Chronic Pain and Psychiatric Comorbidities in Fibromyalgia and Temporomandibular Disorders: A Systematic Review

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#### **Affiliations and Disclosures**

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- Previously employed by, PinneyAssociates (2014-2018), a consulting firm that provides scientific and regulatory advice to pharmaceutical industry (risk management, abuse liability OTC switch) and tobacco companies (vapor products only/harm reduction).

#### **Background – Index Disorders**

- Fibromyalgia (FM)
  - Musculoskeletal pain disorder often including widespread muscle pain and tenderness
    - **Diagnosis**: American College of Rheumatology (ACR; Wolfe et al., 2011; Arnold et al., 2019)
    - Prevalence: 0.2 to >11% (estimates can vary considerably; Marques et al., 2017)
    - Gender differences (Wolfe et al., 2018)
- Temporomandibular Disorders (TMD)
  - Orofacial pain disorder involving the temporomandibular joint
    - **Diagnosis**: Research Diagnostic Criteria (RD; Schiffman et al., 2014)
    - Prevalence: 5 to 12% (NIH, 2019)

# Background – Index Disorders and Central Sensitization

Assessment and manifestations of central sensitisation	L. Arendt-Nielsen et al.
Pelvic pain/ Postoperative Primary interstitial Endometriosis chronic pain dysmenorrhea cystitis Vulvodynia	
Chronic fatigue syndrome. Chronic Pancreatitis	
Restless legsIBSPost traumaticCentralisedIBSchest pain.	
stress disorder Sensitisation TTH/CTTH	
Whiplash Migraine	
FibromyalgiaMyofascialNeurogenicMultiplepain syndrome	
Osteoarthrosis pain Rheumatoid CLPB chemical Shoulder impingement arthritis sensitivity syndrome	

## **Background – Comorbid Disorders**

- FM and TMD are overlapping conditions that share many key symptoms (generalized pain, bowel complaints, headache; Aaron et al., 2000; Plesh et al., 1996)
- Why examine comorbidities?
  - Better understand the patient experience:
    - patient symptoms and pain perception
    - disability and reduce quality of life
  - Inform diagnosis of index disorder (e.g., FM or TMD)
  - Examine shared etiological pathways across conditions
  - Refine treatment approach

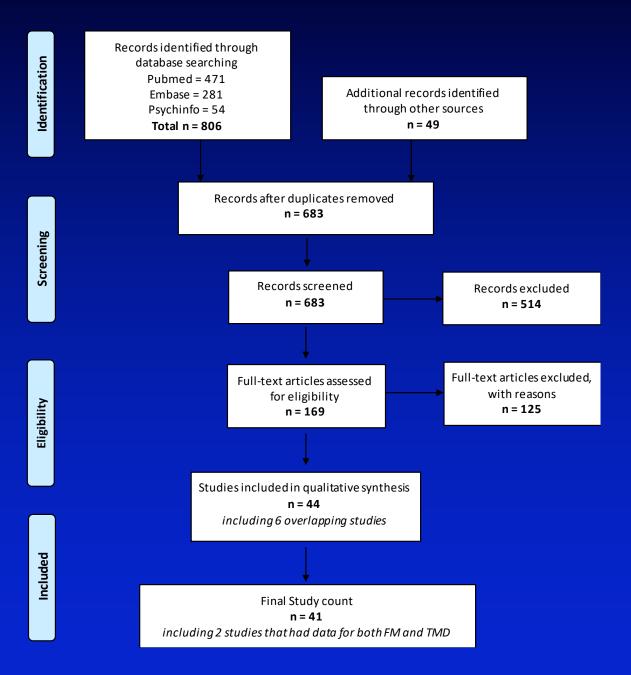
# Objectives

- Provide overview of published literature examining chronic pain and psychiatric comorbidities in FM and TMD
- Determine the incidence and/or prevalence of these comorbidities in FM and TMD

