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Sustainable effects of a 12-week patient education programme in multiple sclerosis patients: a qualitative analysis

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Objectives: There is huge evidence that Multiple Sclerosis (MS) patients benefit from physical exercise. In a previous publication we have shown that a 12-week training and education program reduces MS symptoms and improves patients' motor control. Besides having quantitative output data, it is of high concern to know how patients transferred and implemented physical exercise in everyday life and what barriers patients had to face.

Methods: 15 MS patients (age = 48.1 ± 9.2 years, EDSS = 4 ± 1.5) participated in pretests, a 12-week patient education program (instructed and assisted self-regulated training phases), posttests and 32 weeks later in sustainability tests. Guided interviews were carried out at all test times. The transcribed interviews were qualitatively analyzed supported by computer-assisted software. The primary inductive formed categories were inter alia motivation, training management, exercise behavior in daily living and quality of life.

Results: Motivation strategy and self-regulated training organization were interrelated: Intrinsic motivated patients showed a more regular and specific exercise whereas extrinsic motivated exercised irregularly because they missed the training group: "That's why it is better, that I am doing my exercises in a group and have an appointment outside the home." Most patients placed training and rest periods in their daily routine, meaningfully. "Rest periods, they are better-placed by me [...] I am not that exhausted the whole day." Different strategies of implementing training in everyday life could be uncovered: "I can better discipline myself [...] I was thinking about set hours [for training] depending on how it fits in my life. "Barriers have been identified which prevented them from exercise: "[...] if you come home in the afternoon at 4 pm, you are knocked-out [...] I can't do my exercises anymore." Interviews showed an improved self-confidence and patients performed better in activities of daily living: "Blowing-dry the hair [...] brushing teeth [...] that all ameliorated, too."

Conclusion: The interview data showed that it was possible to transfer training competences to the patients, to modify their exercise behavior in daily living, to improve their empowerment and to enable sustainable regular self-regulated exercise. One might conclude an instructed and self-regulated training seems to be a feasible option for MS patients to maintain or improve their integral constitution concerning physical and mental health.