

The association of stigma with disease variables in patients with fibromyalgia (FM)

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Background: Stigma, defined as social devaluation of an individual, can be an important stressor for chronic pain patients [1]. Not every condition is stigmatized. A relevant factor for illness stigmatization seems to be whether the cause is mental-behavioural or physical. Chronic pain is often regarded as an imaginary illness or caused by psychological problems [2]. Sources of stigma for chronic pain patients are perceived negative attitudes from family members, the general public, and physicians [1].

Objectives: To assess perceived stigma and the associations with disease variables in a cohort of patients with FM.

Methods: We invited 18 FM self-help groups in Germany to participate anonymously in our survey. We sent the survey battery to 192 potential participants via postal mail. To measure perceived stigma, we used the Chronic Pain Stigma Scale (CPSS) developed by Reed [3], which has 30 items and 3 subscales (public, physicians, family). We also assessed sociodemographic characteristics, disease related variables (e.g., pain, stress, depression, anxiety), and other health-related factors, including health related quality of life [Healthy Days Core Module (CDC HDQOL-4)], disease specific impact (FIQ), fear avoidance belief questionnaire (physical activity subscale) (FABQ-PA), pain catastrophizing scale (PCS) and pain self-efficacy questionnaire (PSEQ).

Results: In total 162 FM patients participated (84% response rate). Their mean age was 58 years (SD=10), 84% (N=135) were female. Highest level of education was: Elementary School 29%, Junior High School 35%, High School 15%, College 12%, and other 10%. Duration of chronic pain was 18.2 years (SD=12.0). There was no significant gender difference in the stigma subscales, nor was there an association with duration of chronic pain. Table 1 presents the significant Pearson correlations.

	CPSS-public	CPSS-physician	CPSS-family
Regional pain scale	ns	.19*	.20*
VAS pain today	ns	ns	Ns
FIQ	.20*	.16*	.22**
HADS-anxiety	.37*	.20*	.24*
HADS-depression	.41**	.16*	.25**
CDC-HDQOL-4			
General health	.19*	.18*	.22**
Physical health	.19*	ns	ns
Mental health	.20*	ns	.21*
Impairment	.24*	ns	ns
Perceived stress scale	.44**	.24**	.37**
FABQ-PA	ns	-.17*	ns
PCS	.21*	ns	ns
PSEQ	.19*	ns	.18*

Table 1: Correlations of CPSS stigma subscales with health variables. * $<.05$; ** $<.01$; ns=not significant.

Conclusions: Perceived stigma in our FM patient cohort has an important impact on a variety of different disease variables including mental and general health, physical functioning, and on pain coping. Stigmatizing attitudes perceived from the general public exhibited the greatest association with most variables in our chronic pain patients. Perceived stigma from physicians and the family were also related to negative disease consequences in our FM patients. To conclude, we assert that assessing and addressing multi-source perceived stigmatization in routine clinical care may improve the management and wellbeing of patients with FM.

References:

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