#### Methods

- Systematic Review Search Strategy
  - PROSPERO registration #CRD42019133249
  - PubMed, PsychInfo, and Embase databases search through April 27, 2019.
    - Search terms: (fibromyalgia or temporomandibular disorders) AND (comorbidity or comorbid) AND (incidence or prevalence or cross-sectional or cohort) AND (psychiatric or mental health disorder or chronic pain)
- Inclusion criteria
  - Criteria-based diagnosis of FM (ACR) and TMD (DC)
  - Psychiatric outcomes Mood, Anxiety, Personality disorders diagnosed via structured interview using a standardized assessment tool (Løge-Hagen et al., 2019)

#### **PRISMA Flow Diagram**



#### **Excluded Studies (N = 125)**

- Diagnostic criteria did not meet standards (75% of studies excluded: 95 studies)
  - Self-report of psychiatric disorders (47 studies)
  - FM not diagnosed with ACR criteria (33 studies)
  - TMD not diagnosed with RDC criteria (15 studies)
- Prevalence/incidence of chronic Pain/Psychiatric disorders not assessed (15 studies)
- Not a research study/not English/FM or TMD not assessed (14 studies)
- TMD diagnosis acute only (1 study; Lorduy et al., 2013)

# **Overview of Studies (N = 41)**

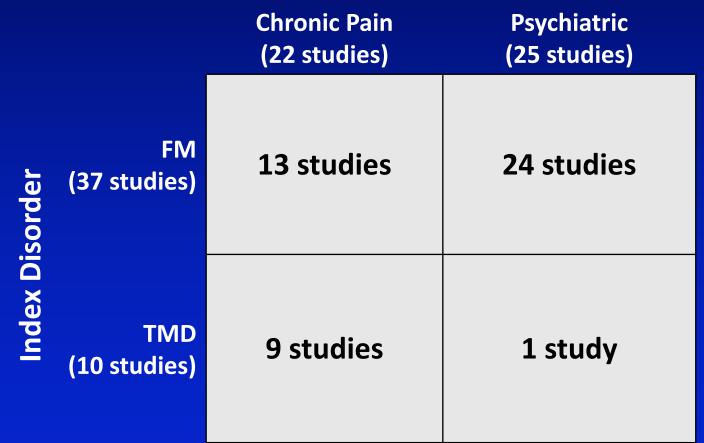
- Study design: cross-sectional
  - Some studies were cohort studies that compared the index disorder group to a control, non-FM/TMD group
  - Only cross-sectional data were included from FM/TMD group
- Publication years
  - 1992 to 2018
- Study locations
  - US (14)
  - Italy (10)
  - Brazil (4)
  - Turkey (4)
  - Other countries: Canada, Germany, Israel, Norway, Saudi Arabia, Spain, and Sweden

#### **Overview of Study Participants**

- Participants were recruited from outpatient clinic settings (convenience sampling – a subset were consecutive sampling)
- Sample size
  - 22 to 77,087 (median = 100)
- Mean participant age
  - Adults 33 to 58 years (median = 47.2)
- Gender
  - 40/41 studies women were majority
  - Nearly half of studies included only women (n=18)
- Disease duration
  - 3.9 to 11.43 years (median = 7.72)

