INTEGRATION BETWEEN MENTAL HEALTH SERVICES AND PHYSICAL REHABILITATION IN THE MANAGEMENT OF FIBROMYALGIA: INTERFACES AMONG CHRONIC PAIN, PSYCHOLOGICAL DISTRESS, FUNCTIONALITY, QUALITY OF LIFE, AND COMPREHENSIVE CARE

https://doi.org/10.63330/aurumpub.058-016

Bruna Angelica Strunkis[1], Poliana Kapran Cardoso[2], Antônio Fernando Rodrigues de Brito[3], Carlos Lopatiuk[4], Carla Emanuele Lopatiuk[5], Andrea Cordeiro[6], Ana Letícia Prado Guimarães[7] and Josue Cruz dos Santos[8]

Abstract

Fibromyalgia is a chronic, multifactorial syndrome characterized by persistent pain, fatigue, emotional disturbances, and functional limitations that significantly compromise the quality of life of affected individuals. Managing this condition requires an integrated approach that considers the interaction among

[1] Bachelor's Degree in Pharmacy
Faculdade de Ciências Biomédicas de Cacoal - FACIMED, Cacoal - RO
E-mail: bruna.strunkis_bioquimica@hotmail.com
Lattes: https://lattes.cnpq.br/4647455212980573
[2] Bachelor's Degree in Psychology
Centro Universitário Maurício de Nassau - UNINASSAU, Cacoal - RO
E-mail: pollykapran.pk@gmail.com
[3] Psychiatrist
Centro Universitário Estácio - ESTÁCIO, Rio de Janeiro - RJ
E-mail: drantoniofernando71@gmail.com
[4] PhD in Applied Social Sciences
Universidade Estadual de Ponta Grossa - UEPG, Ponta Grossa - PR
E-mail: carloslopatiuk@yahoo.com.br
Lattes: https://lattes.cnpq.br/9701518133630285
ORCID: https://orcid.org/0000-0001-5918-0657
[5] Medical Student
Centro Universitário Campo Real - CAMPO REAL, Guarapuava - PR
E-mail: carla.emanuele2201@gmail.com
Lattes: https://lattes.cnpq.br/1290510601340514
ORCID: https://orcid.org/0009-0006-3293-6534
[6] Bachelor's Degrees in Accounting and Public Administration
Universidade Estadual de Ponta Grossa - UEPG, Ponta Grossa - PR
E-mail: andreamanu2003@yahoo.com.br
[7] Postgraduate Qualification in Exercise Physiology and Biomechanics
Faculdade 05 de Julho - F5, Sobral - CE
E-mail: analeticia.prado@hotmail.com
Lattes: https://lattes.cnpq.br/1563139296361982
[8] Advisor
Master's Degree in Physical Education
Universidade Federal de Sergipe - UFS, Aracaju - SE
E-mail: josue.cruz.santos@gmail.com
ORCID: https://orcid.org/0000-0002-7119-0484

physical, psychological, and social factors. This study aimed to analyze scientific evidence on the integration of mental health services and physical rehabilitation in the management of fibromyalgia, considering the relationships among chronic pain, psychological distress, functioning, and comprehensive care. This integrative literature review was conducted in PubMed, Latindex, and Open Journal Systems repositories and included studies published in Portuguese and English between 2021 and 2026. The findings showed that interdisciplinary interventions involving physical rehabilitation, psychological support, mind–body therapies, and self-care strategies contribute to pain reduction, improved functioning, enhanced emotional resilience, and better quality of life. It is concluded that integrating mental health and physical rehabilitation is essential to the provision of comprehensive, humanized care based on the biopsychosocial model.

Keywords: Chronic Pain, Fibromyalgia, Functioning, Mental Health, Quality of Life.

INTRODUCTION

Fibromyalgia is a chronic syndrome characterized by widespread musculoskeletal pain, persistent fatigue, sleep disorders, cognitive changes, and a high prevalence of psychological symptoms, such as anxiety and depression, constituting a complex clinical condition that extends beyond the limits of physical pain. The multifactorial nature of the disease involves central sensitization mechanisms, neurophysiological changes, and psychosocial factors that directly influence pain perception and the functional capacity of affected individuals. In this context, fibromyalgia management requires approaches that integrate different health disciplines while simultaneously considering physical, emotional, and social factors, in accordance with the principles of comprehensive care (Giorgi et al., 2023; Maugars et al., 2021).

