



OhioHealth MS Center: *Hot Topics in MS*



Mental Health and Wellness in MS

Jakai Nolan, DO, MPH



OhioHealth MS Center: *Hot Topics in MS*

Disclosure

- Fellow Scientific Advisory Board, Genentech



Learning Objectives

- At the conclusion of this presentation, the participant should be able to:
 1. Recognize the impact of psychosocial factors on the mental health and wellness of patients with MS
 2. Improve patient/clinician communication and coordination amongst multidisciplinary clinicians who manage patients with MS



Psychosocial Impact of MS

- Financial, vocational, & social implications during most productive years
- Greatest impact of MS (Gredizliotu et al., 2000):
 - Reduction of income (37%)
 - Unemployment (40%)
 - Change in hobby (25%)
 - Social isolation (29%)
 - Increased need for assistance (37%)
- 90% of workers cut back work (Smith & Arnett, 2005)
- Health care utilization among insured is two to three times higher (Pope et al., 2002)



OhioHealth MS Center: *Hot Topics in MS*

Quality of Life (QoL)



- Patients with MS report a lower QoL compared to patients with other chronic diseases, as well as the general population
- Increased disability associated with lower QoL (MOS SF-36, Prosser, Kuntz, Bar-or, & Weinstein, 2003)
- Factors that predict quality of life: physical disability, disease progression, fatigue and reduced physical capacity, cognition, and depression (Benedict et al., 2005; Kerling et al., 2014)



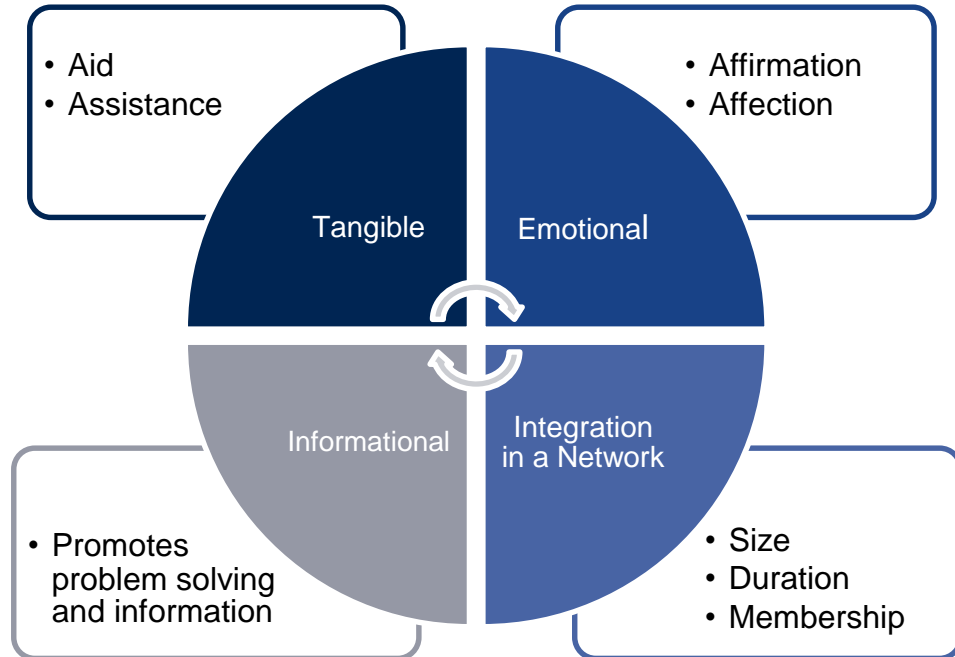
Relationships & MS

- Beneficial effects of adequate support
 - Social support related to:
 - Physical health
 - Recovery from illness
 - Improved health
 - Improved wellbeing
- Negative effects of inadequate support
 - Impact of disease diagnosis on relationships



What is Social Support

- “Resources and interactions supplied by others that may be helpful for aiding a person to cope with a problem or stressful situation such as a chronic illness” (Wills & Fegan, 2001)



Familial Relationships

- **Marital status** (Harrison et al., 2004)
 - Men vs Women
 - Spouses provide:
 - Emotional support
 - Tangible support
- **Relationship satisfaction** (McCabe, 2004)
 - Associated with levels of disability & times of exacerbations
- **Preservation of valued roles** (Harrison et al., 2004)
 - Physical affection between parents with MS and their children
 - Autonomy & independence



Work Relationships

- Changes in work habits
 - “Do I tell my employer and, if so, when?” “Can I continue working?” “What accommodations will I need?”
 - Employment ↓ as EDSS ↑ (Grima et al., 2000; Smith & Arnett, 2005)
 - Adverse financial effects
- Opinions of employers
- New laws, increasing resources, and improved attitudes
 - State government agencies and health care facilities



General Support Networks and MS

- Friend networks & social support networks
 - Negative aspects:
 - Fatigue
 - Impact sharing and communicating with others
 - Mobility limitations
 - Positive aspects:
 - Strengthening of existing friend networks
 - Newfound religious support
 - Seeking assistance from and providing assistance to other pwMS (Schwartz & Sendor, 1999)
 - Support groups
 - New friendships
 - Social structure



**National
Multiple Sclerosis
Society**



OhioHealth MS Center: *Hot Topics in MS*

How does support change with MS?