#### **Overview of Results**

#### **Comorbid Disorder**

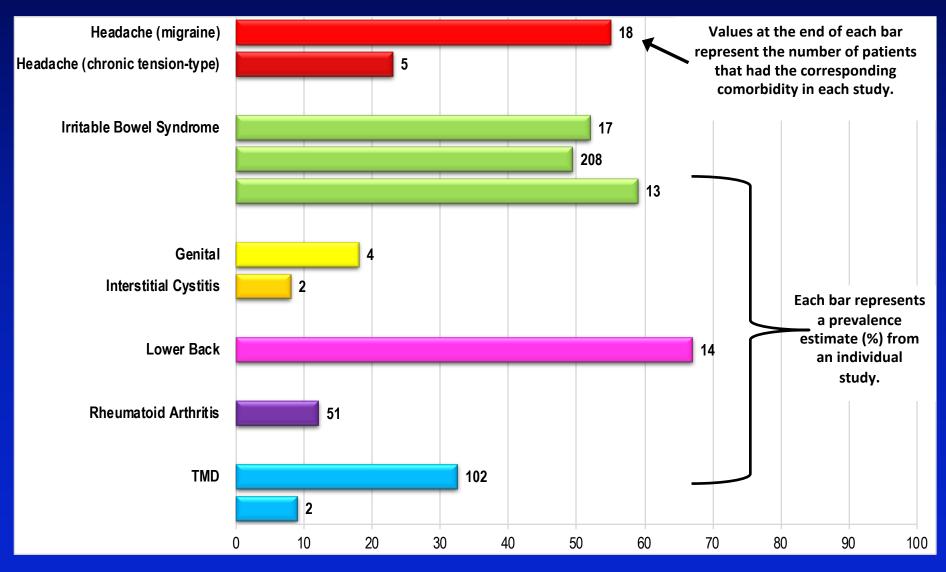


Study counts across cells do not total 41 due to overlapping study data sets (6 studies) and the inclusion of both FM and TMD patients in 2 studies (Aaron et al., 2000; Plesh et al., 1996).

#### **FM and Chronic Pain Comorbidities**

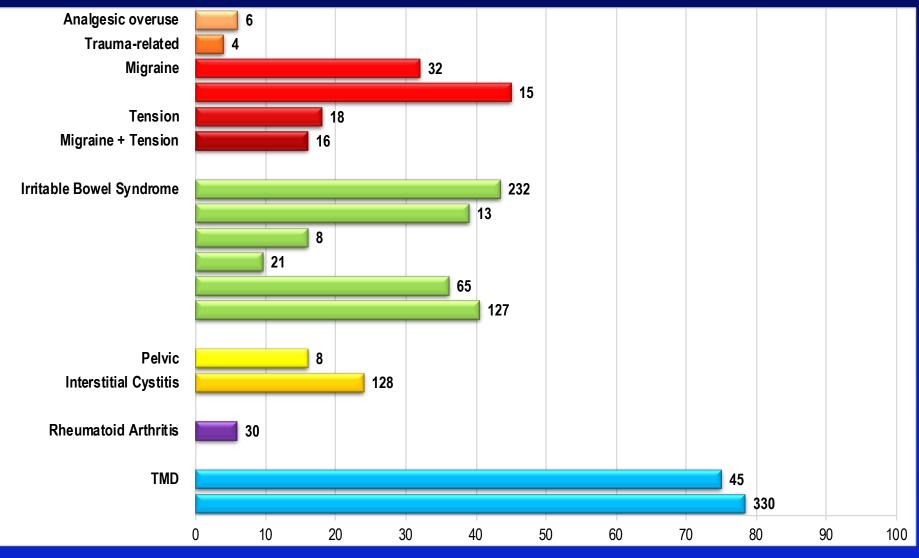
		Comorbid Disorder				
		Chronic Pain	Psychiatric			
sorder	FM	13 studies	24 studies			
Index Disorder	TMD	9 studies	1 study			

# FM and Chronic Pain Lifetime Prevalence (4 studies)



Percentage (%)