In addition to its clinical manifestations, fibromyalgia has significant repercussions for functioning and quality of life, compromising activities of daily living, occupational performance, interpersonal relationships, and social participation. Persistent chronic pain contributes to the

development of psychological distress, reduces autonomy, and intensifies functional disability, creating a cycle in which physical and emotional factors mutually reinforce one another (Alvarez et al., 2022; Benz et al., 2025).

The impact of fibromyalgia on mental health represents one of the primary challenges facing healthcare systems, since symptoms such as depression, anxiety, stress, pain catastrophizing, and emotional difficulties contribute to greater pain intensity, lower treatment adherence, and a poorer clinical prognosis. Recent evidence shows that psychological care, when combined with other interprofessional interventions, promotes the development of coping strategies, improves emotional regulation, and enhances the ability to adapt to the limitations imposed by the disease, thereby reinforcing the importance of integrating mental health services and physical rehabilitation (Luciano et al., 2023; Galvez-Sánchez; Montoro, 2023).

From this perspective, physical rehabilitation programs play a fundamental role in the functional recovery of people with fibromyalgia. Strategies based on supervised physical exercise, health education, physical therapy, and multidisciplinary interventions yield positive results in reducing pain and improving mobility, functional capacity, and quality of life (Mascarenhas et al., 2020; Borze et al., 2025).

In recent years, the understanding of fibromyalgia has expanded to incorporate dimensions related to bodily perception, body awareness, and body image as relevant components of chronic suffering. Changes in these domains directly influence pain-related behavior, self-esteem, emotional functioning, and participation in daily activities (Navarro-Moreno et al., 2026).

Another relevant aspect concerns the repercussions of the COVID-19 pandemic on the follow-up care of individuals with chronic musculoskeletal pain. The interruption or reduced availability of in-person healthcare services hindered the continuity of physical rehabilitation and ongoing psychological support, leading to worsening pain, impaired functioning, and increased emotional distress among many patients (Parsirad et al., 2023).

Although scientific advances have been made in the treatment of fibromyalgia, limitations remain in the coordination between mental health services and physical rehabilitation programs. In many healthcare settings, interventions remain fragmented, prioritizing the control of physical symptoms to the detriment of emotional, psychosocial, and functional factors. This fragmentation compromises comprehensive care and hinders the achievement of sustainable outcomes, particularly among patients with high levels of disability and psychological distress, making the implementation of interdisciplinary models centered on individual needs essential (Giorgi et al., 2023; Luciano et al., 2023).

The literature also demonstrates that multidimensional assessment is essential to understanding the clinical complexity of fibromyalgia, as it enables the simultaneous analysis of pain, functioning, mental health, body composition, quality of life, and psychosocial factors associated with illness. Comprehensive instruments support the development of individualized treatment plans and improve professionals' ability to identify factors that affect patients' clinical progression, thereby strengthening comprehensive and interdisciplinary care (Benz et al., 2025; Úbeda-D'Ocasar et al., 2026). Although studies of other rheumatic diseases also underscore the importance of psychological health in achieving better clinical outcomes, this evidence further supports the need to incorporate this component into the management of chronic pain conditions (Lubrano; Ambrosino; Perrotta, 2025).

Against this background, the present study is justified by the need to gather scientific evidence demonstrating the importance of integrating mental health services and physical rehabilitation in the management of fibromyalgia, considering the interfaces among chronic pain, psychological distress, functioning, quality of life, and comprehensive care. Accordingly, this study aims to analyze the available evidence on the integration of mental health services and physical rehabilitation in fibromyalgia management, highlighting its contribution to pain reduction, improved functioning, the promotion of mental health, and enhanced quality of life through interdisciplinary care centered on patients' needs.

