

Introduction

Background:

Somatosensory amplification and health anxiety are implicated in patients with fibromyalgia (FM)¹. Somatosensory Amplification and its relationship to health anxiety can be measured by Somatosensory Amplification Scale (SASS)² and Illness Behavior Questionnaire (IBQ)³. Health care utilization is higher for FM and it is important to understand somatic symptom attribution and illness behavior in FM. This study measures Somatosensory amplification and its relationship to health anxiety in FM.

Methods

Methods:

In this IRB approved prospective survey, FM patients completed self-reported questionnaires SSAS, and IBQ. SSAS is a 10-item assessment of the tendency to experience a somatic sensation as intense, noxious, and disturbing. IBQ consists of 62 yes or no questions assessing patient’s attitudes, ideas, affects, and attributions concerning their illness. The overall scores were calculated as simple arithmetic sums of all corresponding survey items for each respective survey. Whiteley Index of Hypochondriasis of IBQ is associated with 14 questions and Psychological vs. Somatic perception of illness associated with 5 questions. These scores were compared with SSAS. A retrospective chart review of FM patients was conducted and number of diagnosis in each FM patient's problem list were identified. Following co-morbidities were looked for: Category 1: Irritable Bowel Syndrome, Chest pain (unexplained), Cervicalgia, Somatization disorder, Unexplained pelvic pain and Category 2: Chronic pain

Results

Overall (n = 25), Gender, female n=,22 male n=,3 mean age, 52.5 years, SSAS Overall Score, Median (IQR) 32.00 (29.00 – 36.00). IBQ Overall Score, Median (IQR) 34.00 (30.00 – 42.00) (Table 1). Correlation with SSAS: SSAS score ≤ 30, n=9, mean score 25.22, Whiteley Index of Hypochondriasis mean 6.11, Psychological vs. Somatic perception of illness mean 1.88. SSAS score ≥ 30, n=16, mean score 34.81, Whiteley Index of Hypochondriasis mean 10.12, Psychological vs. Somatic perception of illness mean 3.12. There was a 65.63% increase in Whiteley Index (6.11 to 10.12), and a 65.96% increase in Psychological vs. Somatic perception (1.88 to 3.12) (Table 2).
Mean number of diagnosis in problem list: SASS ≤ 30: 29.5, SASS ≥ 30: 34.9. Chart review: n=50, Average category 1 was 1.3 and average category 2 was 0.98.

Table 1:

Demographics	Total n =25	
	Female	Male
Gender	22	3
Average age	52.5	
	SSAS Overall Score	IBQ Overall Score
Median	32 (29-36)	34 (30-42)

Table 2:

	Mean Number of Diagnosis in Problems List	Whiteley Index	Psychological vs. Somatic Perception
SSAS Score ≤30	29.5	6.11	1.88
SSAS Score ≥30	34.81	10.12	3.12
% Increase (≤30 to ≥30)	18	65.53	65.96

Discussion

Discussion: Health anxiety and somatic perception were higher in patients with high SASS and had higher number of diagnosis in patient problem list. As SSAS scores over 30 is a somatization trait, FM patients with SSAS 30 and above could be related to higher score on health anxiety part of IBQ.

Conclusion: SSAS could be an useful tool in assessing somatic symptom attribution and health care utilization in fibromyalgia. Studies are needed to see if higher SSAS score lead to increased health care utilization.

References

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- 2.Barsky AJ et al. The Somatosensory Amplification Scale and its relationship to hypochondriasis. *J Psychiatr Res* 1990; 24:323-34. 31.
- 3.Prior K N, Bond M J. The measurement of abnormal illness behavior: toward a new research agenda for the Illness Behavior Questionnaire. *J Psychosom Res.* 2008;64(03):245–253