ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 10 | October - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

PHYSICIAN KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS FIBROMYALGIA AND FACTOR'S INFLUENCING KNOWLEDGE IN EASTERN PROVINCE , SAUDI ARABIA

Rheumatology

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ABSTRACT

Introduction: Fibromyalgia is a common rheumatological disease that is difficult to diagnose , because of it's subjective symptoms and deficient physician's knowledge of the disease . The purpose of this study is to assess knowledge, attitude and practice of family physicians regarding fibromyalgia

Methods: The study was a cross sectional with an online survey that was administered to general practitioners and family physicians in Eastern province, responses were obtained from 209 participants, knowledge about fibromyalgia, attitude and practice were assessed

Results: Regarding knowledge about fibromyalgia, 89% of the respondents had poor knowledge. Attitudes revealed that More than half of the respondents (56%) thought that fibromyalgia is easy to diagnosed. However, only 12.4% of the medical practitioners agreed that diagnosis of fibromyalgia can be conducted in PHC setting and only 16.7% felt confident to use (ACR) criteria. Regarding management, about 27% believed they can manage fibromyalgia . Only a quarter (24.9%) said they never manage any cases of fibromyalgia.

Conclusions: knowledge, attitude and practice regarding fibromyalgia are poor which results in delay in the diagnosis and management.To overcome this delays in diagnosis and treatment and improve knowledge about fibromyalgia, further education is needed

KEYWORDS

Fibromyalgia, knowledge, attitude, practice, family physician

INTRODUCTION

Fibromyalgia is a chronic condition characterized by chronic pain which could managed in primary healthcare setting. The lack of awareness among primary healthcare practitioners leads to patient being passed from specialist to another with extensive investigations and prescription of numerous medications for treatment of different symptoms in the absence of proper diagnosis(1).Delay in the diagnosis of fibromyalgia results in increase in patient disability and wasting of resources in the health system (2).

In average, a patient with fibromyalgia takes 2.3 years and meet 3.7 physicians before obtaining the diagnosis (3).This study aims to assess level and determinants of knowledge about fibromyalgia, in addition to attitudes and practices among medical practitioners in the primary healthcare setting in Eastern province, Saudi Arabia.

Methods

Descriptive Cross sectional study conducted through self-administered questionnaire which included all eligible male and female general practitioners and family physicians (residents, specialists and consultants) working in MOH PHCs during the study in Khobar ,Dammam and Qatif cities.

The total score of knowledge was categorized into three categories, those who answered less than 60% (less than 18 questions) of the questions correctly was considered to have poor knowledge, those who answered more than 60% (>18 questions) were considered to have a good level of knowledge.

RESULTS

A total sample of 209 medical practitioner from primary healthcare centre's, in Eastern province, were included in this study.

Regarding the distribution of background factors related to fibromyalgia, The majority of the medical practitioners (75.6%) did not attend any CME activities or lecturers about fibromyalgia.

About 46.2% did not hear or did not recall a topic of fibromyalgia. Almost a half of the respondents have been working for more than 5 years and 47.8% have seen 1-20 patients with fibromyalgia in the last year.

Regarding knowledge about fibromyalgia, 89% of the respondents had poor knowledge in comparison to only 11% with good knowledge (figure 1)

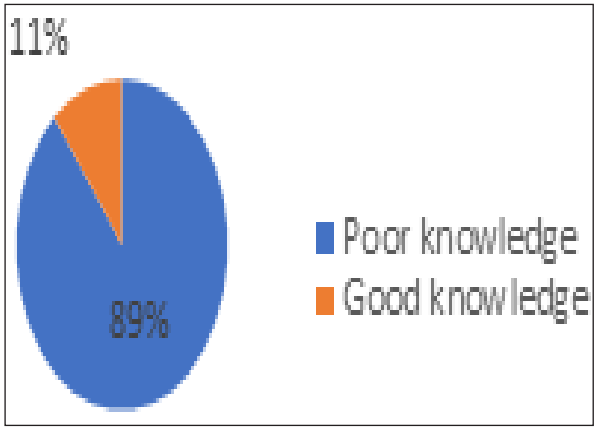

Figure (1): Knowledge About Fibromyalgia Among Primary Health Practitioners In Eastern Region, Saudi Arabia

Attitudes towards fibromyalgia among the medical practitioners in primary healthcare centers showed that more than half of the respondents (56%) thought that fibromyalgia is easy to diagnosed. However, only 12.4% of the medical practitioners agreed that diagnosis of fibromyalgia can be conducted in primary healthcare setting. Regarding management, about 27% believed they can manage fibromyalgia and 10% thought that fibromyalgia is difficult to treat. In another hand, 27.3% of the medical practitioners reported that all fibromyalgia patient should be referred to Rheumatologist for diagnosis and management.

The most widely recognized practice was referring fibromyalgia patients to other specialty which is accounted by 47.4 % followed by 40.2% revealed that they use the 2010 ACR rules for diagnosis of fibromyalgia .However, the least reported practice was diagnosing a patient with fibromyalgia using the 1990 ACR diagnostic criteria. Only a quarter (24.9%) said they never manage any cases of fibromyalgia.

