

## ORIGINAL ARTICLE

# Patterns of food avoidance and eating behavior in women with fibromyalgia<sup>☆</sup>



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Received 9 May 2017; accepted 4 July 2017

Available online 14 November 2017

### KEYWORDS

Fibromyalgia;  
Diet;  
Food and nutrition;  
Food intake;  
Eating habits;  
Diet

### Abstract

**Introduction:** Fibromyalgia is a form of non-articular rheumatic disorder of unknown origin. It is characterized by widespread, chronic musculoskeletal pain. Patients with fibromyalgia suffer more frequently eating disorders, obesity, metabolic syndrome, and other gastrointestinal symptoms. Studies have pointed out to nutrition as a relevant factor in these patients. Some of them think that diet has an influence on fibromyalgia symptoms, and tend to adopt certain dietary patterns. This, combined with access to non-scientific information about diets and supplements, makes analysis of dietary behavior, avoidance, and restrictions particularly important. The aim of this study was to describe dietary habits and eating avoidance behaviors in patients with fibromyalgia, and to compare these data to those of a healthy sample of similar sociodemographic characteristics.

**Methods:** A descriptive case-control study was conducted in healthy subjects (n = 60) age and sex-matched to the fibromyalgia group (n = 60), whose eating habits and restrictions were analyzed using a food frequency questionnaire, a sociodemographic questionnaire, and a food restriction scale.

**Results:** The group with fibromyalgia had significantly higher values in body mass index, weight fluctuation, use of herbal products, and development of diets, and significantly lower mean consumption of cereals, fruits, sugars, alcohol, and soft drinks.

**Conclusions:** These results describe a sample of patients with fibromyalgia who follow a varied diet similar to that of healthy subjects, but more frequently avoid certain foods.

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<sup>☆</sup> Please cite this article as: López-Rodríguez MM, Granero Molina J, Fernández Medina IM, Fernández Sola C, Ruiz Muelle A. Patrones de evitación y conductas alimentarias en pacientes con fibromialgia. Endocrinol Diabetes Nutr. 2017;64:480–490.

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**PALABRAS CLAVE**

Fibromialgia;  
 Nutrición;  
 Alimentación y dieta;  
 Ingestión de  
 alimentos;  
 Hábitos alimenticios;  
 Dieta

**Patrones de evitación y conductas alimentarias en pacientes con fibromialgia****Resumen**

**Introducción:** La fibromialgia es una forma de reumatismo no articular de origen desconocido, caracterizado por dolor musculoesquelético difuso y crónico. Estos pacientes sufren con mayor frecuencia desórdenes alimentarios, obesidad, síndrome metabólico y algunos síntomas gastrointestinales. Diferentes estudios han señalado la nutrición como factor relevante en estos pacientes, los cuales, creyendo que la dieta influye en sus síntomas, tienden a adoptar determinados patrones dietéticos. Esto, unido al acceso a información no científica acerca de dietas y suplementos, hace que resulte especialmente importante un análisis de sus conductas alimentarias, evitaciones y restricciones. El objetivo del presente estudio es describir los hábitos dietéticos y conductas de evitación alimentaria en pacientes con fibromialgia, y comparar estos datos con los de una muestra sana de características sociodemográficas similares.

**Métodos:** Estudio descriptivo de caso control formado por personas sanas (n = 60) apareadas en edad y género con el grupo con fibromialgia (n = 60), cuyos hábitos alimenticios y restricciones fueron analizados a través de un cuestionario de frecuencia de consumo de alimentos, cuestionario sociodemográfico y escala de restricción alimentaria.

**Resultados:** Se observaron cifras significativamente superiores para el grupo con fibromialgia en el índice de masa corporal, la fluctuación del peso, el consumo de productos de herboristería y el desarrollo de dietas. El consumo de cereales, frutas, azúcares, alcohol y refrescos mostró medias significativamente menores para dicho grupo.

**Conclusiones:** Estos resultados describen una muestra de pacientes con fibromialgia que lleva a cabo una dieta variada similar a la de la muestra sana, aunque con mayores evitaciones en determinados alimentos.

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**Introduction**

Compared with healthy individuals, adults with fibromyalgia (FM) are more likely to experience eating disorders, obesity, metabolic syndrome and other gastrointestinal manifestations such as abdominal pain, dyspepsia or prolonged gastric emptying.<sup>1-4</sup>

In this regard, certain digestive problems such as irritable colon, periods of nausea and/or vomiting, altered bowel habit, stomach pain, flatulence and even bloating and cramps after meals constitute other characteristic and little studied alterations in patients with FM.<sup>4</sup> On the other hand, certain food intolerances or allergies, or the appearance of symptoms mainly upon consuming bread, milk and fruit, appear to be more common in individuals with FM.<sup>5,6</sup>

Due to the lack of a fully effective treatment for FM, the management approach usually includes pharmacological and non-pharmacological measures.<sup>7</sup>

A number of studies have pointed to nutrition as a factor to be taken into account in patients with FM, with emphasis on different aspects. In this regard, some studies have examined the greater prevalence of overweight, obesity and eating disorders among the population with FM<sup>8,9</sup> or the relationship between a high body mass index (BMI) and worsened patient quality of life, with emphasis on the need to maintain normal body weight.<sup>1,10</sup>

Some authors describe the existence of nutritional deficiencies or imbalances in such patients.<sup>5</sup> While some studies have reported positive effects with nutritional supplements in FM, the results are inconclusive.<sup>11</sup> The same applies to the use of traditional Chinese herbal remedies.<sup>7,12</sup>

Other studies point to the potential benefits of nutrients with antioxidant effects, which can be obtained either through vegetarian diets<sup>13</sup> or from food supplements such as anthocyanin or soy.<sup>12</sup> Alternatively, they recommend the elimination of stimulants from the diet, though there is no evidence to support this avoidance strategy.<sup>14</sup>

Intestinal bacterial overgrowth has also been related to FM. In addition to the existence of similar manifestations, different findings support the hypothesis of a role of intestinal bacterial overgrowth in FM, especially in those patients that experience gastrointestinal symptoms. This in turn has led to studies on the efficacy of bifidobacteria and certain probiotic combinations in such patients, with promising results.<sup>15</sup>

According to a review carried out by Slim et al.,<sup>4</sup> a considerable percentage of patients with FM believe that dietetic interventions have a strong impact upon the symptoms of the disease, and describe a worsening of the symptoms when certain foods are consumed. As a result, there is a general tendency to adopt certain eating habits with the purpose of improving symptoms control.<sup>6</sup>

On the other hand, while patients with FM can obtain information about various treatments for their disease from the news media, television, patient associations or the internet, few of them are based on hard scientific evidence.<sup>2,14</sup> This is the case with food supplements, elimination diets, and the avoidance and/or restriction of certain foods, whether upon recommendation or through personal initiative.<sup>5,14</sup>

In view of the above, and taking into account the great amount of non-scientific information regarding the

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