



Letters to the Editor

Comparison of rulings on permanent disability due to fibromyalgia in Spain: differences according to whether the resolution is favorable to the patient or to the National Institute of Social Security

Comparación de las sentencias de incapacidad permanente por fibromialgia en España: diferencias según la resolución sea favorable para el paciente o para el Instituto Nacional de la Seguridad Social

To the Editor:

Fibromyalgia (FM) is a chronic musculo-skeletal condition of unknown etiology and variable progression that leads to variable degrees of disability with a clear impact on the quality of life.¹ Its elevated prevalence in productive stages of life represents important job repercussions. Although data on job disability vary considerably depending on the nature of the population under study, most of the studies estimate that between 25% and 50% of patients²⁻⁵ must stoop working due to their disease.

In Spain, temporal disability is a recognized entity⁵ with a maximum duration of 12 months, which can be extended for another six if the worker is expected to be discharged due to a cure during them, a situation that is not normally seen in fibromyalgia. When this time is up, the INSS, through disability evaluation teams, may recognize a situation that merits extending the time period up to six more months or file a permanent disability (PD) status. In the case the evaluation is accepted, the process ends at the patient obtains the disability pension, but if rejected, a suit against the conclusion of the disability evaluation team might be interposed before the INSS itself. If thrown out by the INSS, the patient can sue before a social judge or, if the case merits it, go to a Superior Justice Court (SJC). Currently, the percentage of proposals presented by patients with FM that are accepted by the disability evaluation teams or social judges as PD is unknown, but we can know the number presented to the SJC. This work analyzes the variables associated to the acknowledgement of FM as a cause of PD in light of the sentences established by the SJC.

All of the sentences presented to the Spanish SJC due to this motive have been analyzed (1978-2008) using the Westlaw database as a data source, which contains all of the full text jurisprudence.⁶ It is a database with access limited to subscriber users and institutions. The key word "fibromyalgia" was used.

Hundred forty-eight sentences were identified; of these, 9 were excluded for not having complete information. Ninety-seven were presented to the SJC, 9 in Cataluña, 6 in Baleares and 6 in Asturias and the rest were distributed among the different autonomous communities. Table presents the variables in relation to whether the sentence was favorable for the patient or the INSS. As can be seen, the description in the sentence of trigger or painful points is the only variable that shows significant differences that may sway the sentence in favor of the patient. Differences between the proportions were calculated using the χ^2 test, with significance defined as $P=.005$.

A low educational and socioeconomic level, the presence of other diseases such as lupus or depression, or jobs that require physical effort, are the determinants which are most consistently associated to temporal disability in FM in research performed by assistance services.^{3,7,8} However, upon analysis, the only characteristic associated with PD is the presence of specific points that when examined result in pain. A study performed in Canada, in which 194 sentences presented in their justice system between 1986-2003 were analyzed to evaluate the impact on the perception of the judges in FM related suits, pointed out that they perceive the opinion of the specialist as the most believable argument when making decisions.⁹

Conclusion

The fact that it is a disease characterized by the absence of evidence objectively indicating severity may influence how judges

Table

Distribution of the result of sentences presented to the Superior Justice Courts in Spain (1978-2008) requesting permanent disability pensions

	Sentences favorable for INSS		Sentences favorable for the patient		Total	P value
	n	%	n	%		
	104		35		139	
Gender						
Female	93	89.4	33	94.3	126	.39
Male	11	10.6	2	5.7	13	
Age						
30-45	64	61.5	18	51.4	82	.35
>45	40	38.46	17	48.5	57	
Occupation						
Administration	13	12.5	1	2.9	14	.32
Commerce	13	12.5	60	17.1	73	
Services	45	43.3	20	57.1	65	
Agriculture	30	28.8	7	20	37	
Manual labor and construction	3	2.9	1	2.9	4	
Time since onset						
>3	82	78.8	26	74.3	108	.57
<3	22	21.2	9	25.7	31	
Single diagnosis						
Yes	6	78.8	5	74.3	11	.10
No	98	21.2	30	25.7	128	
Trigger points						
Yes	7	6.7	7	20	14	.02
No	97	93.3	28	80	125	
Degree of disability						
Partial permanent			4	8.6	4	
Total permanent			21	60	21	
Absolute permanent			8	22.9	8	
Great disability			3	8.6	3	

INSS indicates Instituto Nacional de la Seguridad Social.

evaluate the absence of this diagnostic criteria as a negative element when conceding disability pensions.

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Predictive value of questionnaires: what is it and why is it important to know?

Validez predictiva de los cuestionarios: ¿qué es y por qué es importante su conocimiento?

To the Editor:

In relation to a recent article in this journal, which focuses on the validation of questionnaires,¹ I would like to make a comment about a type of validity that is not discussed in this work, but which could have a major impact on daily medical practice: the predictive validity of the questionnaires.

The predictive validity of an instrument is its ability of it to predict changes in the health status of patients and to anticipate different health outcomes (mortality, hospitalization, surgical complications, use of services health, resource consumption, etc.) in the course of their illness independently from the characteristics of the patients at the time of diagnosis or other traditional risk factors.²

For example, several studies have shown that the questionnaires that assess the quality of life related to health (HRQOL) and health status can predict hospitalizations and other clinical events as well as mortality and use of health resources.³

This ability to predict of the instruments that assess HRQOL has been demonstrated for both generic and specific questionnaires as well as social measuring instruments.

In fact, it has been proven that the SF-36 (the most widely used generic questionnaire) is able to predict mortality in patients undergoing coronary bypass⁴ and hospitalization and mortality in patients with heart failure.⁵ Another generic questionnaire, the SF-12 has also shown a good ability to predict a higher consumption of medical resources in primary care for the elderly population.⁶

In relation with the predictive power of specific questionnaires to measure HRQOL, it was found that the MOS-HIV (a specific instrument to assess HRQL in patients with AIDS), the St. George Respiratory Questionnaire (which assesses HRQOL in patients with respiratory diseases) and the EORTC QLQ-C30 questionnaire (an instrument that assesses HRQOL in cancer patients) are able to predict disease progression, complications and survival.⁷⁻⁹ The same predictive capacity has been demonstrated with the use of a questionnaire that assesses social usefulness, the HUI3.¹⁰

Not yet rated (or the results are non-public domain) is the predictive validity of questionnaires to assess different results collected and reported by patients, such as satisfaction with treatment, disability, life satisfaction, etc., and it would be interesting to see if they can predict different results.

In the field of rheumatology, there is currently no published data on the possible predictive validity of existing questionnaires to assess HRQOL (HAQ, WOMAC, RA, QOL, OQLQ, FIQ, etc.) and it would be important not only to have data, but it would be desirable to conduct studies to evaluate the predictive validity of these questionnaires in our environment.

The great advantage of showing that a questionnaire is able to predict health outcomes (mortality, hospitalizations, complications, resource consumption, etc.) in daily medical practice is to help health professionals to identify patients at an increased risk of morbidity, benefiting these patients with closer clinical monitoring, raising the quality of care and health outcomes achieved and reducing resource consumption, thereby enhancing the efficiency of national health system.

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