# FM and Chronic Pain Current Prevalence (10 studies)

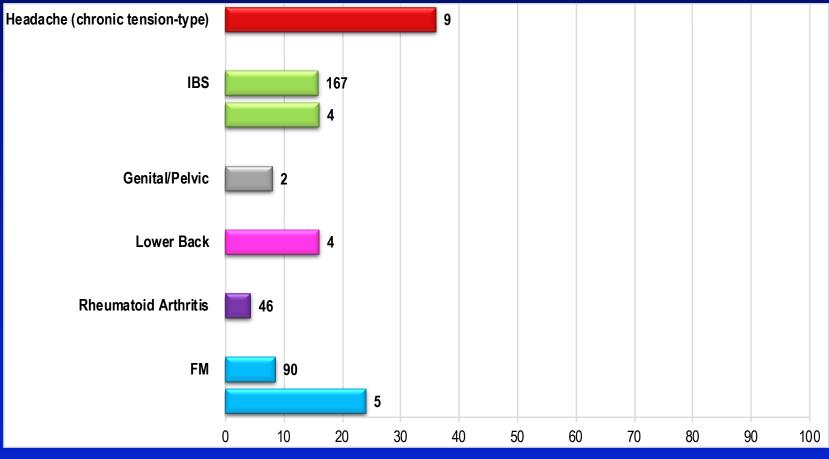


Percentage (%)

## **TMD and Chronic Pain Comorbidities**

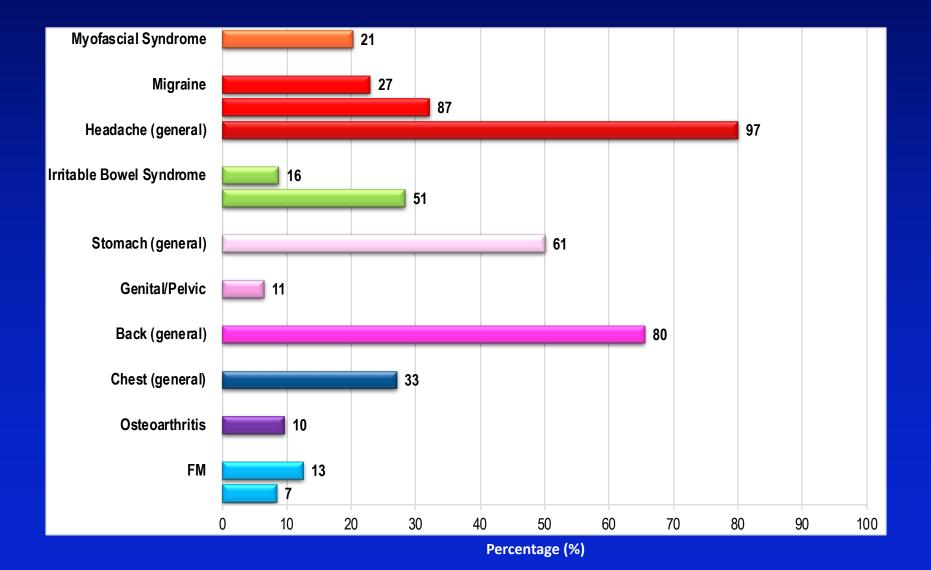
		Comorbid Disorder Chronic Pain Psychiatric					
sorder	FM	13 studies	24 studies				
Index Disorder	MD	9 studies	1 study				

# TMD and Chronic Pain Lifetime Prevalence (2 studies)



Percentage (%)

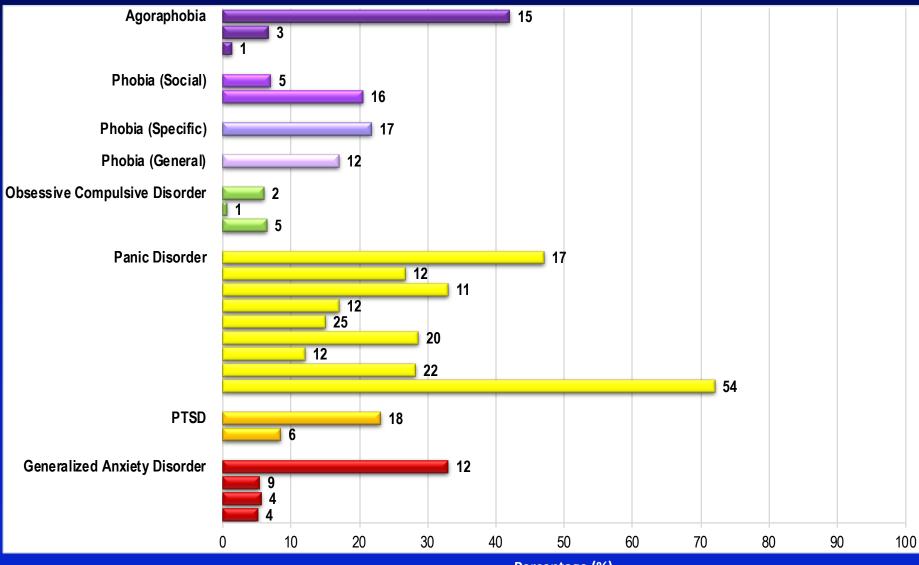
# TMD and Chronic Pain Current Prevalence (7 studies)