METHODOLOGY

This is an integrative literature review of a descriptive nature and with a qualitative approach, conducted to synthesize and critically analyze scientific evidence on the integration of mental health services and physical rehabilitation in the management of fibromyalgia, focusing on the interfaces among chronic pain, psychological distress, functioning, quality of life, and comprehensive care. The integrative review method was selected because it enables studies with different methodological designs to be brought together, compared, and interpreted, thereby supporting a broad understanding of the current state of scientific knowledge.

The review was guided by the following research question: What scientific evidence is available on the integration of mental health services and physical rehabilitation in the management of fibromyalgia, and what are its effects on chronic pain, psychological distress, functioning, quality of life, and the promotion of comprehensive care?

The literature search was conducted in the PubMed and Latindex databases and supplemented by articles indexed in Open Journal Systems (OJS) repositories, encompassing national and international open-access scientific journals. The search strategy was structured by combining controlled descriptors from the Health Sciences Descriptors (Descritores em Ciências da Saúde—DeCS) and Medical Subject Headings (MeSH), using the Boolean operators AND and OR. The following descriptors were used: “Fibromyalgia,” “Mental Health,” “Physical Rehabilitation,” “Chronic Pain,” “Quality of Life,” “Functionality,” “Comprehensive Health Care,” “Psychological Distress,” “Interdisciplinary Care,” and “Rehabilitation.”

The inclusion criteria were as follows: scientific articles published between 2021 and 2026; full-text availability; publication in Portuguese or English; and original studies, systematic reviews, integrative reviews, meta-analyses, and observational studies addressing the integration of mental health, physical rehabilitation, and fibromyalgia management, as well as research related to chronic pain, functioning, psychological distress, quality of life, and interdisciplinary care. Studies presenting clinically

relevant outcomes for healthcare practice and the organization of comprehensive care were also considered.

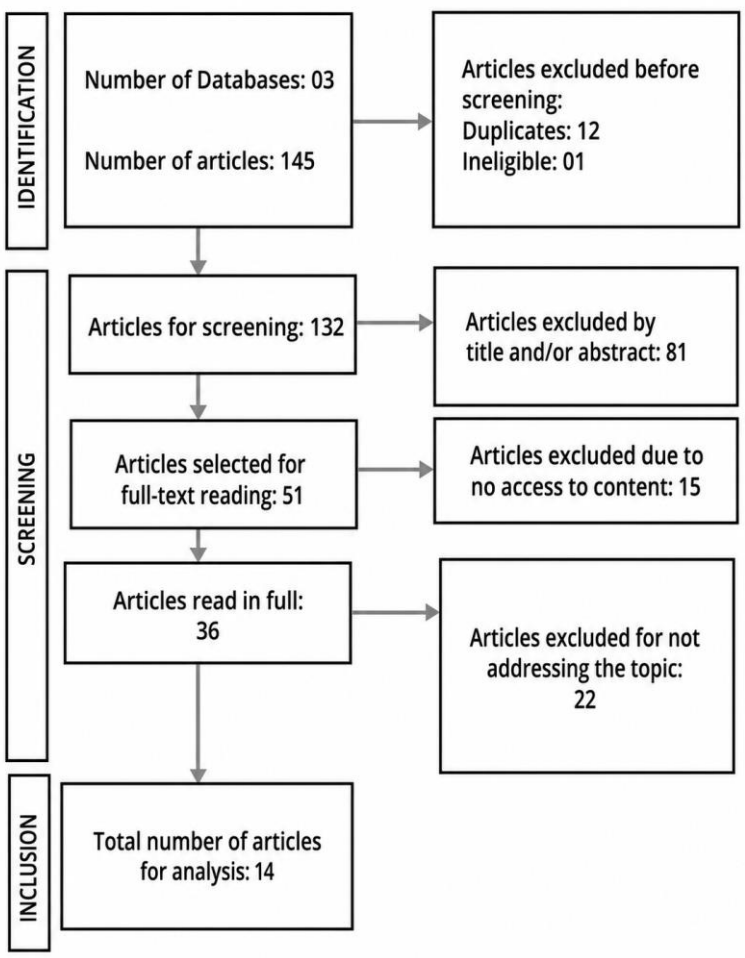
The exclusion criteria comprised articles duplicated across the databases consulted, studies published before 2021, papers in languages other than those previously specified, conference abstracts, editorials, letters to the editor, dissertations, theses, book chapters, research protocols, experience reports, studies without full-text access, and publications that did not address the objective of this review.

