Relationship Between Cardio-Respiratory Parameters and Women With Fibromyalgia

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**Objective:** To determine groups in women with fibromyalgia syndrome (FM) based on symptoms and determine their cardiovascular parameters during treadmill exercise to prescribe them physical activity.

**Patients and method:** Women (n=32; age, 53.3 [6.6] years) were assigned into 2 different groups according to their functional capacity and symptoms. During incremental treadmill exercise test, exercise intensity was increased until participants achieved volitional exhaustion. Expired respiratory gases, ventilator parameters, and heart rate (HR) were measured continuously during exercise and rating of perceived exertion (RPE) was assessed each minute during the test.

**Results:** Peak VO\(_2\) values for the group 1 were significantly different than for group 2 (24.9 [3.2] mL/kg/min [group 1] and 21.5 [2.1] mL/kg/min [group 2]) similar ones to the found in other studies with women with FM, although lower than in other populations without this pathology. On the other hand, if we take into account the VO\(_2\)VT, we found no significant differences between groups in both trials. We found also differences in all the evaluated parameters.

**Conclusions:** Depending on the level of affectation and the symptoms of the FM patients, their aerobic capacities were different; therefore, we are not be able to prescribe physical activity with the same intensity for both groups. According to those results, professionals could prescribe physical activity with a high security and control.

**Key words:** Women. Cardiovascular capacities. Level groups. Physical activity. Fibromyalgia.

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**Introducción**

La fibromialgia es una enfermedad crónica que causa dolor generalizado y está asociada a otros síntomas, entre ellos...
Heterogeneity in the manifestations of fibromyalgia and the imprecision in the knowledge of its pathogenic mechanisms are linked to the lack of a treatment plan. Because there are no established protocol or procedures, it is difficult to compare the different patterns on which clinical trials have been carried out, mainly due to differences in sampling, follow-up periods, pain measuring procedures, associated symptoms, the use of different evaluation indexes, etc.

Even though the progression of the disease is chronic, many authors establish a relatively good prognosis, with symptomatic improvement of the patients in relation to the practice of regular physical exercise. Exercise is evermore employed for the rehabilitation of patients; however, for this to be effective it is necessary to be cautious in its prescription and control. Its intensity must be sufficient to induce effect on the training but not so high as to be detrimental or lead to an increase in symptoms.

The problem lies, therefore, in how to start a program of physical activity for women with fibromyalgia and, moreover, how to maintain and supervise it once it has started. For that we need tools that allow us not only to safely prescribe the intensity of the effort, but also to control the evolution of our patients without the need to dedicate a lot of time and allow, little by little, this process to be adopted automatically by each of the subjects.

Prescribing an adequate exercise stimulus in order to improve cardiovascular capacity requires an adequate adjustment in the frequency, duration and intensity, and of these, the last one is the most difficult to control. A meta-analysis carried out by Busch et al (2005) chose articles with high methodological quality that prescribed physical activity to patients with fibromyalgia and, concretely, aimed to improve cardio-respiratory resistance, based on the recommendations of the ACSM (1998). We found, however, a serious problem in the prescription of physical activity when relating to fibromyalgia. Two women with fibromyalgia, with the same age, would theoretically have the same maximum heart rate (HR_max) following the traditional formula 220 – age that is proposed by numerous authors, so that these women would be prescribed the same type and equal intensity of exercise; however, if we assume that one of the subjects has a severe degree of affection and the second subject a lesser degree, would we prescribe the same intensity when one of the patients can barely move and the other one leads a relatively active life?

Women with fibromyalgia had different initial levels in their physical capacities; some of them can exercise at a mild to moderate intensity, while for others, this intensity can increase pain. Numerous investigations have shown that the intensity, in patients with chronic pain, is not constant, mainly in those with fibromyalgia whose symptoms vary considerably throughout the day. Nonetheless, there are currently very few studies that have measured the capacity of the patients directly or through spirometry, or determined thresholds; with these being the most adequate cardio-respiratory measures, as has been pointed out by several authors.

