5. Sociodemographic and Disease Correlates of Fatigue in Systemic Sclerosis.

Brooke Levis, Linda Kwakkenbos, Stephanie Coronado-Montoya, Marie Hudson, Murray Baron, and Brett D. Thombs.
Lady Davis Institute for Medical Research, Jewish General Hospital, Montréal, QC and McGill University, Montréal, QC.

Background: Fatigue from chronic illness is characterized by ongoing exhaustion that is disproportionate to exertion and that is not alleviated by rest. Fatigue is prevalent among patients with rheumatic diseases, including systemic sclerosis (SSc, or scleroderma), highlighting the importance to better understand factors that may contribute it. To date, however, studies investigating fatigue in SSc have been hampered by a lack of validated instruments to optimally measure fatigue in SSc, have included patient-reported rather than physician-rated measures of disease, or have included small sample sizes. The Functional Assessment of Chronic Illness Therapy - Fatigue (FACIT-F) scale is a validated measure for assessing fatigue in SSc. Compared to other available instruments, the FACIT-F provides good coverage of the full range of the fatigue spectrum, which is important in SSc, as patients tend to experience fatigue in the moderate to severe range.

Objective: To assess sociodemographic and physician-rated disease-related predictors of fatigue, as measured by the FACIT-F, in a large sample of patients with SSc.

Methods: We performed a cross-sectional, multicenter study of SSc patients from the Canadian Scleroderma Research Group (CSRG) Registry. Patients underwent medical examinations and completed a series of self-report questionnaires. Fatigue was assessed using the FACIT-F scale. Disease severity was assessed using Medsger's severity scale. Multivariable linear regressions were performed to assess the independent associations between the sociodemographic and medical variables and fatigue.

Results: 785 CSRG patients were included, including 689 women and 96 men. The mean age was 58 years (standard deviation [SD] = 11.6), and most patients were married, non-smokers, and had limited SSc subtype. The mean FACIT-F score was 32.2 (SD = 12.1). Younger age (standardized regression coefficient [beta] = -0.10), less than post-secondary education (beta = -0.08), having more medical comorbidities (beta = 0.11) and more severe muscle (beta = 0.10), gastrointestinal (beta = 0.15), lung (beta = 0.13) and general system disease severity (beta = 0.13) were independently associated with having more severe fatigue (p < 0.05).

Conclusion: Fatigue is prevalent in SSc and is independently associated with more severe disease. These data contribute to a better understanding of fatigue in SSc, and help inform better patient-centered research in SSc, including the development of interventions targeting fatigue.