to neurological diseases such as autism and Parkinson’s disease.

Objectives: As you know, the etiology of fibromyalgia is related to both central nervous system and peripheral causes. So the aim of this study was to evaluate the relationship between chronic constipation and duration and severity of the disease in fibromyalgia.

Methods: The cross-sectional study was designed as two groups: fibromyalgia patients, who is diagnosed according to the ACR 2016 revised classification criteria, and healthy population. All study participants were included this study. The demographic and clinical characteristics of the participants such as age, height, weight, body mass index (BMI), occupations, exercise habits were recorded. In semi-standing position with isokinetic dynamometer (BIODEX) at 60 ° -90 ° -120 ° /second (s) angular velocities, trunk flexor and extensor muscle performances were evaluated. Flexor (flex) peak torque (PT), extensor (ext) PT values and flex/ext PT ratio (%) were noted.

Results: The mean age was 43.9 ± 8.1 years in FMS group and 43.7 ± 6.7 in control group. The mean BMI was 27.5 ± 4.19 in FMS group and 26.4 ± 4.08 in control group. There was no significant difference between the groups in terms of age and BMI (p>0.05). As a result of isokinetic measurements of trunk muscles, extensor PT values were found significantly lower in women with FMS than C group at all three angular velocities (p<0.05). The flexor PT values also were lower in FMS group but no statistically significance in flexor PT values between the groups (p>0.05). When flexor/extensor PT ratio was compared, it was seen that this ratio increased in the FMS group.

Conclusion: There are many studies in the literature assessing upper and lower extremity muscle performances in FMS (1-2). To our knowledge, we first evaluated trunk muscle performances of patients with FMS and we found that trunk muscles, especially extensors, were significantly weaker in FMS group. As a result, in treatment of FMS, there is a need for more comprehensive randomized controlled studies showing the importance of strengthening exercises to improve trunk muscle performance.

REFERENCES


Disclosure of Interests: None declared