

FATIGUE AND OXYGEN CONSUMPTION IN PATIENTS WITH SARCOIDOSIS

M. Lubecki, D. Jastrzebski, D. Ziora, P. Debowska, A. Bełz, K. Kowalski, J. Kozielski

Department of Lung Diseases and Tuberculosis, Medical University of Silesia, Zabrze, Poland

Background: General fatigue is a major clinical symptom frequently reported by patients with sarcoidosis. The exact causes of fatigue are unknown. The aim of this study was to evaluate fatigue in sarcoidosis and to determine the correlation between this symptom and respiratory functional parameters.

Material and methods: A group of 35 non-smoking, previously untreated patients with sarcoidosis and with second type in chest X-ray classification aged from 27 to 71 years (average age 42). By each of the respondents has been evaluated the degree of fatigue with a questionnaire FAS, the degree of dyspnea (MRC, BDI, OCD), and quality of life with a questionnaire SF-36. Respiratory function tests included spirometry (FVC, FEV1, FEF25-75), evaluation of diffusing capacity (DCO, D/VA) and treadmill ergo-spirometry test with the determination of maximal oxygen consumption (VO₂max), anaerobic threshold (AT) and the level of work done (W).

Results: The average FAS questionnaire's score was 20 and dyspnea rating with MRC was of 1.5, OCD 1.6, BDI 5.4. SF-36 test showed decrease of quality of life in domains such as: MCS, PCS. There was found a statistically significant correlation ($r=-0.76$, $p<0.05$) between FAS scores and METS and between FAS and VO₂ at AT. There was no correlation between FAS scores and FEV1, FVC, FEF 25-75 and the DCO.

Conclusions: Static function tests do not explain the cause of fatigue among sarcoidosis patients. Patients suffering from sarcoidosis and reporting fatigue should be examined with dynamic function tests in order establish the objective extent of fatigue.