The study-selection process occurred in successive stages, comprising the identification of records in electronic databases, removal of duplicates, screening of titles and abstracts, full-text eligibility assessment, and inclusion of studies that met the previously established criteria. Information regarding authors, year of publication, objective, methodological characteristics, main findings, and contributions to the topic under investigation was subsequently extracted, allowing the scientific evidence to be organized and synthesized.

The flowchart showing the stages of study identification, selection, eligibility assessment, and inclusion is presented in Figure 1, which summarizes the methodological process employed in this integrative review.

Figure 1

Flowchart of the study-selection process for the integrative review.



Source: Prepared by the authors (2026).

The selected studies were analyzed using a descriptive and interpretive approach, enabling comparison of the literature's main findings regarding the integration of mental health services and physical rehabilitation in the management of fibromyalgia. The evidence was organized into thematic categories, considering the repercussions for chronic pain, psychological distress, functioning, and quality of life, as well as the contributions of interdisciplinary care to the promotion of comprehensive care.

Because this study is an integrative literature review developed exclusively from secondary data available in publicly accessible scientific publications, review and approval by a Research Ethics Committee are not required under the guidelines of National Health Council Resolution No. 510 of April

7, 2016, as the study involved neither data collection from human participants nor access to personally identifiable information.

RESULTS AND DISCUSSION

The study search and selection strategy resulted in the identification of potentially relevant publications in the databases consulted. After application of the inclusion and exclusion criteria, screening of titles and abstracts, and full-text assessment, 14 studies were selected for the final sample of this integrative review. The publications analyzed, produced between 2021 and 2026, showed that integrating mental health services and physical rehabilitation represents a promising approach to fibromyalgia management, contributing to reduced chronic pain, improved functioning, decreased psychological distress, and enhanced quality of life.

The studies also highlighted the importance of interdisciplinary practice, multidimensional assessment, and the implementation of patient-centered therapeutic strategies that simultaneously address the syndrome's physical, emotional, and psychosocial dimensions.

The distribution of the included studies, together with their principal methodological characteristics and contributions to the topic under investigation, is presented in Table 1.

Table 1

Characteristics of the studies included in the integrative review.

Author/Year	Study objective	Study focus	Main findings
Maurel *et al.* (2021)	To investigate the role of mindfulness and acceptance as mediators between negative affect, functional disability, and emotional distress in individuals with fibromyalgia.	Mental health and functioning	The study showed that mindfulness- and acceptance-based interventions significantly reduce emotional distress and functional disability, promoting greater psychological flexibility, adaptation to the pain condition, and improved functional performance.
Liechti *et al.* (2022)	To identify prognostic factors related to quality of life after interdisciplinary chronic	Interdisciplinary rehabilitation	The study demonstrated that interdisciplinary rehabilitation programs provide sustained quality-of-life benefits, with psychosocial,