- Relationship deterioration
 - “I worry I am not a good mate” (45%)
 - “My spouse/significant other babies me” (44%)
- Benefit finding
 - “MS has helped me be closer to my family” (71%)
 - “I am more compassionate towards others” (65%)



Social Emotional Coping

Table 4. Partial Correlation of Self-esteem with Social-emotional QoL and partial correlations of Social Support with Self-esteem, Ability to Love, Mindfulness, Family Relations Growth.

Correlation self-esteem with ...	Correlation	Significance
... Social-emotional QoL *	-0.59	0.00
<i>Correlations Social Support with ...</i>		
... Self-esteem	0.32	0.00
... Ability to love	0.20	0.03
... Mindfulness (BFIMSS scale)	0.18	0.05
... Family Relat. Growth (BFIMSS scale)	0.36	0.00

Note: For all correlations Df = 118.

*A high social-emotional QoL is described by low values. In this case, what the negative correlation expresses is that high QoL goes along with a high self-esteem and a low QoL goes along with a low self-esteem.



How does support change with MS?



- Social support endorsed less over time
 - “Variety, amount, and quality of social contacts are all diminished by MS.” (Mohr et al., 1999)
- Possible reasons:
 - Activity/participation restrictions
 - Social isolation
 - Less exposure to individual without illness
 - Cognitive impairment
 - Depression and anxiety



How does support change with MS?

- Needs may change over time (McCabe et al., 2003)
- Self-reported perceived needs
 - Newly diagnosed and younger
 - Psychological services
 - Vocational services
 - Longer diagnosed and older
 - Transportation
 - Home care
 - Attendants



Sociodemographic Variables

Differences in psychosocial adjustment according to sociodemographic variables.

Variable	Psychosocial adjustment			Mental health composite of QOL			Physical health composite of QOL		
	Mean (SD)	t/F	P value	Mean (SD)	t/F	P value	Mean (SD)	t/F	P value
Gender									
Female	67.1 (8.5)	-4.01	.001	19.69 (17.9)	2.58	.01	60.13 (11.62)	5.49	< .01
Male	57.4 (12.5)			33.02 (26.3)			29.67 (14.95)		
Education									
High school or less	70.91 (3.8)	4.32	< .001	10.16 (6.9)	4.92	< .01	26.54 (4.2)	0.42	.68
Graduate level	64.60 (10.4)			23.32 (20.9)			33.32 (18.20)		
Employment									
Yes	63.9 (10.9)	-3.26	.008	25.60 (21.6)	3.85	< .01	30.8 (19.12)	0.32	.76
No	68.9 (6.2)			13.99 (14.19)			34.2 (17.9)		
Income									
Poor	68.8 (6.8)	3.85	.002	15.26 (16.1)	4.1	< .01	22.82 (5.6)	52.1	< .001
Medium	62.99 (11.2)			27.7 (21.8)			36.45 (18.8)		
Marital status									
Single	64.8 (19.6)	0.48	.62	21.3 (18.1)	1.7	.34	18.3 (20.1)	1.8	.30
Married	65.2 (22.4)			23.8 (22.2)			22.8 (23.4)		
Divorced	72 (25.3)			6.61 (3.2)			10.21 (4.3)		



Support in Medical Settings

- Associated with reduced morbidity and mortality
- MS Patient/Clinician Relationship
 - Effective communication
 - Empathetic communication
- Clinicians provide:
 - Emotional support
 - Informational support



Interventions

Erickson, Lie and Wineinger (1989) state that “the goal of rehabilitation in multiple sclerosis is to maximize the patient's physical, emotional, social and vocational independence.”

- Support for further identification of:
 - Information, education, and peer support by neurologists and family physicians
 - Information, counseling, assessment, and therapy
- Production of:
 - Health-related QoL assessments
 - Culturally competent videos
 - Appropriate media coverage
- Additional expansion of services



OhioHealth MS Center: *Hot Topics in MS*



Questions?



OhioHealth MS Center: *Hot Topics in MS*