Objectives: To determine the factors that can trigger pyrin protein-as-
or can increase the severity of attacks. We prepared some criteria based on our
background observations to determine the factors that can contribute to and trigger this process on a large scale unknown.

Methods: We surveyed 808 patients with FMF from our adult rheumatology outpatient clinics. We used a questionnaire assessing the following: emotional stress; use of antidepressants; consumption of tea and coffee; relationship with mesons; menopause and post-menopausal alleviations; seasonal changes; long-term journeys; changes of location; starvation; sleeplessness; temperature reduction; fatigue; wind and cold weather; and humidity(Table1). We also questioned some features of the attacks of patients including fever, abdominal pain, chest pain, arthritis, arthralgia, myalgia, and erysipelias-like rash.

Results: The number of patients with FMF and their potential trigger factors are given in Table 1. We performed the questionnaire to 808 patients with FMF (354 male and 454 female). 574 patients (%71) reported worsening in severity and frequency of their attacks in relation to emotional stress. Among these 574 patients, 139 patients (%24) were using antidepressants. 443 and 474 patients reported worsening and higher frequency of their attacks in relation to seasonal changes and fatigue, respectively. Among the 454 female patients, 213 patients reported worsening during their menses cycle. 96 female patients had entered menopause and 50 of them (%52) had reported obvious improvement after their menopause. In our cohort, 530 patients had experienced fever, 642 abdominal pain, 426 chest pain, 350 arthralgia, 573 arthralgias, 483 myalgias, and 152 erysipelas-like rashes during their attacks.

Conclusion: The high proportion of patients who had reported worsening in their attacks in relation to emotional stress highly suggests a correlation between emotional stress and FMF attacks. Additionally, 443 and 474 patients had reported worsening in their attacks when seasonal changes occur and in times of fatigue, respectively, which is highly suggestive of a correlation with FMF attacks. There was also an outstanding decrease in the severity of their attacks in patients who had menopause after they entered menopause. Furthermore, there were some patients who reported miscellaneous correlations in the frequency of FMF attacks and with the use of antidepressants, consumption of tea and coffee, seasonal changes, long-term journeys, changes in location, starvation, sleeplessness, temperature reduction, fatigue, wind and cold weather, and lastly, humidity.

REFERENCES:

Characteristics from table content including title and footnotes:

Table 1. Potential trigger factors of FMF attacks

<table>
<thead>
<tr>
<th>Emotional stress</th>
<th>Consumption of tea and coffee</th>
<th>Relationship with menopause</th>
<th>Seasonal changes</th>
<th>Long-term journeys</th>
<th>Changes of location</th>
<th>Starvation</th>
<th>Sleeplessness</th>
<th>Temperature reduction</th>
<th>Fatigue</th>
<th>Wind and cold weather</th>
<th>Humidity</th>
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<td>FMF (n=808)</td>
<td>574(71%)</td>
<td>56(7%)</td>
<td>213(26%)</td>
<td>96/50</td>
<td>443(55%)</td>
<td>244(30%)</td>
<td>208(26%)</td>
<td>119(15%)</td>
<td>285(35%)</td>
<td>381(47%)</td>
<td>474(59%)</td>
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