Table 1 and 2 shows the association between respondents 'factors and knowledge about fibromyalgia using bivariate analysis. Significant determinants for knowledge were nationality, job title, number of years working in PHC, and attendance of CME activities or lecturers about fibromyalgia.

Table (1): Association Between Respondents 'Characteristics And Knowledge About Fibromyalgia

Characteristics	knowledge about fibromyalgia		Chi-square	P value
	Poor knowledge	Good knowledge		
Gender				
Male	59	11	2.4	0.123
	84.3%	15.7%		
Female	127	12		
	91.4%	8.6%		
Age				
30 or less	60	4	2.9	0.229
	93.8%	6.3%		
31-50	119	17		
	87.5%	12.5%		
>50	7	2		
	77.8%	22.2%		
Nationality				
Saudi	183	21	4.4	0.036*
	89.7%	10.3%		
Non-Saudi	3	2		
	60.0%	40.0%		
Job title				
General Physician	74	5	28.3	<0.001*
	93.7%	6.3%		
Family Medicine Resident	71	5		
	93.4%	6.6%		
Family Medicine Specialist	33	5		
	86.8%	13.2%		
Family Medicine Consultant	8	8		
	50.0%	50.0%		
MoH sector				
Khobar	35	4	1.2	0.404
	89.7%	10.3%		
Dammam	80	7		
	92.0%	8.0%		
Qatif	71	12		
	85.5%	14.5%		

Table (2): Association Between Background Factors And Knowledge About Fibromyalgia

Factors	Knowledge About Fibromyalgia		Chi-square	P value
	Poor knowledge	Good knowledge		
How many years have you been working in PHC centers?				
Less than 1 year	17	0	10.5	0.005*
	100.0%	0.0%		
1 to 5 years	81	4		
	95.3%	4.7%		
More than 5 years	88	19		
	82.2%	17.8%		
Did you attend any CME activities or lecturers about fibromyalgia?				
Yes	23	9	12.7	0.002*
	71.9%	28.1%		
No	144	14		
	91.1%	8.9%		
I can't recall	19	0		
	100.0%	0.0%		
How many patients diagnosed with fibromyalgia you have seen in the last year?				
1 to 20 patients	87	13	1.1	0.768
	87.0%	13.0%		
21 to 50 patients	2	0		
	100.0%	0.0%		
More than 50 patients	2	0		
	100.0%	0.0%		
I didn't encounter any patients with Fibromyalgia	95	10		
	90.5%	9.5%		
Have you heard any lectures about fibromyalgia during your undergraduate studies?				
Yes	100	12	0.5	0.777
	89.3%	10.7%		
No	62	9		
	87.3%	12.7%		
I can't recall	24	2		
	92.3%	7.7%		

DISCUSSION:

This study found that 89% of primary health care practitioners had poor knowledge about fibromyalgia.Lack of knowledge could be explained partially by the level of training of the participants since three quarters of them were either general practitioners or family medicine residents. Similarly, in an online survey, included 104 health professionals in Saudi Arabia, about 41.7% have not heard about fibromyalgia (4).

In previous studies, Level of awareness was high among physical therapists in Saudi Arabia, as only 8% had no knowledge about fibromyalgia (5).In Spain, 44% of the family physicians perceived their knowledge as high or very high [6]. At the same time, 68% of Spanish family physicians acquired their knowledge by self-study. In Spain, 72% of the family physicians received education about fibromyalgia (6).

In the present study, 31% were aware of the 1990 American College of Rheumatology (ACR) diagnostic criteria for fibromyalgia. Similarly, in an online survey, 33.7% of health professionals stated that they were familiar with the 1990 ACR classification criteria (4).However, 85.6% of physical therapists in Saudi Arabia were unaware about 1990 ACR classification criteria (7)

Limitations of this study are mainly related to lack of a validated questionnaire that can measure the knowledge, attitudes, and practices of medical practitioners in regards to fibromyalgia. Assessment with qualitative approach, in addition to quantitative approach, will allow for more in-depth analysis of the findings (8).

Based on the findings of this study, we recommend incorporation of adequate learning materials about fibromyalgia in the curriculum of medical schools. Conduction of training courses focusing on diagnosis and management of fibromyalgia is highly recommended, particularly in primary healthcare setting. Moreover, we recommend the adoption of new cost-effective approaches such as implementation of a framework for chronic pain management in primary healthcare setting (9). Fibromyalgia is an exhaustive disease for patients and caregivers, studies showed that health professionals, namely family physicians suffer burnout and has a negative impression towards treatment of fibromyalgia (6).

CONCLUSIONS

We found a very low knowledge about fibromyalgia among primary healthcare practitioners, particularly in items related to diagnostic criteria. The majority of the medical practitioners did not attend any CME lecturers and a half of them they have not ever encountered patients with fibromyalgia. The most common practice was referring fibromyalgia patients to any other specialties. Significant determinants for knowledge were nationality, job title, number of years working in PHC, and attendance of CME activities or lecturers about fibromyalgia. However, the association between knowledge and gender, age groups, Moh sector, number of patients diagnosed previously with fibromyalgia, and hearing of the disease in their undergraduate study, were not statistically significant in bivariate analysis.

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