

The frequency of Fibromyalgia Syndrome in lipoedema and its effects on anxiety, depression and quality of life

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Introduction: Lipoedema and fibromyalgia syndrome (FMS) are both characterised by localised pain in soft tissue and both conditions are more frequently seen in middle-aged women¹. The aim of this study was to determine the frequency of FMS in patients with lipoedema and to evaluate the effects of FMS on anxiety, depression and quality of life (QoL) in this patient group.

Method: Patients with lipoedema were invited to participate in a Survey-Monkey questionnaire (according to inclusion and exclusion criteria) which was announced on the Facebook page of lipoedema patient community. The demographic and clinical properties including age, BMI, education, marital status, types and stage of lipoedema were collected. Presence of fibromyalgia was assessed by the questions based on ACR 2016 FM diagnostic criteria². The Hospital Anxiety and Depression Scale (HAD) and Short Form-12 (SF-12) were used to assess the anxiety and depression, and QoL respectively. The demographic and clinical characteristics, as well as anxiety/depression level and QoL of lipoedema patients were evaluated in regard to presence (Group 1) and absence (Group 2) of FMS.

Results: 354 participants with a mean age of 43.18 ± 9.53 years and BMI of 30.61 ± 6.86 were included. Majority of them were married and had university education. Most of the patients had types 1, 2 and commonly stage 1 and 2 lipoedema. 124 patients (35%) satisfied FMS criteria. The demographic characteristics-except pain intensity were similar between the groups. The mean anxiety and depression scores of Group 1 were significantly higher compared to Group 2 (13.11 ± 4.2 vs 9.87 ± 4.65 , 10.23 ± 3.79 vs 8.26 ± 4.15 , respectively, $p < 0.001$). The mental and physical subgroup scores of SF-12 (35.37 ± 8.59 vs 42.55 ± 10.15 , 35.27 ± 8.49 vs 40.38 ± 11.36 respectively) were significantly lower in Group 1 than in Group 2 ($p < 0.001$).

Conclusion: More than every 3 lipoedema patient may have FMS. This comorbidity may increase depression and anxiety and impair quality of life. Therefore, FMS must be kept in mind especially in assessment of painful lipoedema patients in order to decrease anxiety/depression and enhance the QoL of them.

References

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