Assessing the impact of the pandemic on fibromyalgia patients requires methodologically and substantively reliable studies

Sir,

We were interested to read the article by Sahar *et al*. comparing the health status of fibromyalgia (FM) patients and healthy controls (HC) before and 2.5 years after the outbreak of the COVID-19 pandemic by means of an online survey between August and September 2022 using the Fibromyalgia Survey Diagnostic Criteria and Severity Scale (FSDC), the Wide Spread Pain Index (WPI), the Symptom Severity Score (SSS), the FM Severity Score (FSS), the Fibromyalgia Impact Questionnaire (FIQ), the Physical Activity Questionnaire (AQAP), the Canadian version of the Baecke Questionnaire, the Insomnia Severity Index (ISI), the questionnaires of the Chronic Pain & COVID-19 Pan-Canadian Study (CP-CPCS), the EuroQoL-5D, the Brief Pain Inventory (BPI), the Perceived Stress Scale (PSS), and the Patient Health Questionnaire (PHQ-4). Among the 32 FM patients, FM remained stable or improved in 84% of patients, quality of life on the FIQ improved in 66%, and pain intensity improved in half of patients (1). Exercise activity decreased in both FM and HC, while leisure activities increased in FM but decreased in HC (1). In FM patients, insomnia correlated with pain intensity, clinical measures were associated with function and affective status, and changes in leisure activities inversely correlated with pain interference (1). The study is noteworthy, but some points should be discussed.

The first point is that the survey was conducted by means of an online questionnaire (1). Online questionnaires have several disadvantages: it cannot be ensured that the addressee is really the one who answers, that the answers really correspond to the facts or are only made up, that the correctness of the answers cannot be checked and that it cannot be checked whether the addressees are mentally capable of answering the questions asked correctly. Other disadvantages are the high probability of survey fraud, response bias and a large number of unanswered questions (2). We should know how much missing data was available and how it was handled.

The second point is that it was not reported how many of the 32 FM patients and how many of the 21 HC acquired SARS-CoV-2 infection (SC2I) during the pandemic and how many of them received SARS-CoV-2 vaccination (SC2V) (1). How many had central nervous system (CNS) or peripheral nervous system involvement during acute SC2I or from SC2V? Knowing these numbers is crucial, as both SC2I and SC2V are known to mimic the symptoms of FM (3). We should also know how many of the included patients had post-COVID syndrome and how this was differentiated from FM manifestations. The most common manifestations of post-COVID syndrome include fatigue, shortness of breath, muscle and joint pain, sleep disturbances, cognitive difficulties (brain fog), chest pain and gastrointestinal problems (4).

Third, we disagree with the view that the pandemic has led to a slowdown in the pace of life (1). For healthy people and even more so for sick people, the pandemic has been a stressful time due to the uncertainty of whether they would get infected or not, whether they would lose their job or business, whether the vaccination would be effective or not, the stress of living in close quarters and whether they would be able to make ends meet financially.

The fourth point is that according to the summary, health status was assessed 21/2 years after the pandemic, *i.e*., by mid-2023, but according to the methods section, the survey was conducted between August and September 2022 (1). This discrepancy should be clarified.

In summary, the disadvantages of online questionnaires and the impact of SC2I or SC2V should be taken into account when interpreting the data obtained.

J. Finsterer, *MD, PhD*

Neurology Department, Neurology and Neurophysiology Center, Vienna, Austria.

Please address correspondence to:
Josef Finsterer
Department of Neurology,
Neurology and Neurophysiology Centre,
Postfach 20,
1180 Vienna, Austria.
E-mail: fifigs1@yahoo.de

Orcid: 0000-0003-2839-7305

Competing interests: none declared.

References

1. SAHAR T, MINERBI A, PAGÉ MG *et al*.: Effects of two years of COVID-19 pandemic on individuals with fibromyalgia. *Clin Exp Rheumatol* 2025; 43(6): 1019-26. https://doi.org/10.55563/clinexprheumatol/ide0x0
2. ANDRADE C: The Limitations of Online Surveys. *Indian J Psychol Med* 2020; 42(6): 575-6. https://doi.org/10.1177/0253717620957496
3. PLAUT S: "Long COVID-19" and viral "fibromyalgia-ness": Suggesting a mechanistic role for fascial myofibroblasts (Nineveh, the shadow is in the fascia). *Front Med* (Lausanne) 2023; 10: 952278. https://doi.org/10.3389/fmed.2023.952278
4. JOHNSTON R, SONNAPPA S, GODDINGS AL, WHITTAKER E, SEGAL TY: A review of post COVID syndrome pathophysiology, clinical presentation and management in children and young people. *Paediatr Respir Rev* 2025; 53: 14-22. https://doi.org/10.1016/j.prrv.2024.01.002