	pain rehabilitation programs.		emotional, and functional factors serving as important predictors of clinical response and treatment progression.
Paolucci *et al.* (2022)	To evaluate a telerehabilitation intervention based on mind–body techniques for patients with fibromyalgia.	Telerehabilitation	The study found that telerehabilitation based on mind–body techniques simultaneously improves pain intensity, physical functioning, emotional balance, and quality of life, demonstrating strong applicability as an integrated care strategy.
Climent-Sanz *et al.* (2023)	To synthesize qualitative evidence on the effectiveness of pain management from the perspective of patients with fibromyalgia.	Patient experience	The study found that treatment effectiveness is directly related to interprofessional care, responsiveness to individual needs, skilled therapeutic communication, and continuity of interdisciplinary follow-up.
Hu *et al.* (2023)	To review self-management interventions for chronic widespread pain, including fibromyalgia.	Self-care	The study concluded that structured self-management programs strengthen patient autonomy, support coping with chronic pain, and improve clinical outcomes when combined with continuous interprofessional support.
Nishikawara *et al.* (2023)	To investigate factors that facilitate or hinder access to healthcare services for people with fibromyalgia.	Access to healthcare services	The study showed that symptom validation, attentive listening, and integration among different healthcare professionals increase treatment adherence, strengthen the therapeutic relationship, and improve patients' care experiences.
Jones *et al.* (2024)	To update the evidence on the clinical management of fibromyalgia.	Multidisciplinary management	The study reaffirmed that the best clinical outcomes are obtained through multidisciplinary strategies integrating pharmacological therapies, physical rehabilitation, ongoing psychological support, health education, and self-care interventions.
Mellace *et al.* (2024)	To evaluate the influence of psychological factors on the functional status of individuals with fibromyalgia.	Psychological factors	The study demonstrated that anxiety, depression, and psychological distress independently affect functional limitation, showing that emotional factors are important determinants of fibromyalgia-related disability.
Steen *et al.* (2024)	To evaluate the effectiveness of mind–body therapies in treating fibromyalgia.	Integrative therapies	The study found that mind–body therapies are consistently effective in reducing pain, anxiety, and stress while significantly improving

			functioning, adaptive capacity, and quality of life.
Amzolini *et al.* (2025)	To analyze multimodal nonpharmacological interventions targeting the emotional and cognitive symptoms of fibromyalgia.	Multimodal interventions	The study found that multimodal nonpharmacological approaches provide broad clinical benefits for physical, cognitive, and emotional symptoms, contributing to more comprehensive and patient-centered care.
Patel *et al.* (2025)	To investigate the relationship among hope, optimism, emotional regulation, and pain in patients with fibromyalgia.	Mental health	The study identified a significant association between higher levels of hope and optimism and effective emotional regulation, on the one hand, and lower pain intensity, better psychosocial adaptation, and higher quality-of-life indicators, on the other.
Telli and Akkuş (2025)	To evaluate the relationship among pain, emotional regulation difficulties, and social support in individuals with fibromyalgia.	Pain and psychological distress	The study showed that emotional regulation difficulties combined with limited social support intensify depressive and anxiety symptoms, increase functional disability, and significantly compromise quality of life.
Aavula *et al.* (2026)	To discuss the integration of Mechanical Diagnosis and Therapy into multidisciplinary biopsychosocial care for chronic musculoskeletal pain.	Interdisciplinary care	The study demonstrated that incorporating physical rehabilitation into a multidisciplinary biopsychosocial model improves pain control, supports functional recovery, and strengthens comprehensive care for patients with chronic pain.
Oliva *et al.* (2026)	To analyze the structural relationship between pain and depression in patients with fibromyalgia.	Pain and depression	The study confirmed a strong bidirectional interaction between chronic pain and depression, showing that both factors exacerbate functional limitations and reinforce the need for integrated interventions involving mental health and physical rehabilitation.

Source: Prepared by the authors (2026).

The findings of this review show that fibromyalgia should be understood as a multifactorial clinical condition whose management requires the integration of mental health services and physical rehabilitation. Jones et al. (2024) argue that therapeutic models centered exclusively on analgesia yield limited results because they do not address the emotional, cognitive, and functional components that sustain the persistence of chronic pain. Consistently, Aavula et al. (2026) state that coordination among

different professional disciplines supports more comprehensive interventions capable of addressing the multiple needs of people with fibromyalgia.

Within interdisciplinary care, integration between mental health and rehabilitation professionals broadens the understanding of factors that affect the syndrome's clinical progression. Mellace et al. (2024) demonstrate that psychological variables directly influence functional capacity independently of pain intensity, indicating that emotional factors should be incorporated into treatment planning. Similarly, Oliva et al. (2026) find that pain and depression have a bidirectional relationship in which the worsening of one component negatively affects the other, thereby justifying simultaneous and integrated interventions.

