

SHORT UPDATED INTRODUCTION CLINICAL AND ECONOMIC ASPECTS

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### REFERENCES

The Korean Journal of Pain

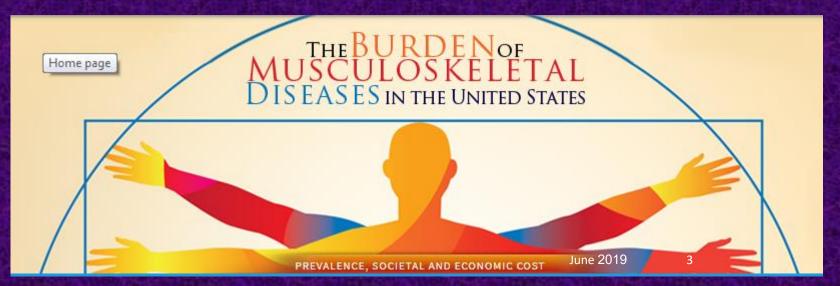
http://www.epain.org

This Article | Aims and Scope | Instructions to Authors | E-Submission

<u>Korean J Pain</u>. 2015 Jul; 28(3): 169–176. Published online 2015 Jul 1. doi: <u>10.3344/kjp.2015.28.3.169</u> PMCID: PMC4500780 PMID: 26175876

The Iceberg Nature of Fibromyalgia Burden: The Clinical and Economic Aspects

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# DEFINITION OF FIBROMYALGIA

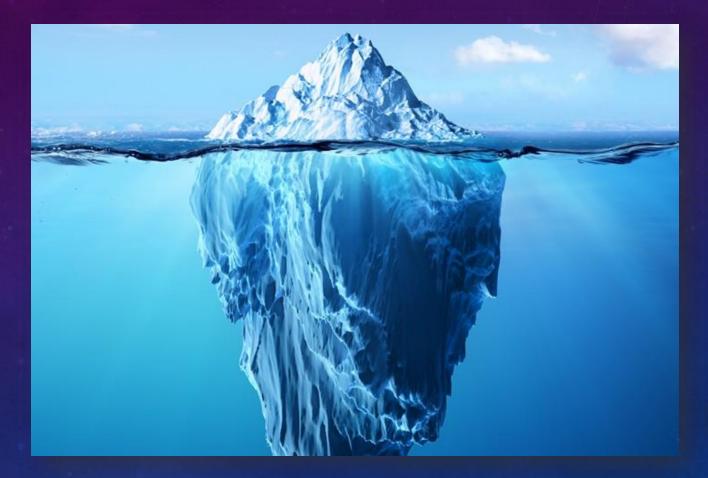
- FM does not fit within the main arthritis classifications
- Considered as a chronic pain condition
- Widespread pain and fatigue



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## PREVALENCE OF FIBROMYALGIA

- 2% 5% of the adult population
- Most prevalent in females, with up to 90% of cases
- More common among in older population



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### DIAGNOSIS NOW FOCUS ON FOUR CRITERIA

- 1) Generalized pain, defined as pain in at least 4 of 5 regions is present
- 2) Symptoms have been present at a similar level for at least 3 months



### DIAGNOSIS NOW FOCUS ON FOUR CRITERIA

- 3) Widespread pain index (WPI) and symptom severity scale (SSS) scores
- 4) A diagnosis is valid irrespective of other diagnoses
- (presence of other clinically important illnesses)



# CAUSES OF FIBROMYALGIA

- Not known, but current theories include a higher sensitivity to pain
- Can occur by itself, although can also accompany another form of arthritis such as RA or SpA



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 Important but less visible aspects of fibromyalgia (FM)
 High impact of this disorder

on patients and societies

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- Common but challenging illness
- Chronic widespread pain
- Can be accompanied by:
  - Fatigue
  - Sleep disturbances
  - Cognitive dysfunction
  - Anxiety and depressive episodes

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- Limited understanding but debilitating disease
- Diagnosis and treatment very difficult
- Even in the hands of experts

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Patients experience
 invalidation by Medical
 services / Families / Societies
 regarding the recognition
 and management of disease

 Considerable direct, indirect and non measurable costs

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 Clinical and economic costs comparable with other common diseases, such as:

- Diabetes
- Hypertension
- Osteoarthritis
- The latter usually receives much more attention from healthcare and non-healthcare resources

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- Alarming data shows the serious and "iceberg-like" burden of FM - despite its benign appearance
- Urgent need for
  - greater awareness of the disease among medical services and societies
  - for more research focused on diagnostic methods
  - and for specific treatment

# THE RESULTS OF MULTIDISCIPLINARY REHABILITATION AT THE DEAD SEA

### SHORT SUMMARY

#### **CONCLUSIONS AND RECOMMENDATIONS**

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### NORWEGIAN PATIENTS WITH CHRONIC PAIN TREATED AT THE DMZ MEDICAL CENTER BETWEEN 2005-2016

