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Understanding Fibromyalgia in Occupational Health: Evaluating Fitness for Work and Workplace Adaptations

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Abstract: ***Fibromyalgia is a complex, chronic pain disorder marked by fatigue, unrefreshed sleep, cognitive challenges, and mood fluctuations. This narrative review examines fibromyalgia from an occupational health perspective, emphasizing the role of the occupational physician in diagnosis, workplace accommodation, and worker support. Drawing on international literature, the review outlines how tailored work adjustments, early interventions, and collaborative strategies between workers and employers can foster sustainable work participation.***

Keywords: Fibromyalgia, occupational medicine, work ability, workplace accommodation, chronic pain

1. Introduction

Fibromyalgia (FM) is the most common cause of chronic widespread musculoskeletal pain, often accompanied by fatigue, cognitive disturbance, psychiatric symptoms, and multiple somatic symptoms [1,2]. The etiology of the syndrome is unknown, and the pathophysiology is uncertain [1,2]. Despite symptoms of soft tissue pain affecting the muscles, ligaments, and tendons, there is no evidence of inflammation in these tissues. FM, like other chronic pain syndromes, has been subject to controversy [1,2]. Patients often appear physically well, there are no obvious abnormalities on physical examination other than widespread soft tissue tenderness, and laboratory and radiologic studies are normal. Thus, the role of organic illness had been questioned, and FM has often been considered by some to be psychogenic or psychosomatic. However, ongoing research suggests that FM is a disorder of pain regulation, often classified as a form of central sensitization [3].

This article aims to explore how fibromyalgia affects fitness for work and how occupational physicians can provide effective guidance and workplace interventions.

FM is often associated with other conditions that may cause musculoskeletal pain, disruption of sleep, or psychiatric symptoms; features of these conditions may also mimic FM, and the presence of such disorders should be considered in the diagnostic evaluation.

FM is the most common cause of generalized musculoskeletal pain in women between ages of 20 and 55 years; in the United States and in other countries, the prevalence is estimated at 2-3% and tends to increases with age [4]. Initially termed fibrositis, FM was described in France and England in the mid-19 century. By the end of the 20 century, many rheumatologists recognized FM as a discrete syndrome, and diagnostic classification criteria were proposed, evaluated, and then validated. FM is more common in women than men [4]. It is six times more common in women in reports from specialty clinics, although the female predominance is not as striking in the community and when using survey criteria that do not require a tender point examination [5].

The symptoms of FM can have a significant impact on an individual's ability to work [6]. The incidence of FM in occupational medicine outpatient clinics highlights its prevalence and impact on work productivity [7].

Physicians in occupational medicine must be knowledgeable about the symptoms of FM in order to facilitate diagnosis and management, as well as provide appropriate support in the workplace. Some key factors that can affect the ability to work include pain, fatigue, impaired physical capacity, and activity limitations. Women with FM often face significant challenges in managing work due to the symptoms, which can limit their ability to perform physically demanding tasks and may contribute to higher rates of work disability [8]. It is important to consider the individual's symptom severity and the demands of their job when assessing their fitness for work [7].

The growing incidence of fibromyalgia in occupational settings underscores the importance of tailored approaches that enable affected individuals to remain productive without compromising their health.

2. Methodology

In order to better understand the adaptations of the workplace and find bibliography that supports the evaluation of workers with FM, by the occupational physician, a narrative review was carried out.

The research was conducted in the PubMed scientific database and in institutional documents of national and

international organizations, using the search terms "fibromyalgia", "ability to work", "fitness for work" and "occupational medicine" anywhere in the text. Only articles available for full reading were included.

The writing of the article took into account the state of the art on the subject, and sought to formalize generic recommendations for the occupational physician. The main goal of the review was a meaningful synthesis of research evidence that may be complex or broad and that require detailed, nuanced description and interpretation.

3. Results

In addition to the physical symptoms, FM can also result in cognitive impairments such as difficulty with concentration and memory. Individuals with FM may experience a decreased ability to cope with stress and may have higher levels of anxiety and depression, which can further interfere with their work performance. As a result of these symptoms and their impact on functioning, individuals with FM may require workplace accommodations and modifications to ensure they can perform their job duties effectively and safely [9]. While there is limited research on the specific effects of treatment on work ability, symptom severity plays a significant role. Furthermore, physically demanding jobs and tasks pose higher risks for work disability in individuals with FM [10].

To manage their work-related challenges, workers may need to engage in a careful balancing act. They might consider transitioning careers, reducing hours or develop personal skills to effectively manage their workload. Additionally, support from management and colleagues is crucial for individuals to successfully navigate the work environment and prevent overload. The review suggests that FM can have a significant impact on an individual's ability to work due to the complex and multi-factorial nature of the condition and its associated symptoms [6].

In a pilot survey of Australians with FM, it was found that the condition has a high impact on work ability. Symptoms of widespread pain, fatigue, cognitive impairments, and mood disorders, can significantly interfere with an individual's ability to perform their job duties. In a study conducted in Spain, it was found that 11% of individuals with FM were on sick-leave and 23% were receiving disability benefits due to their condition [11]. These findings underscore the significant impact of FM on work participation and the need for interventions to support individuals in maintaining their employment. Additionally, the literature review highlighted the importance of early diagnosis and intervention in preventing work disability in FM [6].

