Attachment as risk factor to disability and quality of life in Fibromyalgia

Dal Magro C *e*, Freijó M.A.H. *a*, Neves, M.B.G.C. *a*, Figueiredo R *c*, Souza L.M.S. *b*, Oliveira V.S. *b*, Campos M.R. *d* , Fortes S.L.C.L. *a*

Universidade do Estado do Rio de Janeiro (UERJ), Rio de Janeiro, Brazil

Introduction

The Fibromyalgia Syndrome (FMS) is characterized by widespread musculoskeletal pain associated with other symptoms such as fatigue, sleep disturbance, gastrointestinal and cognitive changes and mental health symptoms such as anxiety and depression which have a major impact on patient's lives. The anatomopathological mechanism commonly related to FMS is hypersensitization of the central nervous system (CNS) and peripheral nervous system, Certain factors prior to illness, such as life events, traumatic conditions or mental illness can make the organism more susceptible to central hypersensitization based on the individual's relationship with them or their continuity and/or intensity.

Objective

To study the association of attachment styles, history of sexual abuse and the presence depressive-anxiety disorders with the degree of functional disability and quality of life of women with FMS, in specialized care services

Method

It was a cross-sectional study that evaluated female patients diagnosed with FMS, treated in different locations within the UERJ health services complex between jan/20 and jan/23. The diagnosis was confirmed by the research's rheumatologist, and was based on the diagnostic criteria established by the American College of Rheumatology, combining the criteria of 1990, 2010 and modified 2010 and the year 2016. After the diagnosis confirmation, the patients were evaluated by the research team, using questionnaires and scales: the Sociodemographic Questionnaire, *World Health Organization Disability Assessment Schedule* (WHODAS 2.0), *World Health Organization Quality of Life Instrument* (WHOQOL-bref), *Adult Attachment Scale-R, Beck Anxiety Inventory* (BAI), *The Beck Depression Inventory* (BDI), *Sexual Violence Questionnaire.* The exclusion criteria were: severe mental disorder (psychosis), cognitive decline unrelated to FMS and another active rheumatological disease. Upon the patient's agreement, the Free and Informed Consent Form was read and signed and the questionnaires and research instruments were applied. The average time of questionnaire applications lasted an one hour. Upon identification of psychological distress or another health need, as a form of ethical compensation for their collaboration in research, these assessments were fowarded to the professional responsible for assisting patients in each center, so that the appropriate referral could be made.

Statistical Analysis

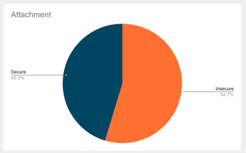
- A descriptive analysis of fibromyalgia using the AAS-R scale (binary: safe vs unsafe) and the means of the WHO-DAS 2.0 (general disability), according to specific characteristics: age group, level of education, severity of fibromyalgia, follow-up of mental health – Y/N, sexual abuse, childhood sexual abuse and adult sexual abuse.
- A chi-square test ($\chi 2$) was performed for the AAS scale and each of the descriptive variables; The Students' t-test was performed to assess the difference in mean scores ween continuous variable (disability scale/ quality of life scale, and their domains) and each exposure category (when the variable was binary); ANOVA test for the other variables (age group, level of education, level ou severity [BAI/BDI] with the respective p-values;
- Statistical tests were performed using SPSS version 21 software.

Results

95 patients with a diagnosis of FMS were evaluated.

- The severity level was stipulated as above 12 – the minimum score among patients was 19, and around
- 90% of the sample was above 21 points.
- Average age was 54.48 years old, with the largest number of people between 41 and 60 years old. 25.3% had primary education, 42.1% secondary education and 32,6% having finished the higher education or not;
- Around 60.0% of patients were already undergoing some form of Mental Health treatment (psychiatric or psychotherapeutic);
- Only 16.8% of patients did not have anxiety or had it at a mild level; the majority (44.2%) had severe anxiety;
- 28.4% had no (or only mild) depressive symptoms and 40% of the sample had severe depression;

- 48.4% report having suffered sexual abuse in childhood and 43.2%, in adulthood. Only 29 patients (30%) reported no history of sexual abuse, either in childhood or adulthood;
- **54.7% of patients had insecure attachment styles and 45.3% had secure attachment;**



- Younger patients (up to 45 years old) have a greater degree of disability (M=62.8, p=0.001) than other age groups;
- atients with more education had lower disability rates than the rest of the sample (p=0.048). There was also an important association between the severity of FMS and disability, as expected (p= 0.002);
- The severity of depressive-anxiety symptoms is associated with a worse disability, in general, and in all subdomains (Mobility, life activities, cognition, participation, self-care, interpersonal relationships),
- Insecure attachment style is associated with both greater severity of fibromyalgia (p= 0.039 OR=5.7 [1.1;28.5]) and a greater degree of disability M=56.1 x 37.6);
- Higher frequency of cases of sexual abuse among people receiving Mental Health care, particularly among those who suffered abuse in childhood with FMS (M=1.4)
- Relationship, even weak, between insecure attachment and sexual abuse in adulthood (OR=2.2; p=0.058);
- The average number of cases of abuse per person in the entire sample is **2.4 cases/individual**, with **1.37 cases in childhood and 1 case in adulthood;**
- Having depressive-anxiety disorder is negatively associated with Quality of Life in all its domains;
- Receiving Mental Health care has a positive impact on the psychological subdomain of Quality of Life (M=36.7; p=0.037);
- Having an insecure attachment style negatively impacts Quality of Life in all its domains (Physical, Psychological, Social Relationships, Environment);

Conclusion

There is an association between insecure attachment styles, anxiety-depressive disorder, history of sexual violence in adulthood and greater impairment of functional capacity and worse quality of life in women with FMS in this sample, receiving care in a specialized service. The characteristic of this sample is the greater presence of anxiety than of depressive symptoms. Particularly low quality of life indices were also found in comparison to measures found in the Brazilian population.

Affiliations

a. **Postgraduate Program in Medical Sciences, UERJ, Brazil**
b. **Medical Sciences College, UERJ, Brazil**
c. **Piquet Carneiro Polyclinic, UERJ, Brazil**
d. **National School of Public Health, Oswaldo Cruz Foundation (FIOCRUZ), Brazil**
e. **Postgraduate Degree in Medical Sciences, State University of Campinas (UNICAMP), Brazil.**

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Contact info

ceciliadalmagro@gmail.com
+55 21 99801 6693