Do they Improve Fibromyalgia Patients After Receiving Incapacity?

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ABSTRACT

Fibromyalgia (FM) or fibromyalgia syndrome is a clinical condition of unknown origin that over time has been redefined so that in 2010 the American College of Rheumatology proposes new criteria to evaluate the patient depending on the number of regions painful (Widespread Pain Index [WPI]) and a severity scale (symptom severity Score [SS-Score]) of fatigue, restless sleep and cognitive symptoms. It chronicles the pain persists, generally unchanged for many years disease. Despite the onset of symptoms it depends largely on the degree of involvement of the patient, since it has been found that the prognosis is worse in those patients with more severe symptoms. Although the process tends to chronicity and causes severe disability and impaired quality of life of patients, it has been found that various factors can vary prognosis. The absence of psychiatric comorbidity, better educational level and work outside the home are associated with a better prognosis. But, How does the granting of permanent incapacity (IP) in these patients?

Mesh Headings/Keywords: Fibromyalgia; Somatoform disorders; Laboral inhability

Objective: Assess whether obtaining a pension for IP involves a clinical improvement in patients with fibromialgia.

Introduction

Material and Method

A prospective cohort study in which patients evaluated at the Medical Tribunal of the Provincial Directorate of the National Institute of Social Security Palencia (TMDPINSSP) January/04 to March/05 in which valuation report included is performed figurse the diagnosis of FM [1-6]. Between June/2006 and Feb/2007 the evolution of these patients is studied with 3 variables:

- Qualification of disability, either by UMDPINSSP or through the courts.
- Clinical status after passage through the medical board. This information is collected from the clinical history of Rheumatology Public Health Service (RSPS).
- Return to work.

Results

A sample of 32 patients is obtained. They are qualified without disability 21 and IP 11 (6 through administrative and judicial means 5). The first group 10 maintains the previous clinical passage through the TMDPINSSP, 4 show improvement, worsening 5 and 2 not later revisions made in RSPS. The group of patients with disability, 5 keep the clinic, 2 improvement, 3 refer worsening and one has not subsequently revised in RSPS. Regarding the return to work, none of the 11 patients who obtained IP rejoins the workforce and 20 of the 21 are still working. That is, we obtain similar percentages in each of the subgroups (Figure 1).

Discussion and Conclusions

It has been argued that the very process of evaluation of disability and litigation to obtain or improve financial compensation may worsen the clinic of these patients [7] and even if the existence of such compensation may increase the prevalence of the disease [8]. But what does agree more authors [9,10], and our data confirm this, it is that these patients have no clear signs of improvement once they get a pension of IP. The trend has been linked to the chronicity of these patients unconscious benefits from the sick role [11-14], as with other diseases of psychosomatic profile. Although the study sample is small and do not have tracking data in private clinics, it is a representative sample and allows endorse the theory that these patients do not simulate or consciously seek any secondary gains.

REFERENCES


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