Commentary

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Quality of life and quality of life at work in patients with fibromyalgia: critical points

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Introduction and background

Work Ability (WA) is multidimensional concept; which is related to self- perceptions of physical, mental, and social conditions as a context for questions on issues such as the health, work, and lifestyle of the individual. He is seek to ascertain the balances or imbalances between the worker and the resources available in his occupation, aiming at the best performance of the worker and that it be durable. The evaluations of Work ability are an important part of occupational health management, since it allows the employer and employee to check the positive and negative points related to work, productivity and the role performed by the employee.[2,3]

The worker perception about Quality of Life at Work (QLW) can be related to the range of tasks to be performed at work and their association with the environment. so employers evaluate the possibility of modifying the patterns that impact the best QOL, motivating workers, but this all needs to be applicable and felt by the employee, so that measures that are really sensitive to them are adopted, which makes them get involved and motivate. All efforts must be considered so that motivation and reflection in the economy generate lasting and real results, with a reflection on the training of workers, on safety, on social well-being, in their relationship with managers and in the organizational environment.[4]

Work may be taken as an opportunity to reaffirm self-worth, develop skills, and express emotions, in turn making it an opportunity to build personal history and social identity. However, the work environment can also cause occupational illnesses, affecting the physical and mental health.[5]

Changes in information technology, when used in a rigid sense with an immediate return within the work environment, maintain growth in production, this however, when used in a Taylor-Ford style, in which the principal focus is upon work is in detriment of quality of life.[4]

Quality of Life (QOL) can be defined as an individual's conception of their position in life so that the individual relates his or her culture and values to his or her goals, expectations, standards, and concerns.[1]

The scenario generated by the pandemic of COVID-19 has generated changes in the lives of people around the world and with the potential for future progression. The situations imposed by the pandemic changed the ways of living and working daily, specifically for patients with chronic pain (CP), like Fibromyalgia patients. The impact resulting from the pandemic led to reflexes far beyond physical illnesses, given the number of psychosocial stressors that long periods of social isolation impose, with increased fear of the disease, present uncertainties and future links to work and financial condition. This patients can suffer more and the specific possible possibilities of this situation include: the appearance or worsening of PC as a sequel to the disease or the result of the damage to organisms and attachments linked to the virus; worsening of CP due to exacerbation of previous pain, physical or mental complaints exceeded; and the appearance of PC in patients with negative COVID-19 due to the increased risk factors (depression, sleep, anxiety, inactivity, fear and unsatisfactory sleep).[6]

The CP must be taken in a complex biopsychosocial spectrum, which analyzes the signs and symptoms as the result of the complex and dynamic biological, psychic and social interaction. Other diseases caused by viruses have a history of symptoms such as fatigue, myalgia, as well as specific symptoms of organs and systems, as seen in the H1N1 pandamies (1918 and 2009) and SARS pandemic.[6,7]

Any CP patients can be most powerful symptoms resulting from COVID-19 due to both personal issues and public health. Regular health care can be compromised for an indefinite time, consultants and clinics have their routines changed, some even being closed, the time between consultations and sessions started to be extended, especially for elective and non-urgent consultations as are normally seen by patients with PC.

Also, patients started to stay more at home, afraid to go to the appointments, afraid to travel and fear of exposure in public or private places. (eg, self-help groups, physiotherapists, and psychologists) can have adverse consequences. The purchase and access to medicines can be impaired or even impossible due to the shortage of medicines, when many of them are relocated to the emergency services, which can cause some patients to resort to the abusive use of alcohol or self-medication. Desperate solution to relieve uncontrolled painful conditions.[8,9]

The chain of situations generated by the pandemic is outstanding in the economy and health, and very evident for patients who have jobs, who may lose their jobs and health insurance, overwhelming them with financial insecurity or even poverty. Another situation is the decrease in the practice of physical activities, a fundamental point for the control and treatment of PC, due to the restrictive measures of distance and isolation, in addition to the interruption of the activities of the groups of physical activities, such as those that occur in parks, gyms, health centers and clinics.[9]

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Scientific evidence highlights that the number of stressful situations about the patient is more important than the intensity of the stressor in the future assessment of health changes. There are several concerns, especially for females, among which stand out, unsatisfactory sleep (sleep deprivation time), workload in home office, reduced physical activity and inactivity can trigger various symptoms especially CP and its aggravation.[10]

