

## SUMMARY

# MULTIPROFESSIONAL REHABILITATION FOR WOMEN WITH FIBROMYALGIA QUANTITATIVE AND QUALITATIVE STUDIES

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- Subject** : MULTIPROFESSIONAL REHABILITATION FOR  
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- Keyword** : multiprofessional rehabilitation, qualitative studies, strategies, fibromyalgia,  
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### **Description :**

The overall aims of the present work were to obtain further knowledge of the effects of multiprofessional rehabilitation programmes for women with fibromyalgia (FM) or chronic widespread musculoskeletal pain (CWMP) and to elucidate what strategies women with FM use and find successful in controlling their symptoms. The underlying purpose was to improve rehabilitation further and thereby increase the possibilities for these women to live actively, return to work and continue working.

The Study I was a prospective, non-randomised intervention trial with 43 women with FM or CWMP who were assigned consecutively to a multi-professional rehabilitation programme or to a waiting-list control group. Comparisons were made of e.g. movement quality. Study II was an exploratory analytical study where 16 of the women from study I were interviewed. Grounded theory analysis was used to explore what the women remembered and what they had gained from the rehabilitation programme one year after discharge. Study III, an exploratory analytical study with emergent design, explored what strategies 12 women at work despite FM used to control pain, fatigue and other symptoms. Data was collected with diaries, focus group discussions and interviews, and processed using content analysis and grounded theory. Study IV was a prospective, non-randomised intervention trial, where muscle activity in the trapezius, infraspinatus and extensor digitorum were measured with surface EMG during one work task and three domestic tasks before and after a rehabilitation programme, in 16 women with FM and in 10 healthy controls. Pain intensity and perceived exertion were rated after every task.

The interventional rehabilitation programmes improved quality of movement assessed with Body Awareness Scale -Health, reduced experience of vegetative disturbances in women with FM/CWMP (study I) and enabled FM women to perform tasks with decreased muscle activity (study IV). A decrease in perceived exertion coincided with the decrease in muscle activity. During the rehabilitation programme, the women with FM/CWMP followed a process 'from shame to respect'. They began to listen to their bodies, setting limits and improving in self-image (study II). To manage work despite FM, the women fought 'a constant struggle' against the consequences of their illness and prejudices in their surroundings (study III). They had brought a positive spirit to a variety of active strategies. To manage the struggle the women emphasised the importance of having grieved the loss of the way they used to live their lives. Support from others, especially their families, facilitated the

struggle.

The studies demonstrate that women with FM/CWMP can benefit from multiprofessional rehabilitation in various ways, e.g. with a change in their movement behaviour towards an increased general movement quality, and the ability to perform tasks with a decreased muscle activity in shoulder-arm muscles. A respectful encounter with staff and with others in the same situation, together with body awareness training, might help women with FM/CWMP to begin respecting their own limits and to change positively in self-image. Many strategies, e.g. setting limits, taking care of one-self and being knowledgeable were described as valuable for managing pain and other symptoms.

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