



A Psychological Profile of Fibromyalgia Patients: A Chiropractic Case Study

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ABSTRACT

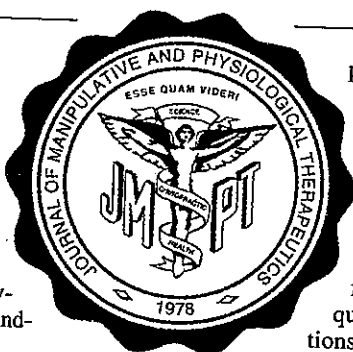
Background: Fibromyalgia is a chronic condition characterized by widespread musculoskeletal pain and tenderness. Reversible modulation of the pain threshold is believed to contribute to the pathogenesis of this condition, and psychosocial stress is known to alter the pain threshold.

Objective: To describe and compare the psychological profile of fibromyalgia patients attending chiropractic clinics in Australia.

Setting: Chiropractic clinics located in 5 Australian states and the Australian capital territory with practices in inner city, suburban, coastal, and rural areas were included.

Subjects: Chiropractic patients with acute and chronic biomechanical conditions, fibromyalgia, and who were undergoing maintenance care were included in the study.

Method: A case study to explore the psychological profile of fibromyalgia patients was undertaken. The Distress and Risk Assessment Method (DRAM) and Sense of Coherence (SOC) questionnaires were used to ascertain and compare the distress, sense of coherence, and manageability levels of patients with fibromyalgia with patients having maintenance chiropractic care. Purposive sampling of practitioners and convenience sam-



pling of patients fulfilling the study's inclusion criteria were undertaken. Patients were asked to complete two questionnaires and chiropractors to complete one questionnaire and an interview.

Results: While more than half of the patients in the fibromyalgia group were distressed, fewer than 1 in 7 maintenance patients were found to be distressed according to the DRAM questionnaire. With several individual exceptions, fibromyalgia patients also tended to have lower SOC and manageability scores than the maintenance group.

Conclusion: This study supports the view that fibromyalgia may represent a problem of coping with various environmental stresses, including psychosocial stresses. However, owing to individual variation, a diagnosis of fibromyalgia at the clinical level does not accurately predict whether a particular patient is distressed or has a low SOC score. Screening of fibromyalgia patients may help determine whether intensive counseling and stress management by the chiropractor or another health professional should be contemplated. (*J Manipulative Physiol Ther* 1999;22:454-7)

Key Indexing Terms: Fibromyalgia; Psychological Profile; Pain; Chiropractic

INTRODUCTION

When defined as widespread chronic musculoskeletal pain and tenderness, fibromyalgia is experienced by about 1 in 20 patients encountered in primary medical practice. The two central features underlying fibromyalgia are the presence of tender points and an enhanced perception of a distressing body sensation in the absence of discernible end-organ pathology. Although the cause of fibromyalgia is disputed, it is postulated that patients neither perceive nor respond normally to physical or psychological stresses.¹ It has been suggested that, although psychological factors may influence pain severity, the central features of fibromyalgia

are independent of the psychological status.² Others have proposed that fibromyalgia, rather than constituting a disease entity, should be conceptualized as evidence of difficulty in coping with various types of environmental stress.³ Certainly the finding from a study of 12 patients that hypothalamic-pituitary-adrenal axis function appears perturbed in patients with fibromyalgia is consistent with the theory that emotional stress plays a role in the natural history of this condition.⁴ The theory of a dysfunction affecting the pain-modulation system is further supported by the inadequate response of patients having fibromyalgia from anti-inflammatory agents and the lack of evidence for a disturbance in muscle, fascia, and other soft tissues.^{5,6}

Reduced midbrain/brain-stem inhibition of ascending nociceptive impulses could explain both the finding of tender points in apparently normal areas of the body and the lack of segmental distribution of discomfort in fibromyalgia. Physical factors such as poor posture or an unfit state resulting in muscle and ligamentous sprain/strain could send impulses centrally.

Modulation of such primary messages could occur centrally by cognitive or emotional input. Peripheral nociception could thus be modulated by an interplay of complex,

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