# **FM and Psychiatric Comorbidities**

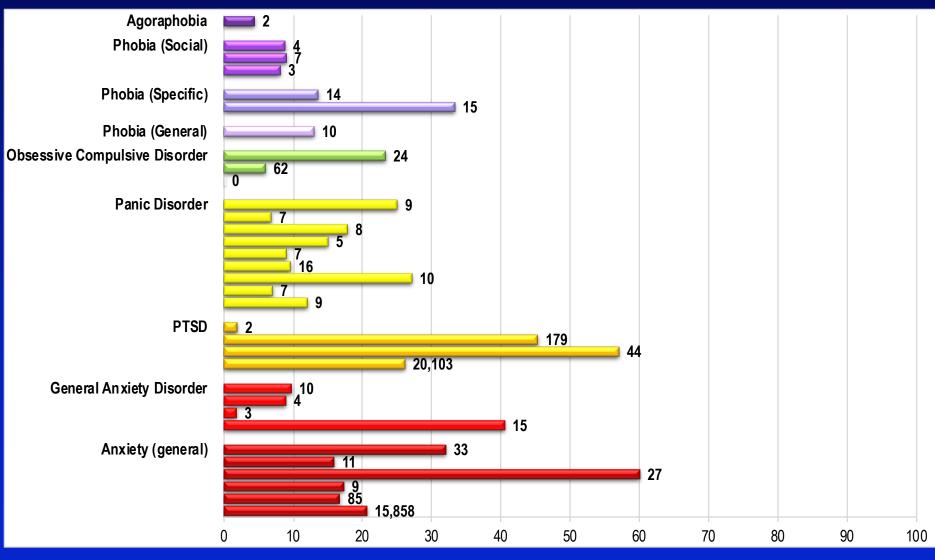
		Comorbid Disorder				
		Chronic Pain	Psychiatric			
Index Disorder	FM	13 studies	24 studies			
	TMD	9 studies	1 study			

## FM and Anxiety Disorders Lifetime Prevalence (10 studies)

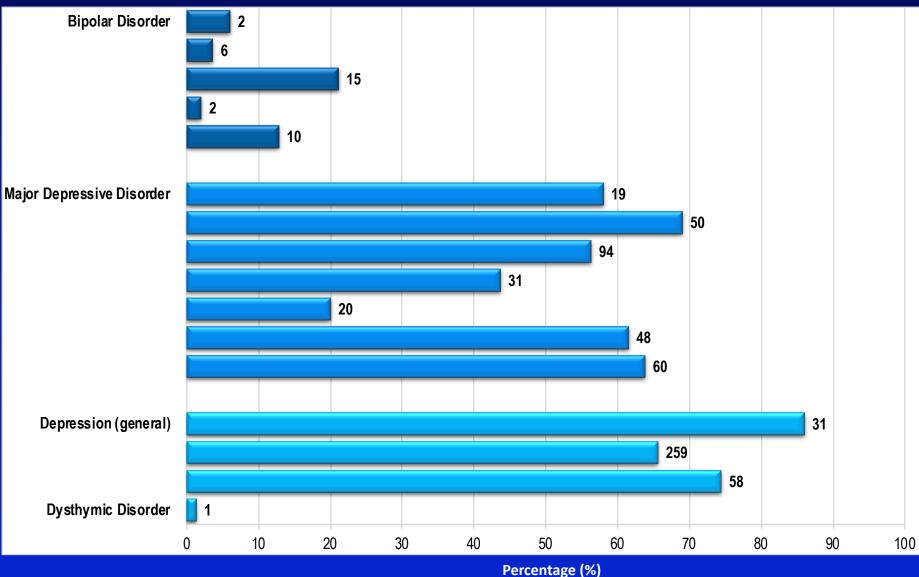


Percentage (%)

