

Unveiling a new phenomenon: co-occurring fibromyalgia in spouses

Sir,

Fibromyalgia syndrome (FM) is a condition characterised by chronic, widespread musculoskeletal pain accompanied by associated symptoms such as cognitive dysfunction, fatigue, sleep disturbances, and anxiety (1). The phenomenon of familial co-morbidity in fibromyalgia has been studied and confirmed, with the risk of developing the condition linked to specific gene polymorphisms, including *GABRB3* (rs4906902) and *TAARI* (rs8192619) (2). However, there is currently no research on the co-morbidity of fibromyalgia in intimate relationships, such as among partners or spouses. Here, we report a novel phenomenon: spousal co-morbidity of fibromyalgia syndrome.

A middle-aged male accompanied his wife (1-year history of widespread pain) to clinic. Her routine laboratory tests, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), anti-cyclic citrullinated peptide antibody (anti-CCP), and HLA-B27, along with sacroiliac joint MRI were normal. Based on the 2016 American College of Rheumatology (ACR) diagnostic criteria (3), she scored 5 on the Widespread Pain Index (WPI) and 11 on the Symptom Severity Score (SSS), confirming FM. The husband noted similar symptoms during this visit, and two months later he presented with widespread pain. He reported that his symptoms began approximately 6 months after his wife's symptom onset. His laboratory tests (ESR, CRP, anti-CCP, HLA-B27) were normal with WPI=5 and SSS=9 (Table I), confirming the diagnosis of FM. FM features widespread musculoskeletal pain (4). While familial FM clustering

emphasises genetic mechanisms (4, 5), this spousal co-occurrence suggests a non-hereditary association. Notably, the couple cohabited for over 5 years before the symptoms' onset, with no shared trauma, infections, or environmental exposures during this period. The temporal pattern of symptom manifestation, specifically, the husband's delayed symptom onset occurring 6 months after his wife's initial symptoms, does not support concurrent undiagnosed fibromyalgia, though diagnostic delay in the husband must be considered. The spousal comorbidity phenomenon observed in this case report demonstrates epidemiological parallels with the "disease clustering effect" observed in spousal relationships affected by mental health disorders (6). While the mechanisms underlying this conjugal co-occurrence are unknown and cannot be determined from a single case, we hypothesise that they may arise from cohabitation effects and emotional contagion. Furthermore, the disease status of one partner may transform the other into an informal caregiver, thereby exposing them to dual stressors from physical caregiving demands and emotional support obligations (7), which could potentially increase susceptibility. This observation underscores the clinical imperative for healthcare providers to assess both psychological status and somatic health in close relations of fibromyalgia patients during therapeutic interventions. These proposed mechanisms are speculative and must be tested in future studies. Future research should employ epidemiological designs (e.g., prospective cohort or case-control studies) integrated with psychosocial assessments and neuroimaging evidence of central sensitisation to further validate and elucidate this conjugal co-occurrence phenomenon and its underlying mechanisms.

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Table I. Comparative analysis of fibromyalgia symptoms in two patients.

Assessment Criteria	Patient	Patient's wife
WPI (Score range: 0-19)		
- Affected body regions	Chest, lower back, right shoulder girdle, left shoulder girdle, left hip, right hip	Chest, neck, right shoulder girdle, left shoulder girdle, left hip, right hip
- Total WPI score	5	5
SSS (Score range: 0-12)		
- Fatigue	Moderate	Severe
- Waking unrefreshed	Severe	Severe
- Cognitive symptoms	Moderate	Severe
- symptoms the patient has been bothered by that occurred during the previous 6 months	Headache, depression	Headache, depression
- Total SSS score	9	11

WPI: Widespread Pain Index; SSS: Symptom Severity Score.

Letters to the Editors

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