The FACIT-Fatigue is a valid and responsive measure of fatigue in patients with SLE. Improvement of fatigue is associated with improved or unchanged BILAG General status compared to baseline. FACIT-Fatigue scores of 0.3–0.7. Mean FACIT-Fatigue improvement was higher in patients who improved with improved or unchanged BILAG General status compared to baseline experienced with BILAG and SLEDAI total scores (r

FACIT-Fatigue scores varied substantially across respondents, ranging from 0 to 60. Cronbach’s alpha was 0.80 at all visits. In cross-sectional analyses, the SF-36 Physical Component Summary (PCS) scores differentiated between groups defined by BILAG General and Musculoskeletal domain ratings at most visits. SF-36 scores had moderate-high correlations with BPI and PGA (r

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

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The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

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The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.

The FACIT-Fatigue was estimated to be approximately 3–6 points. In addition, 90% reported a disturbance of sleep by pain several times per night. As a result, only 13% of patients felt relaxed and awake in the next morning. However, the difficulties respondents reported to feel better after sleeping. CONCLUSIONS: The majority of chronic pain patients suffer from insomnia. It causes serious difficulties in initiating or maintaining sleep. The adjustment of pain medication considerably influenced the quality and quantity of sleep and thus achieve an increase in quality of life.