Another relevant aspect concerns the role of emotional regulation in symptom control. Telli and Akkuş (2025) observed that difficulty recognizing and managing emotions, combined with limited social support, significantly increases anxiety, depression, and functional disability. This evidence is corroborated by Patel et al. (2025), who identify an association between hope, optimism, and better adaptation to pain, suggesting that strengthening emotional resources is an important protective factor for patients' quality of life.

The literature also emphasizes that structured psychological strategies produce consistent benefits for functioning. Maurel et al. (2021) show that mindfulness and acceptance promote greater psychological flexibility in responding to persistent pain, reducing emotional distress and functional limitation. Similarly, Steen et al. (2024) demonstrate that mind–body interventions simultaneously reduce pain, anxiety, and stress, indicating that integrative approaches enhance the outcomes achieved through conventional physical rehabilitation programs.

The benefits observed with psychological interventions become even more pronounced when combined with therapeutic exercise. Paolucci et al. (2022) found that telerehabilitation programs based on mind–body techniques produced concurrent improvements in functioning, emotional balance, and pain intensity. These results converge with the observations of Aavula et al. (2026), according to whom

integrated biopsychosocial models enhance functional recovery and promote greater treatment adherence, particularly among individuals with chronic musculoskeletal conditions.

Another point of convergence among the studies concerns the patient's leading role throughout the therapeutic process. Hu et al. (2023) emphasize that self-management programs strengthen autonomy and develop skills for coping with pain in everyday life. Likewise, Jones et al. (2024) argue that health education is an essential component of multidisciplinary treatment, enabling individuals to understand their clinical condition and actively participate in decisions about their own care.

The relationship between professional support and treatment adherence also warrants attention. Nishikawara et al. (2023) demonstrate that patients with fibromyalgia value professionals who acknowledge the legitimacy of their symptoms and communicate empathetically throughout follow-up. This perception is consistent with the findings synthesized by Climent-Sanz et al. (2023), who identify attentive listening, individualized interventions, and continuity of care as fundamental elements in strengthening the therapeutic relationship and improving the care experience.

From another perspective, functioning does not depend exclusively on pain reduction. Mellace et al. (2024) show that emotional disturbances significantly compromise the performance of daily activities even when pain intensity remains relatively stable. This finding broadens the understanding of fibromyalgia by demonstrating that functional recovery requires interventions targeting both physical factors and the psychological and social determinants of illness.

Similarly, interdisciplinary rehabilitation programs have effects that extend beyond motor recovery. Liechti et al. (2022) find that improved quality of life is associated with emotional regulation, adaptive capacity, and the strengthening of psychosocial resources during rehabilitation. These findings reinforce the understanding that therapeutic effectiveness results from integrating physical, psychological, and educational interventions rather than applying specific procedures in isolation.

Another aspect highlighted in the literature is the need to replace fragmented models with coordinated care networks. Jones et al. (2024) argue that contemporary fibromyalgia management should

involve physicians, physical therapists, psychologists, occupational therapists, nurses, and other professionals working in a coordinated manner. Similarly, Aavula et al. (2026) emphasize that integrating different levels of care strengthens continuity, reduces fragmentation, and improves clinical problem-solving capacity.

In addition to their individual benefits, integrated strategies have important implications for healthcare systems. Hu et al. (2023) point out that patients who are better equipped to self-manage tend to demonstrate greater treatment adherence and less dependence on exclusively pharmacological interventions. At the same time, Paolucci et al. (2022) demonstrate that telerehabilitation modalities can expand access to specialized care, supporting continuous follow-up even when healthcare services face geographical or structural limitations.

The results also indicate that psychological distress should not be interpreted solely as a consequence of chronic pain but as an active component of pathophysiology and functional disability. Oliva et al. (2026) show that depressive symptoms intensify pain perception and hinder clinical recovery. In addition, Telli and Akkuş (2025) demonstrate that emotional regulation disturbances exacerbate this process, reinforcing the need for early mental health interventions throughout the therapeutic pathway.