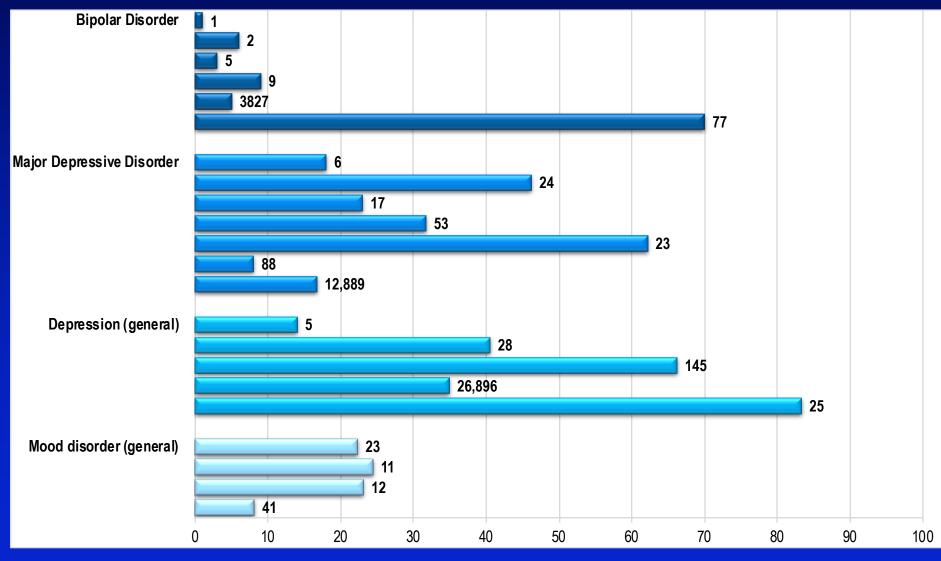
### FM and Anxiety Disorders Current Prevalence (16 studies)



# FM and Mood Disorders Lifetime Prevalence (15 studies)



# FM and Mood Disorders Current Prevalence (15 studies)



Percentage (%)

#### **TMD and Psychiatric Comorbidities**

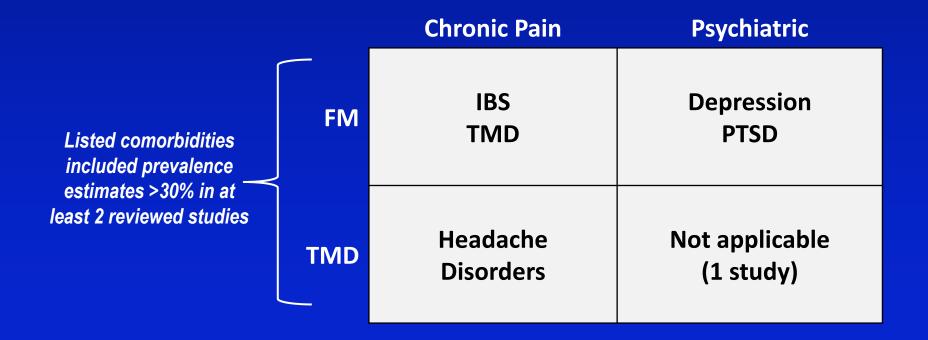
		Comorbid Disorder				
		Chronic Pain	Psychiatric			
Index Disorder	FM	13 studies	24 studies			
	TMD	9 studies	1 study			

