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Fatigue Frequency and Related Factors in Patients with Sarcoidosis

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Objectives: Fatigue is seen in patients with sarcoidosis since they were diagnosed and adversely affects the quality of life. In this study, we aimed to investigate the relationship between pulmonary function tests (PFT), Beck depression scale, blood parameters and respiratory muscle strength in patients with sarcoidosis.

Methods: 56 sarcoidosis patients who were followed in Düzce University Medical Faculty Hospital Department of Chest Diseases. The FAS (Fatique Assessment Scale) questionnaire which is recommended to measure fatigue symptoms was applied to all patients. Beck depression scale applied for depression diagnosis. Pulmonary function tests that are routine in our clinic (PFT, diffusion test, plethysmography, MIP-MEP, 6 min walk test) were performed.

Results: Of the 56 patients, 44 were female and 12 were male. Mean age was 51 patient. 6 (10.7%) were stage 1, 46 (82.1%) were stage 2 and 4 (7.1%) were stage 3 sarcoidosis. 32 never used steroids, 18 patient have had steroids before and 6 patients are still using. When patients were classified according to FAS score groups; ıt was found that Twelve patients were normal, 35 were in the middle group and 9 were in the severe group. Beck depression questionnaire scores, pulmonary function parameters and six minute walking tests were compared according to FAS score groups of patients. Patients with a FAS score of more than 35 were more older people and Beck depression scores were significantly higher. It was found that DLCO/VA was significantly lower in the group who's FAS score greater than 22. There was a significant positive correlation between FAS score and age ($r=0.349$, $p=0.008$), Beck depression ($r=0.515$, $p<0.001$), Residual Volume/Total lung capacity ratio ($r=0.365$, $p=0.006$). While there was a significant negative correlation between FAS score and Maximal inspiratory pressure ($r=-0.321$, $p=0.019$), there was a negative correlation that was not reaching statistical significance with 6 minute-walking test ($r=-0.268$, $p=0.058$). There was no correlation between FAS score and BMI, waist circumference, glucose, insulin levels, creatinine, hemoglobin, liver function levels, TSH, blood calcium, antithyroglobulin, antitpo and angiotensin converting enzyme levels.

Conclusion: It was observed in sarcoidosis patients that while the FAS score has a positive correlation with Beck depression score and strong negative correlation with MİP, there was negative but not significant correlation with pulmonary function tests except TLC. Fatigue that might be occur due to the deterioration of respiratory functions should be investigated in later studies in patients with sarcoidosis.

Keywords: Fatique assessment scale, quality of life, sarcoidosis