

SELECCIÓN DE ESTUDIOS FIBROMIALGIA Y SÍNDROME DE FATIGA CRÓNICA PUBLICADOS EN ABRIL 2.011

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Brigham and Women's Hospital, 75 Francis Street, PBB-B3, Boston, MA 02115, USA. ylee9@partners.org. Arthritis Res Ther. 2011 Apr 28;13(2):211. [Epub ahead of print] PMID: 21542893

El dolor es un componente clave de la mayoría de las enfermedades reumatológicas. En la FM, la importancia de los mecanismos de dolor del sistema nervioso central (por ejemplo, pérdida de la actividad analgésica descendente y la sensibilización central) están bien documentadas. Unos pocos estudios también han denotado alteraciones en el procesamiento del dolor central en la artrosis, y algún dato, incluyendo la observación de la sensibilidad al dolor generalizada, sugiere que defectos del procesamiento del dolor central pueden alterar la respuesta al dolor en los pacientes con artritis reumatoide.

Cuando se identifica el dolor central, puede que las diferentes clases de analgésicos (por ejemplo, Inhibidores de la recaptación de serotonina-adrenalina, ligandos $\alpha 2\delta$) sean más efectivas que los medicamentos que tratan el dolor periférico y nociceptivo (por ejemplo, antiinflamatorios no esteroides y opioides.).

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Comportamiento estar despierto - dormir en SFC.

Sleep-wake behavior in chronic fatigue syndrome. Rahman K, Burton A, Galbraith S, Lloyd A, Vollmer-Conna U. Sleep. 2011 May 1;34(5):671-8. PMID: 21532961

OBJETIVOS: Las alteraciones del reloj biológico interno se manifiestan en forma de fatiga, baja concentración y alteraciones de los síntomas del sueño de SFC y sugiriendo el papel de alteraciones del ritmo circadiano en el SFC. Examinamos los patrones circadianos de actividad, sueño y secreción de cortisol en pacientes con SFC.

DISEÑO: Estudio de control de caso, se observa el comportamiento durante 5 días. Entorno natural/en el hogar. 15 pacientes con SFC y 15 sujetos sanos. Se utilizaron cuestionarios para obtener el historial médico y la información demográfica y evaluar salud, síntomas somáticos y psicológicos y calidad del sueño. Un acelerómetro actiwatch registraba la actividad y los patrones del sueño durante 5 días con actividad y con registro de síntomas. Se midió la secreción diurna de cortisol salival. Además, se monitorizaba el pulso cardiaco durante la noche y se evaluaba la sensibilidad al dolor.

RESULTADOS: Las puntuaciones de síntomas, incapacidad, alteración del sueño y sensibilidad al dolor eran mayores en pacientes con SFC. No se encontraron diferencias entre los grupos en el patrón o la cantidad de sueño, las actividades y la secreción de cortisol. Los niveles de actividad en la tarde incrementaban significativamente la fatiga por la noche en los pacientes pero no en los sujetos control. Se identificó la baja variabilidad cardiaca nocturna como correlación biológica de sueño no reparador.

CONCLUSIONES: No encontramos evidencia de alteraciones del ritmo circadiano en SFC. Sin embargo el papel de la actividad autonómica en la experiencia del sueño no reparador justifica una evaluación posterior. La relación entre síntomas y la actividad modelada aquí es relevante desde un punto de vista clínico en el abordaje del manejo de las actividades y los síntomas para tratar el SFC.

RESULTADOS: el nivel en suero de la 25-OH-D aumentaba de manera significativa de 71.3 +/- 26.6 nM a la llegada hasta 89.3 +/- 23.2 nM antes de marchar. Ajustado a los niveles iniciales de dolor y severidad de enfermedad, se observó una directa correlación entre el incremento del nivel en suero de 25-OH-D y la reducción del dolor y de la severidad de la enfermedad.

CONCLUSIONES: la climatoterapia en el Mar Muerto induce a cambios significativos de la vitamina D. El aumento del nivel en suero de 25-OH-D está asociado con la reducción del dolor musculoesquelético y de la severidad de la enfermedad.

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Visión global revisiones sistemáticas de la medicina complementaria y alternativa para la FM.

An overview of systematic reviews of complementary and alternative medicine for fibromyalgia. Terry R, Perry R, Ernst E. *Complementary Medicine, Peninsula Medical School, University of Exeter, Exeter, UK, rohini.terry@pms.ac.uk. Clin Rheumatol. 2011 May 26. [Epub ahead of print] PMID: 21614472*

La mayoría de las personas con FM utilizan variedad de intervenciones complementarias o de medicina alternativa (CAM) para tratar y manejar sus síntomas. El objetivo de esta visión global era evaluar de manera crítica todas las revisiones sistemáticas de intervenciones CAM simples para tratar la FM. Cinco revisiones sistemáticas cumplían los criterios de inclusión y evaluaban la efectividad de homeopatía, quiropraxia, acupuntura, hidroterapia y masaje.

Las revisiones encontraron cierta evidencia de efectos beneficiosos de acupuntura, homeopatía, hidroterapia y masaje, pero no de efectos terapéuticos de intervenciones de quiropraxia para tratar los síntomas de la FM.

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FM y dolor neuropático – diferencias y similitudes.

Fibromyalgia and neuropathic pain - differences and similarities. A comparison of 3057 patients with diabetic painful neuropathy and fibromyalgia. Koroschetz J, Rehm SE, Gockel U, Brosz M, Freynhagen R, Tolle TR, Baron R. *BMC Neurol. 2011 May 25;11(1):55. [Epub ahead of print] PMID: 21612589*

ANTECEDENTES: pacientes con neuropatía diabética (DPN) y con FM difieren de manera substancial respecto los factores patogénicos y en la distribución espacial del dolor percibido. Cuestionamos si, a pesar de estas diferencias obvias, existen similares quejas sensoriales anormales y calidades del dolor en ambas enfermedades. Postulamos que similares síntomas sensoriales pueden estar asociados con similares mecanismos de generación del dolor. Los objetivos eran (1) comparar características epidemiológicas y comorbilidades y (2) identificar similitudes y diferencias de síntomas sensoriales en ambas enfermedades.

MÉTODOS: mediante cuestionarios comparamos los datos epidemiológicos y los síntomas sensoriales de 1434 pacientes con FM y 1623 pacientes con neuropatía diabética dolorosa.

RESULTADOS: Se encontraron significativas diferencias de comorbilidades (depresión y alteración del sueño) entre ambas. Los pacientes de ambas enfermedades eligieron descriptores muy similares para caracterizar sus percepciones sensoriales. Estaban presentes

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Date: April 20, 2011

Plataforma Nacional para FM, SFC, SSQM – reivindicación de derechos. www.plataformafibromialgia.org

URL: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>

Topic=((chronic fatigue) OR (myalgic encephalomyelitis)) OR fibromyalgia

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