Several studies point to a low cardio-respiratory capacity as a great predictor of mortality. Through the analysis of oxygen consumption (VO₂), heart rate (HR), and other respiratory parameters, an objective evaluation of the functional capacity of the patient can be done, something that acquires great importance for the prognostic evaluation and for therapeutic decision making.

The objective of the present study will therefore be to understand the changes in the physiological parameters and the cardio-respiratory capacities during exercise of women with fibromyalgia with severe affection and the degree in which these differ from subjects with a lesser degree of affection or are sedentary, allowing afterwards to design a training and follow-up program which is adjusted to the individual capacities of these patients.

Material and Method

Participants

Two natural groups: group 1 (n=16) and group 2 (n=16); women of 44-68 years of age (group 1, 52.7 [6]; group 2, 55.4 [7.2] years of age) of the Seville Aljarafe participated voluntarily in the study. During January and February of 2006 the physiological parameters were determined in both groups, who were previously classified in relation to their degree of affection, as indicated by the Assistance Process for Fibromyalgia (Consejería de Salud, 2005), through a symptomatic index, the number of tender points (TP) and the Fibromyalgia Impact Questionnaire (FIQ). Each participant previously signed an informed consent in order to comply to the ethics norms of the Declaration of Helsinki of 1975. Previous characteristics of both groups are reflected in Table 1.

Measurement Protocol

To assign patients to one of the 2 experimental groups we determined, on the same day of the test, the levels of FIQ in Spanish, according to 4 visual-analog scales,
corresponding to the dimensions of the quality of life aspects (physical, psychological, and social), that constitute the fundamental core of the affection in fibromyalgia. The number of specific TP in this pathology and an evaluation of the symptomatic level based on 4 analog scales of 0–10 points (How much pain do you have?, How much sadness or depression do you feel?, How much anxiety or nervousness do you perceive?, How difficult is it for you to perform your tasks or job?). According to the arithmetic sum of all of the scales (FIQ, number of TP, and symptomatic evaluation) were defined by 2 levels of affection:

- Medium level of affection (group 1): those with a total score in the 3 tests <60 points
- Severe level of affection (group 2): those with a total score >60 points

According to this system of classification, we can evaluate not only the dimensions of the patients functional capacity, the frequency of performance of activities of daily living, and the difficulty to perform these activities, with this procedure we can also describe the differences regarding tender points (which define this disease) and another 2 symptoms present in the majority of women with fibromyalgia, such as anxiety and depression and that, as several studies have reviewed, could be altered by the differences related to the degree of affection of the patients.

Once classified, the subjects performed 2 maximal treadmill tests, one at the beginning and the following one, a week later. The Bruce protocol as modified by Kaminsky (1993) was employed. During the tests, testing of exhaled gases during ventilation was performed (VE), as we determined both the respiratory rate (RR) and the respiratory quotient (RQ) every 5 s, using MetaMax 3B (Cortex Biophysik GMBH, Germany) with breath by breath technology. HR was telemetrically obtained through a pulse meter (Polar; Seattle, United States). Each subject warmed up for 5 minutes before the test. Three minute steps were determined and a subjective effort evaluation was solicited (RPE) every minute and the rest of the parameters, VE, RQ, FC, and oxygen consumption, every 5 s. Maximum oxygen consumption criteria (VO\textsubscript{2max}) were at least 2 of the following: a) RPE=1; b) 95% HR\textsubscript{rest} of the maximum estimated for the patients age; and c) stability of the VO\textsubscript{2} curve (2 mL/kg/min) for the last minute of the stage.

**Statistical Analysis**

Analysis was done using the SPSS 12.0 software package for Windows (SPSS Inc, Chicago, United States). A descriptive analysis of the mean values found was performed for each variable and the validity of this data was estimated through the Pearson (r) test between both tests and the HR, oxygen consumption (%VO\textsubscript{2max}), RR, VE, and RQ as dependent variables.