In a national survey carried out in France, job adaptation was rare for women with FM, with 69% reporting no adaptation of their working conditions. Some specific working conditions were associated with a risk of sick leave: repetitive gestures, noisy workplaces and working with screens. In the multivariate analysis, the factors found to be significantly and independently associated with the risk of sick leave were commute time, work difficulties, limitation of career progression, repetitive gestures at work, and a lack of recognition of the disease by colleagues and bosses. Most of the risk factors are related to the workplace and can be modified, preferably with the help of an occupational physician aware of the problems to be resolved [12].

There is evidence to suggest that physical activity and exercise can have a positive impact on symptom management and overall functional capacity. Engaging in regular physical activity has been shown to reduce pain, improve sleep quality, and enhance physical function. Furthermore, exercise can contribute to improved mood and psychological well-being, which are important factors in the context of work ability.

Incorporating a tailored exercise program into the daily routine can help individuals with FM build strength, improve flexibility, and manage their symptoms more effectively. It is important for individuals to work with healthcare professionals, such as physical therapists or exercise physiologists, to develop a personalized exercise plan that considers their specific needs and capabilities.

Implementing workplace accommodations and adjustments, such as modifications to work hours or tasks, ergonomic considerations, and flexible work arrangements, can also support individuals in maintaining or returning to work. Additionally, providing education and support for employers and coworkers about FM can promote understanding and create a more supportive work environment [6].

There are several qualitative studies on the experience of FM and patient routines. No studies have been identified that focus on ability to work and explore specific adaptations at the workplace. Increasing the knowledge base on the strategies adopted by people suffering from FM to perform their job duties can help occupational health professionals to improve their recommendations.

It is important to note that international recommendations for the treatment and management of FM do not make any reference to work capacity. Work is a fundamental component of life. Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment (Universal Declaration of Human Rights).

4. Discussion

Workplace accommodations and modifications can play a crucial role in supporting individuals in the work environment. Employers and colleagues can contribute to a supportive work environment by understanding the impact of FM on an individual's functioning and by being flexible and accommodating where necessary.

FM presents a complex set of challenges for individuals in the workplace due to its multifaceted symptoms and their impact on physical and cognitive functioning.

Alongside physical adjustments, emotional support is equally vital to navigate the work environment and prevent overload. This can involve fostering a supportive and

empathetic workplace culture that acknowledges the unique challenges presented by FM and actively seeks to accommodate the needs of affected individuals.

The multifaceted nature of FM requires a comprehensive approach to support work functioning for individuals with this condition. By combining tailored exercise programs, workplace accommodations, and a supportive work environment, individuals with FM can be better equipped to effectively manage their symptoms and contribute meaningfully in the workplace [7].

It is important to recognize that the successful integration and support of individuals with FM require a collective effort and understanding of the unique challenges they face.

Ongoing education and awareness initiatives about FM can help to dispel misconceptions and create a inclusive and supportive work environment. By fostering a culture of understanding and acceptance, individuals with FM can feel empowered to communicate their needs and limitations without fear of stigma or discrimination.

The occupational physician, when assessing the fitness to work, must be aware of the symptoms and limitations of the disease, and propose recommendations to the employer, while also providing information and support to the worker.

In a summarized and structured way, the aspects to consider are the following:

- Pacing and breaks: the worker should learn to recognize fatigue triggers and implement strategies to manage energy levels throughout the workday. This might involve breaking tasks into smaller portions, taking frequent breaks, and alternating between high and low-energy activities;
- Flexible work options: the occupational physician should discuss with the worker the possibility of working from home, part-time hours, or a more flexible schedule;
- Workspace modifications: the worker should adjust his workspace to minimize physical strain and distractions. This could include ergonomic chairs, assistive devices for tasks, and noise reduction strategies. The safety at work department must be involved in this process, with a systematic analysis of the workplace;
- Open communication: the worker should be encouraged to speak to the employer about the condition and the adjustments he needs. Open communication and a willingness to accommodate the needs of affected individuals can significantly alleviate the challenges faced by individuals with FM in the workplace;
- Self-management strategies: the worker should develop coping mechanisms to manage pain and fatigue, such as relaxation techniques, meditation, or gentle exercise;
- Seek support: the occupational physician must provide information about support groups or organizations that can provide information and resources;
- Consider career changes: if even with corrections to working conditions and organization of work periods, if the worker is not fit to work, explore careers that are less physically demanding or that allow for more flexible work arrangements.

Further studies could clarify factors that influence work ability in those with FM, and discern whether early diagnosis and intervention can prevent work disability.

5. Conclusion

While FM presents serious challenges in the workplace, a proactive, informed, and compassionate approach from occupational physicians can help mitigate its effects on work ability. Personalized interventions, physical and emotional support, and a collaborative employer-worker dynamic are crucial for promoting sustainable employment outcomes for individuals with FM.

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