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**ORIGINAL ARTICLES** 

#### Multidisciplinary Biopsychosocial Program for Chronic Musculoskeletal Pain at the Dead Sea

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### BACKGROUND / RATIONALE

- Multidisciplinary biopsychosocial rehabilitation for patients presenting with rheumatic diseases
- Better results in a warm climate
- Dead Sea Climatotherapy (DSC) successfully used for decades to treat patients with rheumatic diseases



- To evaluate the short-term improvement
- Multidisciplinary biopsychosocial treatment combined with DSC
- Both objective and subjective clinical parameters were evaluated

### METHODS / PATIENTS

- Statistical analysis of 938 patient's files
  - Fibromyalgia : n=374
  - Osteoarthritis : n=342
  - Other orthopedic conditions : n=117
  - RA and AS : n=105
- Assessments before/after 3 week at the Dead Sea

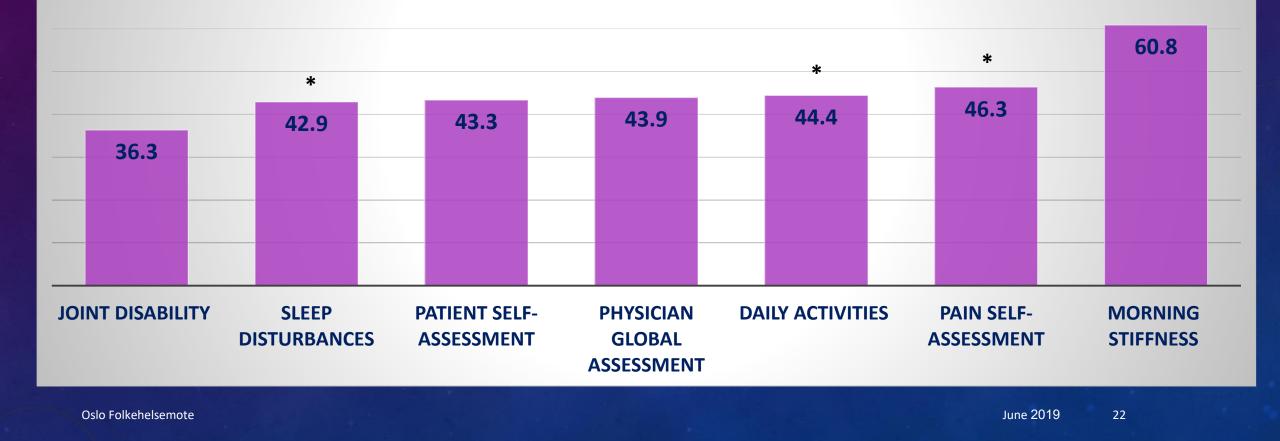
### PATIENTS

Variable (unit)	Chronic pain syndrome (n=374)	Osteoarthritis (n=342)	Other orthopedic diseases (n=117)	Inflammatory joint diseases (n=105)
Female gender, %	83.2	80.7	84.6	78.1
Mean age, year	59.95 ± 13.05	69.63 ± 9.11	63.39 ± 13.49	61.24 ± 14.87
Mean body mass index, kg/cm²	26.77 ± 4.67	27.69 ± 5.08	27.27 ± 5.25	26.00 ± 3.84
Previous visits, %	35.4	46.3	44.4	35.2

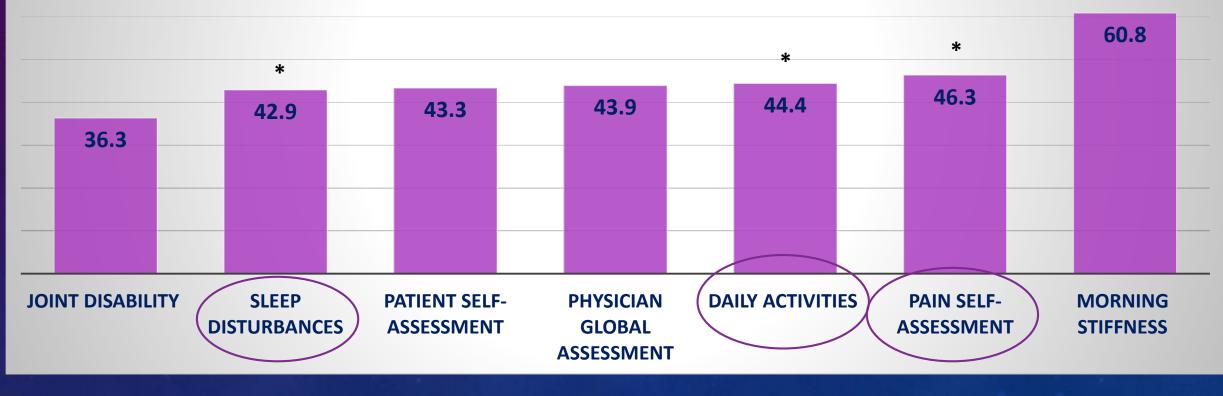
### RESULTS

- 6 parameters improved in RA/AS and in OAR groups
- 5 parameters in the FM group
- Major significant changes occurred in
  - Pain self-assessment
  - Joint motility
  - Daily activities scores

