

RIMS REHABILITATION IN
MULTIPLE SCLEROSIS
European network for best practice and research

KLINIKEN VALENS



Preceptorship on rehabilitation in multiple sclerosis

19-21 September 2013 - Valens, Switzerland



Improving the patient's life through medical education
www.seronosymposia.org

psychosomatic medicine

social factors

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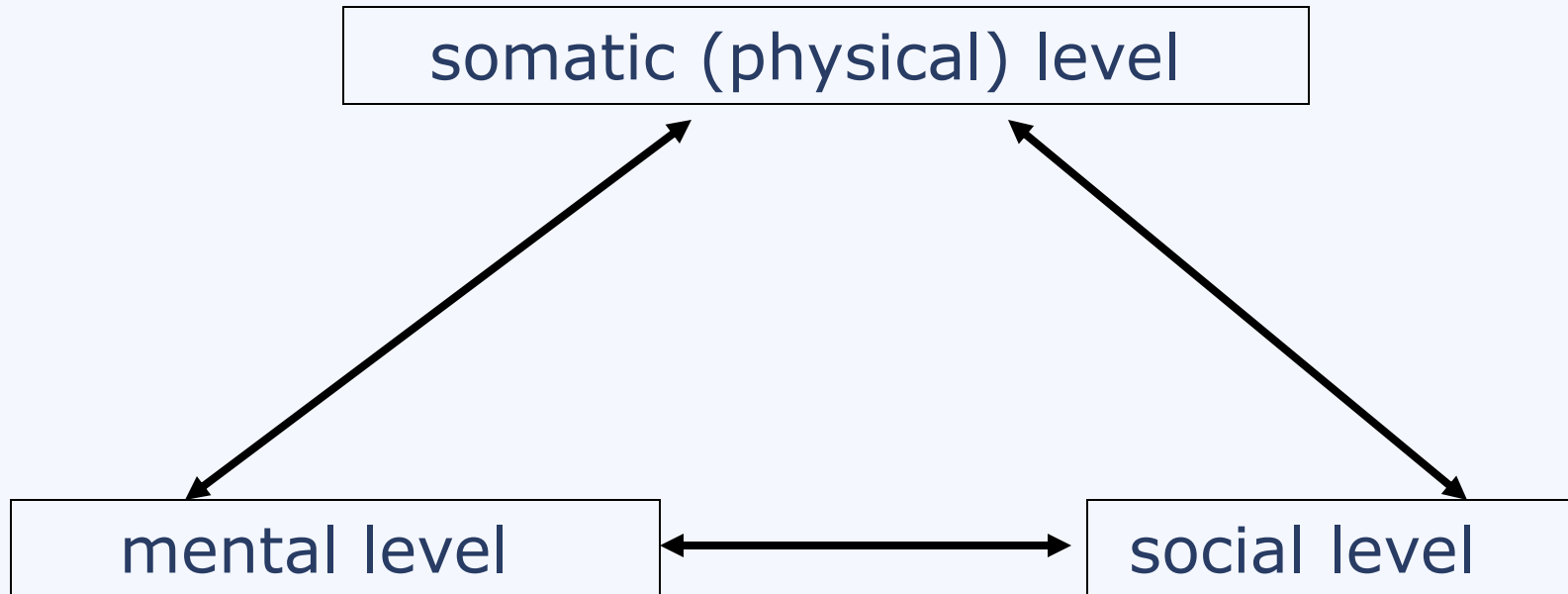
Topics

- definition
- symptoms in neurologic diseases, which interfere with communication and social relations
- depression: possible causes, symptoms and therapy
- emotional lability: cause, difference from depression
- anxiety: vicious circle, symptoms and therapy
- favorable coping strategies

Psychosomatic Medicine

gives attention to persons suffering from

- **severe physical illness and difficulties to cope with**
- chronic pain
- physical disturbances without objective evidence of physical disease (e.g. palsy)



