Prevalence and Psychopathological Characteristics of Anxiety and Depressive Symptoms in Fibromyalgia Patients

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Background: Several studies reported higher depression and anxiety rates in fibromyalgia (FM) patients compared to the general population. Furthermore, dysfunctional coping strategies have been pointed to as intrinsic parts of the pathogenesis of FM.

Objectives: Our study aimed to verify the prevalence of anxiety and depressive symptoms and explore their correlation with physical symptoms as fatigue, sleep, and widespread pain in a cohort of patients diagnosed with FM. We also aimed to determine whether dysfunctional coping strategies might increase the depression and anxiety burden, besides worsening the core symptoms of FM.

Methods: We analyzed a cohort of 105 patients (median age of 53 years 6 M, 98 F) with a diagnosis of FM according to the ACR 2016 criteria. The participants were consecutively recruited from the Fibromyalgia clinic of the University of Campania “Luigi Vanvitelli”. All patients underwent a psychiatric evaluation. We assessed widespread pain by the Widespread Pain Index (WPI) and the presence of fatigue by the Symptom Severity score (SS). Sleep disorders were investigated through Pittsburgh Sleep Quality Index (PSQI). We analyzed mental alterations by Hamilton Depression and Anxiety Rating Scales (HAM-D, HAM-A), and coping strategies by Coping Orientation to Problems Experienced (COPE) Inventory. The Statistical Package for Social Sciences (SPSS) 22.0 was used; the level of significance was set at p < 0.05.

Results: All patients showed fatigue and widespread pain (100%); sleep disturbances were found in 90.3% of patients and overlapped with all sleep phases. The prevalence of anxiety associated with depression was 75.2%. We found isolated anxiety in 14.3% and isolated depression in 4.8% of patients. We further evidenced a different degree of depression: mild (50.7%), moderate (24.3%), and severe (6.5%). All patients showed depressed mood only if questioned (low tendency to spontaneous verbalization). COPE analysis showed no significant differences in the use of the three coping strategies (Problem-focused, emotion-focused, avoidance-focused). Pearson’s correlation analysis highlighted a negative relationship between problem-focused strategies and the severity of anxiety (r = -0.31, p = 0.001) and depression (r = -0.32, p = 0.001). Our analysis also highlighted a positive correlation between fatigue, sleep disturbances, widespread pain, and both anxiety and depression. The analysis of the characteristics of anxiety and depressive symptoms showed a scarce tendency to spontaneous verbalization of depressed mood and ideas of guilt, mostly limited to family relationships, and a sense of ineffectiveness conditioned by the physical symptoms of the disease. Most patients showed psychomotor agitation, psychic and somatic anxiety, poor insight. The analysis of coping strategies adopted showed a negative correlation between problem-focused strategies and anxiety-depressive symptoms, suggesting that such strategies are less frequent in FM patients with comorbid anxiety and depressive symptoms.

Conclusion: Our study confirms the high prevalence of anxiety and depressive symptoms in FM patients. A positive correlation between the pivotal symptoms and anxiety and depressive symptoms may suggest, without implying a cause-and-effect relationship, that psychiatric intervention should be considered along with rheumatologic treatment, to improve both physical symptoms and quality of life. Potentiating problem-focused coping strategies may represent a target to improve anxiety and depressive symptoms.

REFERENCES:

Table 1. Correlation analysis between coping strategies and HAM-D and HAM-A total scores

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<tr>
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<th>HAM-D</th>
<th>HAM-A</th>
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<tbody>
<tr>
<td>Problem-focused Coping</td>
<td>-0.32**</td>
<td>-0.31**</td>
</tr>
<tr>
<td>Avoidant Coping</td>
<td>0.00</td>
<td>0.02</td>
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<tr>
<td>Emotion Coping</td>
<td>0.14</td>
<td>0.13</td>
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**p<0.01

Disclosure of Interests: None declared

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