**Results**

Thirty-two women fulfilled the inclusion criteria of the ACR (1990) and, once classified according to their degree of affection, means of 11.7 (4.6) TP for a moderate degree of affection, versus 14.9 (3.4) TP found in women with severe affection, which allowed for significantly superior scores. When evaluating the FIQ and symptomatic level scores, we also found significant differences between both groups (70.9 in group 1 vs 97.6 in group 2).

The mean values of the response to exercise variables of the patients in both groups are summarized in Table 2. Sixty–three per cent of the subjects in group 1 and only 40% of those in group 2 reached VO\textsubscript{2max} according to our criteria; nonetheless, all of the subjects reached the anaerobic threshold (VO\textsubscript{2 VT}). For VO\textsubscript{2max} of the patients with a lesser degree of affection, we found significant differences (P<0.01) with respect to the values of group 2 in both tests (26.2 [3.6] mL/kg/min [group 1] vs 22.1 [2.5] mL/kg/min [group 2]); these values were slightly inferior, though equally significant (P<0.01), in the second test (23.6 [2.8] mL/kg/min [group 1] vs 20.9 [1.6] mL/kg/min [group 2]).

Another important finding was that the HR\textsubscript{max} VE, and RQ values were all less in the group with the worse symptoms when compared to the group with lesser affection. With respect to RPE, we did not find important differences between the groups and approximately varied by 1 point (13.6 [0.9] vs 14.2 [1.2] in group 2).

![Table 1. Characteristics of the Subjects With Relation to the Experimental Group](image-url)
TABLE 2. Physiological Parameters and Perception of Effort of the Subjects in Both Tests

<table>
<thead>
<tr>
<th>Variable</th>
<th>Test 1</th>
<th>Test 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group 1 (n=16)</td>
<td>Group 2 (n=16)</td>
</tr>
<tr>
<td>Respiratory rate</td>
<td>27.95 (5.50)</td>
<td>26.68 (6.75)</td>
</tr>
<tr>
<td>Ventilation</td>
<td>36.58 (5.55)</td>
<td>35.61 (5.15)</td>
</tr>
<tr>
<td>VO₂, L/min</td>
<td>1.31 (0.19)</td>
<td>1.28 (0.2)</td>
</tr>
<tr>
<td>VO₂max</td>
<td>26.17 (3.62)</td>
<td>22.13 (2.50)</td>
</tr>
<tr>
<td>VO₂th</td>
<td>20.28 (2.70)</td>
<td>19.21 (2.22)</td>
</tr>
<tr>
<td>RQ</td>
<td>0.91 (0.01)</td>
<td>0.91 (0.01)</td>
</tr>
<tr>
<td>HR_max</td>
<td>158.17 (12.37)</td>
<td>144.00 (21.33)</td>
</tr>
<tr>
<td>HR_av</td>
<td>140.33 (16.62)</td>
<td>131.64 (22.76)</td>
</tr>
<tr>
<td>RPE</td>
<td>13.60 (0.87)</td>
<td>14.22 (1.20)</td>
</tr>
</tbody>
</table>

In our study we found significant differences between individuals with a different degree of affection according to their VO₂max.

Discussion

As can be seen in the study by Thieme et al (2005), many of the studies fail by not considering groups according to the level of fibromyalgia, leading on occasions to an inadequate treatment. In our study we have proven that subjects in group 2 (with a greater degree of affection) have a lesser degree of oxygen consumption and heart rate than their counterparts in group 1 (with a moderate degree of affection). Only 3 studies have previously tried to evaluate the cardio-respiratory capacities of the subjects with fibromyalgia compared to control subjects, though none established level of affection groups.

In conclusion, this is the first study that analyzes the cardio-respiratory parameters of women with fibromyalgia.
classified according to their symptoms and degree of affection. The results show that the consumption of oxygen is significantly lower in patients with a higher degree of affection and these are therefore significantly inferior to populations of the same age without the disease. The fact that affection levels were established in the prescription of aerobic physical exercise in women with fibromyalgia allows us to reduce individual differences regarding their capacities, therefore insuring a larger amount of control over the intensity of the session.

References