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ORIGINAL ARTICLE

Impact of a socio-educational intervention to improve the quality of life of patients with fibromyalgia: A quasi-experimental design[☆]

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Received 10 March 2016; accepted 12 August 2017

KEYWORDS

Fibromyalgia;
Primary care;
Patients;
Health impact
assessment;
Quality of life

Abstract

Objective: To evaluate the impact of a socio-educational intervention to improve the quality of life of patients with fibromyalgia.

Method: Out of 132 eligible candidates, 128 patients participated with a diagnosis of fibromyalgia (ACR 1990/2010), over 18 years of age, who did not have cognitive problems or mental disorders in acute phase and lived in the catchment area of the participating CAPs. The patients underwent intervention for 5 weeks to strengthen self-management of pain and improve quality of life. Socio-demographic variables, satisfaction and quality of life (SF-36) were studied. Pre-post measurements were made on the 128 participants and follow-up at 2 months on 120 (8 did not agree to be contacted).

Results: Comparing the pre-post-intervention scores (non-parametric Wilcoxon test), it was found that 71.09% reported a higher perception of quality of life in the Mental health domain and lower percentage of improvement (28.91%) in the Physical role domain. When comparing pre-post-follow-up scores (Friedman's test), mean perception improved in all domains and remained at 2-month follow-up ($p < .001$). Finally, the average satisfaction with the intervention received was 90.55% (SD 9.86; min. 41, max. 100).

Conclusions: When assessing the impact of the intervention, there was an improvement in the post and follow-up scores. This finding is largely due to the fact that the intervention strengthens the patient's self-mastery of their abilities to control pain and improve their perception of quality of life.

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DOI of original article: <http://dx.doi.org/10.1016/j.enfcli.2017.08.008>

[☆] Please cite this article as: Torres Belmonte S, Benachi Sandoval N. Impacto de una intervención socioeducativa para mejorar la calidad de vida en pacientes con fibromialgia: un diseño cuasiexperimental. Enferm Clin. 2018. <https://doi.org/10.1016/j.enfcli.2017.08.008>

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PALABRAS CLAVE

Fibromialgia;
Atención primaria;
Pacientes;
Evaluación del
impacto en la salud;
Calidad de vida

Impacto de una intervención socioeducativa para mejorar la calidad de vida en pacientes con fibromialgia: un diseño cuasiexperimental

Resumen

Objetivo: Evaluar el impacto de una intervención socioeducativa para mejorar la calidad de vida en pacientes con fibromialgia.

Método: De 132 elegibles, participaron 128 pacientes mayores de 18 años, con diagnóstico de fibromialgia (ACR 1990/2010), que no tuvieron problemas cognitivos o trastornos mentales en fase aguda y pertenecieron al área de influencia de los CAP participantes. Los pacientes recibieron durante 5 semanas una intervención para fortalecer la autogestión del dolor y mejorar la calidad de vida. Se estudiaron las variables sociodemográficas, satisfacción y calidad de vida (SF-36). Las mediciones pre-post se hicieron en los 128 participantes y el seguimiento a los 2 meses en 120 (8 no aceptaron ser contactados).

Resultados: Al comparar las puntuaciones pre-postintervención (test no paramétrico de Wilcoxon), se encontró que el 71,09% refirió mayor percepción de la calidad de vida en el dominio Salud mental y menor porcentaje de mejoría (28,91%) en el dominio Rol físico. Al comparar las puntuaciones pre-postseguimiento (prueba de Friedman), la media de percepción mejoró en todos los dominios y se mantuvo a los 2 meses de seguimiento ($p < 0,001$). Finalmente, la media de satisfacción con la intervención recibida fue de 90,55% (DE 9,86; mín. 41, máx. 100).

Conclusiones: Al valorar el impacto de la intervención, se observó una mejora en las puntuaciones post y seguimiento. Este hallazgo puede deberse a que la intervención fortalece en el paciente el autodominio de sus habilidades para controlar el dolor y mejorar la percepción de la calidad de vida.

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What is known?

Fibromyalgia is a disease which causes muscle pains, fatigue or tiredness and sensitivity throughout the whole body. Patients diagnosed are managed with baseline medication to control the pain and on some occasions pharmacological treatment is combined with non-pharmacological therapies. With regards to investigation, factors associated with the risk of suffering from the disease are under study, as are knowledge of its epidemiology and new forms of detecting it, treating it and avoiding complications in the patient with fibromyalgia.

What does this article contribute?

Our investigation provides scientific evidence on the impact of a socio-educational intervention, where empowerment and control of the disease are key to improving the perception of the quality of life in patients with fibromyalgia. This intervention may be a good example for other healthcare service, for decision makers and healthcare professionals to develop similar interventions to treat their patients and in doing so, reduce the social impact of the burden of this disease.

Introduction

Fibromyalgia is a chronic and complex disease. Its aetiology is unclear, is characterised by the presence of general chronic muscular skeletal pain, which cannot be clearly defined by the patient due to an exaggerated sensibility in multiple predefined tender points, that lead to a severe level of incapacity and alteration to quality of life. This in turn affects the person's daily activity and has an impact on their mental, biological and social life.¹⁻⁷

This disease is associated with other symptoms, among which the following stand out: fatigue, morning stiffness, non-restorative sleep, headaches, anxiety and depression. Its prevalence is between 2% and 4% of the general population. The mean age of onset varies between 34 and 57, increasing with age and with a prevalence peak between 40 and 49 years of age. Studies confirm that fibromyalgia is at least 8 times more common in women than in men.⁸⁻¹¹

Diagnosis is based on the classification criteria defined in 1990 and 2010 by the American College of Rheumatology (ACR). The 1990 criteria take into account the presence of widespread pain in at least 3 or the 4 quadrants of the body, for over 3 months duration, together with at least 11 of the 18 tender Points, and the 2010 criteria take into account the presence of widespread pain or over 3 months duration, the non-existence of any other disease which could explain the pain and scores on the Widespread Pain

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