In summary, the studies analyzed converge in demonstrating that effective fibromyalgia management depends on integrating mental health and physical rehabilitation within a biopsychosocial and interdisciplinary framework. The agreement among the authors indicates that interventions focused solely on pain control are insufficient to promote lasting functional recovery. Conversely, care models that coordinate psychological support, physical rehabilitation, health education, strengthened self-care, and interprofessional practice promote better clinical outcomes, greater functioning, reduced psychological distress, and consistent improvements in quality of life, thereby consolidating the principles of comprehensive care.

CONCLUSION

This integrative review made it possible to understand that integrating mental health services and physical rehabilitation is essential to fibromyalgia management, given the clinical complexity of the syndrome and the continuous interaction among chronic pain, psychological distress, functional limitation, and impaired quality of life. The evidence analyzed addressed the proposed objective by demonstrating that interdisciplinary approaches produce more consistent outcomes than interventions focused exclusively on pain control, promoting broader, more humanized care aligned with the principles of comprehensive care.

The included studies consistently showed that combining physical rehabilitation strategies, ongoing psychological support, health education, and strengthened self-care contributes to reducing pain intensity, minimizing anxiety and depressive symptoms, improving functioning, and promoting greater patient participation in daily activities. Thus, the integration of different professionals and levels of care was found to be essential to improving clinical outcomes and the quality of life of people with fibromyalgia.

Another relevant finding is that emotional factors directly influence disease progression, affecting pain perception, functional capacity, and treatment adherence. Accordingly, incorporating mental health as a permanent component of physical rehabilitation programs expands treatment possibilities, strengthens the development of individualized care plans, and contributes to coping with the biopsychosocial repercussions associated with the syndrome.

It was also possible to observe that care models grounded in interdisciplinarity promote greater continuity of care, communication among professionals, and active patient participation in treatment-related decisions. This coordination among different fields of knowledge strengthens comprehensive care and enables interventions to be tailored to physical, emotional, and social needs, promoting greater therapeutic effectiveness and better use of the resources available within healthcare services.

In light of the findings presented, it is concluded that integrating mental health and physical rehabilitation is an indispensable strategy for caring for people with fibromyalgia because it enables more effective interventions, reduces the impact of chronic pain on functioning, and promotes consistent improvements in quality of life. The adoption of interprofessional practices and biopsychosocial models strengthens comprehensive care and contributes to care centered on each patient's individual needs.

For future research, longitudinal studies and multicenter clinical trials are recommended to evaluate the effects of integrated programs involving psychology, physical therapy, occupational therapy, health education, and telehealth technologies, considering clinical, functional, emotional, and quality-of-life indicators. Research adopting this approach may strengthen the available scientific evidence and support the development of more effective care protocols for the comprehensive management of fibromyalgia.

REFERENCES

Aavula, M. *et al*. Integrating Mechanical Diagnosis and Therapy Within Multidisciplinary Biopsychosocial Care for Chronic Musculoskeletal Pain. *Journal of Orthopaedics and Sports Medicine*, v. 8, p. 49-57, 2026.

Alvarez, M. C. *et al* Exploring the Relationship between Fibromyalgia-Related Fatigue, Physical Activity, and Quality of Life. *International Journal of Environmental Research and Public Health*, v. 19, 2022.

Amzolini, A. *et al*. Multimodal Non-Pharmacological Interventions for Fibromyalgia: Targeting Emotional and Cognitive Symptoms. *Balneo and PRM Research Journal*, 2025.

Benz, T. *et al*. Comprehensiveness and validity of a multidimensional assessment of patients with fibromyalgia: a prospective cohort study. *BMC Musculoskeletal Disorders*, v. 26, 2025.

Borze, T. F. *et al*. The Influence of Rehabilitation Programs on the Mental State and Quality of Life in Patients with Fibromyalgia: A Comparative Cohort Study from Romania. *International Journal of Environmental Research and Public Health*, v. 22, 2025.

Climent-Sanz, C. *et al*. Fibromyalgia Pain Management Effectiveness from the Patient Perspective: A Qualitative Evidence Synthesis. *Disability and Rehabilitation*, v. 46, p. 4595-4610, 2023.

