



IMPACT OF FIBROMYALGIA ON GESTATION: A SYSTEMATIC REVIEW

Marcos André Pereira (UNIVERSIDADE FEDERAL DO CARIRI, BARBALHA, CE, Brasil), Pedro Henrique Mendes Brandine (UNIVERSIDADE FEDERAL DO CARIRI, BARBALHA, CE, Brasil), Esther Barbosa Gonçalves Felix (UNIVERSIDADE FEDERAL DO CARIRI, BARBALHA, CE, Brasil), Patrícia Andrade de Macedo Melo (UNIVERSIDADE FEDERAL DO CARIRI, BARBALHA, CE, Brasil)

BACKGROUND

Fibromyalgia (FM) is a common disease in the general population (2 to 5%) and has increased its prevalence in pregnant women. Patients with FM tend to present several risk behaviors for pregnancy, such as alcohol, tobacco and other drugs. A possibly higher incidence of comorbidities during gestation, such as gestational diabetes, placental abruption and premature birth has been considered, allied to psychiatric illness and a decreased pain threshold. Therefore, it is necessary to identify the most striking aspects of the disease in pregnancy, especially because it affects more women (9: 1) of childbearing age (20 to 50 years).

MATERIALS AND METHODS

Systematic review of from January 1, 2010 to June 2, 2019, in the SCOPUS database, using "Fibromyalgia" (MeSH) and "Pregnancy" (MeSH) as descriptors. A total of 61 articles were found, of which 11 were excluded for not addressing the topic.

RESULTS

FM and its behavioral risk factors are fundamental for an adverse outcome of pregnancy. Because of anxiety, these patients usually present binge eating and addiction to various substances, mainly tobacco and alcohol, as well as the lack of physical exercise due to intolerance to pain and permanent fatigue. In addition, patients with FM have a considerable increase in serum cortisol due to constant stress. Since it is a hyperglycemic hormone, cortisol, along with behavioral factors, can increase the incidence of gestational diabetes in patients with FM, and also be able to cause changes in the fetus nervous system development. This hormone can also changes the immune status, with increased neutrophils, reduced B lymphocytes and altered T lymphocyte function. In addition, pregnant women with FM are 5 times more likely to develop venous thromboembolism than pregnant women without the disease. Pregnancy is a state of natural hypercoagulability and FM worsens that picture due to chronic pain, depression and other comorbidities. With the increase in the potential and duration of peripheral pain stimuli, along with the increase of excitatory neurotransmitters like substance P and glutamate at the spinal level, women with FM experience more exuberant pain in normal birth and increase of cesarean deliveries.

CONCLUSION

It become evident that FM influences the course and outcome of pregnancies indicating the need for further investigation on that matter.