It is well established that psychological properties with indicators related to post- traumatic stress, confusion and anger. In patients with chronic diseases, this psychological impact may be even higher as these patients suffer added stressors related to their own disease. Patients with fibromyalgia (FM) often have an increase in clinical manifestations of their disease in stressful situations primarily caused by physical or emotional trauma requiring good adaptation mechanisms. In this sense, a stressful situation such as confinement may have increased the severity of clinical manifestations of FM.[11]

A fear of FM patients it's with immunosuppression, but since fibromyalgia doesn't compromise your immune system (primary fibromyalgia, which is the most common form), there is no increased risk for acquiring COVID-19 nor increased risk for mortality from that disease. So secondary fibromyalgia, on the other hand, often occurs in patients with conditions that can affect the immune system, such as lupus, rheumatoid arthritis, or axial spondylarthritis. In this case, your immune system may be suppressed, and you could be considered at a higher risk for COVID-19, especially if you have additional co-occurring health conditions, such as heart disease, lung disease, or diabetes.[10]

In a cohort study with 93 FM patients, founded that rigid social isolation through the COVID-19 pandemic takes a damaging influence on FM patients. This mainly depends on how patients deal with their disease, without any real injury to the clinical indicators.[11]

In a study carried out a 10-day online survey with 58 female participants, diagnosed with FM pain increased with COVID-19 anxiety during the pandemic. It's found that participants were most often anxious about *"impact on relationships", "a family member contracting COVID-19"*, and *"financial hardships"*, but on average rated *"financial hardship", "access to medication"*, and *"home loss/ eviction"* as evoking the strongest anxiety. Mixed-effects modelling showed that an increase in pain was significantly associated with an increase in anxiety, when considering individual variance and daily caffeine intake. Age and intake of some mild analgesics were also linked to stronger pain. This relationship was mediated by individual differences and intake of certain medication, such as OTC analgesics and NSAIDs, together with caffeine consumption. These findings indicate that mental health decline as a result of the COVID-19 pandemic coincides with worsening of the physical wellbeing in chronic pain sufferers.[12]

The study with 287 Patient's FM symptoms degenerated following the onset of the pandemic, with fourteen patients experiencing relevant clinical worsening and only eight patients experiencing significant clinical improvement in FM symptoms. Interestingly, the patients who enhanced articulated more pandemic-related challenges, perhaps suggesting that insight into one's challenges is key to healthy coping. Further investigation is required to identify risk issues and protective factors for SLE patients in the setting of the COVID-19 pandemic.[13]

In view of the evidence and peculiarities of patients with fibromyalgia, it is known that exacerbation of symptoms impacts patients with FM WA. The jobs are activities that most physically demanded from employees are the ones that generate the most complaints and painful disorders and are considered the most harmful for WA.

Thus, employees who have FM defined from a careful and balanced analysis in order to manage the risk of excessive use of specific muscle groups and joints, in this sense, it can also be suggested changes in functions, in working time and in the administration of the short, medium and long term work. In this sense, employers, in how direct managers make it possible for workers with FM to manage their own risk at work. However, surveys involving FM and WA are rare and places of most attention.[1]

Finals considerations

Considering that the capacity for work can be synthesized in seven dimensions,[15] which are the capacity for current work and compared to the best of all life, capacity for work in relation to the demands of work, current number of diseases self- reported and diagnosed by a doctor, estimated loss to work due to illness, absence from work due to illness, own prognosis about work ability and mental resources; and reflecting on the findings pointed out in this study, it is inferred that of the seven dimensions at least six (the capacity for current work and compared to the best of all life, capacity for work in relation to work requirements, current number self-reported and doctor-diagnosed illnesses, estimated loss to work due to illness, own prognosis about work ability and mental resources) are considerably more affected in patients with fibromyalgia during the pandemic.

Assuming that the ability to work is directly related to QOL,[1] it is also inferred that it is impaired in this group of patients in all four domains (physical, psychological, social and environmental relations).

Fibromyalgia patients have aspects inherent to the disease that may predispose them to suffer more from the pandemic and periods of social isolation and lockdown, in this sense the psychological aspects become affected and the pain, the alteration of sleep and the lack of physical activity they can be more evident, thus, consequently their productive and work capacity can be impaired which can also generate a negative cycle of pain / anxiety-decrease in productivity-pain / anxiety. In this sense, patients and employers must pay special attention to social / health support and avoid the emergence of this cycle.

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Conflicts of interest

The author declares there is no conflict of interest.

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