## TMD and Psychiatric Disorders-Prevalence 1 study

- Nifosi et al., 2007 (N=63) assessed current psychiatric comorbidities:
  - GAD 9.5% (n=6)
  - MDD 17.5% (n=11)
  - Panic Disorder 6.3% (n=4)

#### **Summary of Findings**

- All 41 studies cross-sectional and included adult patients from outpatient clinics
- Most included women in middle-age and focused on FM (n=37) rather than TMD (n= 10)



#### Limitations

- Small (41) number studies on prevalence (none on incidence).
- Potential for selection bias (sample size 100 or less for most studies, patients recruited through convenience sampling)
  - Methodological trade-off: large sample, population-based studies with less specific diagnostic criteria not included
- All or majority of studies focused on women and FM
  - Women tend to report more health symptoms
  - Number of men diagnosed with FM might be higher than previously thought (Wolfe et al., 2018)
- Shifting prevalence rates over time due to evolving diagnostic criteria over last ~30 years (see Arnold et al., 2019)?

#### **Additional Considerations**

- Juvenile FM (Yunus and Masi criteria; Ting et al., 2016)
- Temporal order of co-occurring index and comorbid conditions
- Known relationships between comorbidities (e.g., anxiety and depression; Valtri et al., 2012)
- Sleep-related comorbidities
  - Sleep issues a key symptom of FM (Arnold et al., 2019)
  - Two systematic reviews have examined sleep quality and FM or TMD (Keskindag & Karaaziz, 2017; Veiga et al., 2013)

#### Special thanks to to my invaluable co-reviewers!

Dr. McKenzie Ferguson (Southern Illinois University Edwardsville School of Pharmacy)

Dr. Ewan McNicol (Pharmacy Practice, MCPHS University)

# **Overview of Included Studies (N=41)**

	First author	Year	Sample size	Dates of data collection		First author	Year	Sample size	Dates of data collection
1	Aaron Aaron	2000 (FM) 2000 (TMD)	22 25	Jan 1993-Sept 1994 Jan 1993-Sept 1994	21 22	Epstein Genc	1999 2011	73 50	1994-1995 (months NR) NR
2	Aguglia	2011	30	June - Dec 2007	23	Goncalves	2011	271	NR
3	Al-Harthy	2017	122	NR	24	Gündüz	2018	52	Feb 2014-May 2014
4	Alciati	2017	94	May 2010-2011	25	Hauser	2013	395	Feb 2012-July 2012
5	Alciati	2016	75	May 2010-2011	26	Hudson	1992	33	N/R
6	Alciati	2012	110	May 2010-2011	27	Jordani	2017	159	May 2013-Dec 2013
7	Arnold	2006	78	Sept 1999 -April 2002	28	Kurland	2006	105	2002-2003(9 mos)
8	Arout	2018	77087	Oct 2011-Sept 2011	29	Malt	2000	45	NR
9	Bazzichi	2010	314	NR	30	Marcus	2005	100	NR
10	Bazzichi	2013	100	NR	31	Melo Santos	2011	69	June 2006-Sept 2008
11	Bernatsky	2005	180	NR	32	Nifosi	2007	63	NR
12	Bilge	2018	509	Jan 2012-Aug 2016	33	Ohrbach	2011	185	May 2006-Nov 2008
13 14	Brooks Burris	2015 2010	219 1060	2009-2010 (months NR) Oct 1997-Nov 2007	34	Plesh (FM) Plesh (TMD)	1996 1996	60 39	NR NR
15	Calandre	2011	421	NR	35	Ribeiro	2004	146	Aug 2001-Dec 2001
16	Carta	2006	37	NR	36	Rodriguez- Rodriguez	2015	536	NR
17	Carta	2018	71	March 2015-July 2015	37	Ross	2010	76	NR
18	Ablin	2008	77	NR	38	Thieme	2004	115	NR
19	Consoli	2012	167	NR	39	Uguz	2010	103	NR
20	Dahan	2016	180	NR	40	Walker	1997	36	Jan 1994-May 1994
					41	Wright	1997	104	May 1995-May 1996