Galvez-Sánchez, C. M.; Montoro, C. Psychoeducation for Fibromyalgia Syndrome: A Systematic Review of Emotional, Clinical and Functional Related-Outcomes. *Behavioral Sciences*, v. 13, 2023.

Giorgi, V. *et al*. Fibromyalgia: one year in review 2023. *Clinical and Experimental Rheumatology*, v. 41, n. 6, p. 1205-1213, 2023.

Hu, X. *et al*. Self-management interventions for chronic widespread pain including fibromyalgia: a systematic review and qualitative evidence synthesis. *Pain*, v. 166, e36-e50, 2024.

Jones, E. *et al*. Management of Fibromyalgia: An Update. *Biomedicines*, v. 12, 2024.

Liechti, S. *et al*. Prognostic Factors for Quality of Life After Interdisciplinary Pain Rehabilitation in Patients with Chronic Pain—A Systematic Review. *Pain Medicine*, v. 24, p. 52-70, 2022.

Luciano, J. V. *et al*. The Contribution of the Psychologist in the Assessment and Treatment of Fibromyalgia. *Current Treatment Options in Rheumatology*, v. 9, p. 11-31, 2023.

Lubrano, E.; Ambrosino, P.; Perrotta, F. Psychological Health in the Management of Patients with Psoriatic Arthritis: An Intricate Relationship. *Rheumatology and Therapy*, v. 12, p. 407-419, 2025.

Maugars, Y. *et al*. Fibromyalgia and Associated Disorders: From Pain to Chronic Suffering, From Subjective Hypersensitivity to Hypersensitivity Syndrome. *Frontiers in Medicine*, v. 8, 2021.

Maurel, S. *et al*. Identifying mindfulness and acceptance as mediators between negative affect, functional disability and emotional distress in patients with fibromyalgia. *Clinical and Experimental Rheumatology*, 2021.

Mascarenhas, R. O. *et al*. Association of Therapies With Reduced Pain and Improved Quality of Life in Patients With Fibromyalgia: A Systematic Review and Meta-analysis. *JAMA Internal Medicine*, 2020.

Mellace, D. *et al*. Beyond pain: the influence of psychological factors on functional status in fibromyalgia. *Clinical and Experimental Rheumatology*, v. 42, n. 6, p. 1224-1229, 2024.

Navarro-Moreno, V. *et al*. Body Image and Body Awareness Interventions in Chronic Pain: A Systematic Review of Effects on Pain-Related Variables and Emotional Distress. *Journal of Pain Research*, v. 19, 2026.

Nishikawara, R. *et al*. "You have to believe the patient": What do people with fibromyalgia find helpful (and hindering) when accessing health care? *Canadian Journal of* Pain, v. 7, 2023.

Oliva, F. *et al*. The Relationship Between Pain and Depression in Fibromyalgia: Structural Equation Modeling and Network Analysis. *International Journal of Environmental Research and Public Health*, v. 23, 2026.

Paolucci, T. *et al*. Telerehabilitation proposal of mind-body technique for physical and psychological outcomes in patients with fibromyalgia. *Frontiers in Physiology*, v. 13, 2022.

Parsirad, M. *et al*. Has the COVID-19 Pandemic Impacted the Management of Chronic Musculoskeletal Pain? *Current Rheumatology Reports*, 2023.

Patel, A.; Vijin, J.; Patil, A. Relationship between hope, optimism, emotional regulation, and pain in fibromyalgia. *Clinical Rheumatology*, v. 44, p. 5063-5068, 2025.

Steen, J. P. *et al*. Mind-body therapy for treating fibromyalgia: a systematic review. *Pain Medicine*, v. 25, p. 703-737, 2024.

Telli, H.; Akkuş, M. The interplay of pain, emotional regulation difficulties, and social support in individuals diagnosed with fibromyalgia: impact on depression, anxiety, functional disability, and quality of life. *Psychology, Health & Medicine*, v. 30, p. 1540-1559, 2025.

Úbeda-D'ocasar, E. *et al*. Relationship between pain, functionality, and body composition in patients with fibromyalgia: cross-sectional study. *Frontiers in Medicine*, v. 12, 2026.