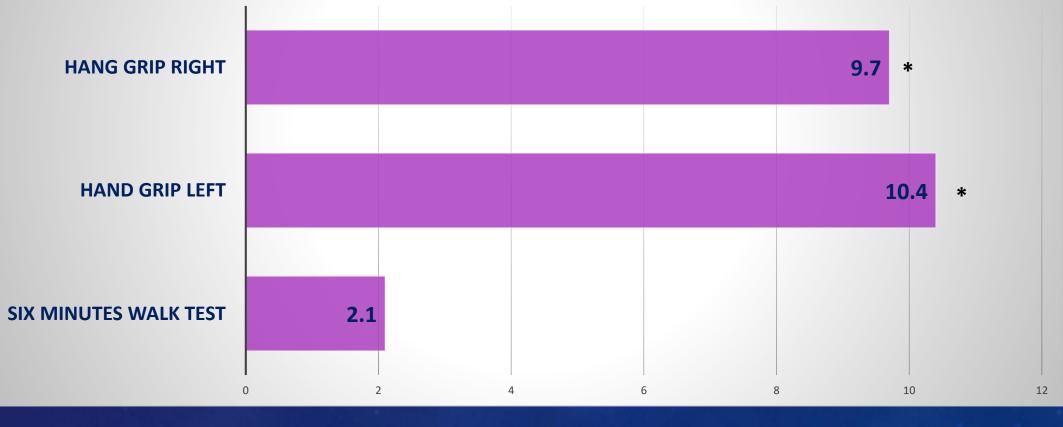
#### Fibromyalgia at the Dead Sea Percentage of Improvement In Subjective Parameters \* = statistical significance p < 0.05



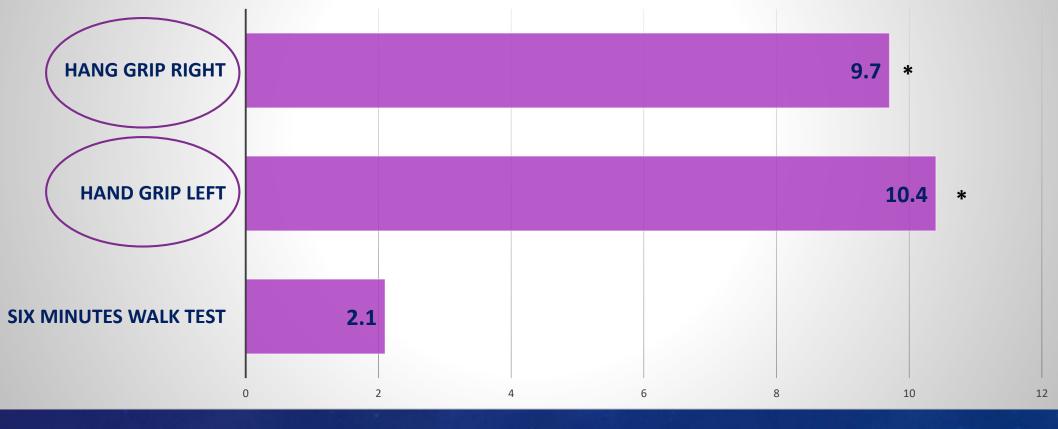
#### Fibromyalgia at the Dead Sea Percentage of Improvement In Subjective Parameters \* = statistical significance p < 0.05



Fibromyalgia at the Dead Sea Percentage of Improvement in Objective Parameters \* = statistical significance p < 0.05



Fibromyalgia at the Dead Sea Percentage of Improvement in Objective Parameters \* = statistical significance p < 0.05



### **STUDY LIMITATIONS**

- No control group
- No follow-up after 3 weeks
- No assessment with WPI or SSE

### **CONCLUSIONS / FIBROMYALGIA**

- General improvement observed for more than 300 patients
- All non numeric parameters improved from 36.3 to 60.8%
- Objective parameters about 10% improvement

### CONCLUSIONS

A 3-week multidisciplinary biopsychosocial program combined with Climatotherapy induced positive changes in the clinical parameters of Norwegian patients presenting with chronic musculoskeletal pain

### **OUR RECOMMENDATIONS**

A 3-week multidisciplinary biopsychosocial program combined with Climatotherapy should be more available for FM patients

# THANK YOU!

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