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Abstract

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Disability claims for Fibromyalgia in Italy: medico-legal consideration about two cases

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Abstract

Background

The assessment of disability in the context of civil invalidity in Italy is based on the Tables of Ministerial Decree 05.02.1992, which provide for the expression in percentage of the reduction in working capacity according to the functional commitment related to a given pathology. Subsequently, in 2012, the I.N.P.S. (Istituto Nazionale di Previdenza Sociale) delivered more specific Guidelines that consider a broader spectrum of pathological pictures, going into more detail about the individual diseases and subdividing diseases into classes according to clinical severity. Fibromyalgia Syndrome (FMS) is not listed either in the tables of the Ministerial Decree of 1992 or in the subsequent 2012 guidelines. Therefore, the disability assessment of this syndrome will depend on the individual decision of the single Commission and will be performed essentially by analogy.

Cases description

In the course of collegial medico-legal examinations carried out to assess the fitness for work of some employees, two different female patients suffering from Fibromyalgia came to our attention. The first patient, aged 40, was employed as a caretaker. Lower limb venous insufficiency, Restless Legs Syndrome, depression and FMS are reported in the medical history. The patient is taking sertraline, quetiapine and pregabalin. She complains of polyarthralgia (hands, ankles, back, lower limbs) and joint stiffness especially in the morning, with difficulty in lifting weights. Objectively, BMI of 23.49, slightly deflated mood, soreness in all Tender Points (TPs) were reported. In 2022, she was judged 'not civilly disabled', as her disability did not reach the 34% required for this purpose. The second patient, aged 30, works as a part-time caretaker. Episodic panic attacks and FMS are reported in history. Pharmacological treatment with sertraline and tramadol was reported. She complained of pain and swelling in her hands and wrists, as well as pain in her spine and lower limbs. Objectively, she reported BMI of 32, slightly deflated mood and soreness in all TPs. In 2022, she was judged to be civilly disabled to the extent of 50%.

Discussion

The analysis of the two cases reveals a discrepancy between the two assessments. In fact, in the presence of an analogue pathological picture, with similar functional repercussions, the first patient was judged 'non-disabled', while for the second was assigned a civil invalidity of 50%. This difference stems from the fact that, at present, there are no objective classifications that allow the degree of disability related to FMS in different patients to be established with subsequent accuracy. In addition, FMS and other chronic pain syndromes are not mentioned in the tables currently in use when assigning civil disability.

Conclusions

The two cases are illustrative of a much more widespread inter-individual variability in the graduation of civil invalidity in patients with FMS. For this reason, it would be useful to develop a system for grading disability in patients with FMS that is uniform and repeatable and allows each patient to be assigned a percentage of disability that reflects the clinical picture of the individual sufferer and the resulting functional repercussions.

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