Bio-Psycho-Social Model

George Engel

new paradigm (Aaron Antonovsky 1979)

continuous change

healthy

sick



favorable resources

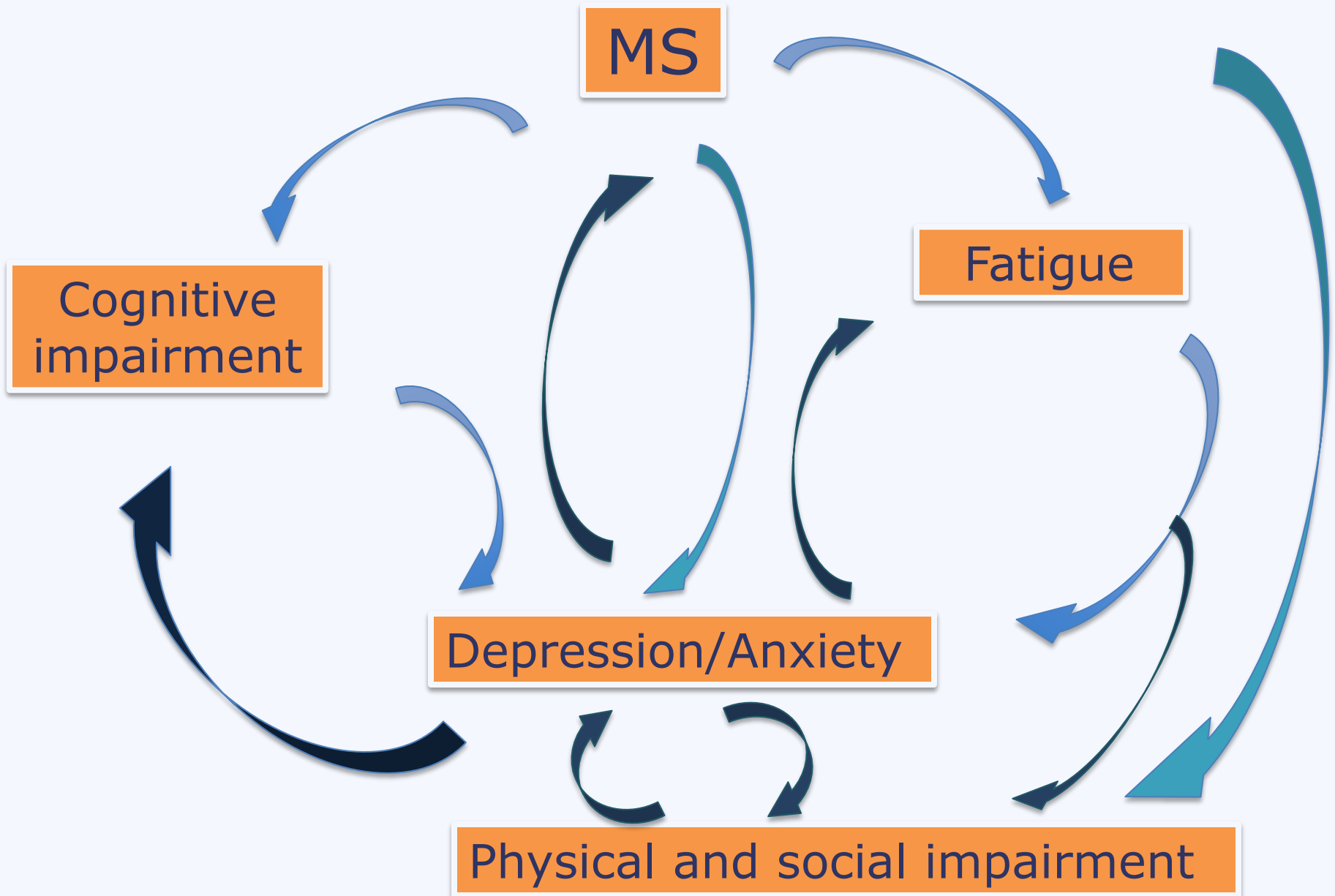
damaging events

Symptoms in neurologic diseases, which interfere with communication and social relations

- dysarthrophonia
- change in facial expression and body language
- bladder/bowel/sexual dysfunction
- dysphagia
- neuropsychologic impairment
 - ❖ cognitive abilities (reduced in 40-60% of persons with MS)
 - ❖ affective disorders (depression, emotional lability, anxiety)

Mr. C. S. 50 y

- MS for 20 years, EDSS 5
- married, 2 daughters (16/12), the younger disabled with paraplegia (myelomeningocele)
- lost job as a mechanic because of disability
- brought his younger daughter to school by car and 3x/w to therapies
- was forced to stop driving because of severe cognitive impairment , he himself was completely unable to see the cause
- did not stop driving, depression => mental hospital
- sheltered workshop



Depression in patients with MS

lifetime incidence of depression in MS persons - **50%!**

partially

- ❖ result of structural changes of the brain

Depression

in consequence of

- ❖ structural and functional changes of the brain
- ❖ physical and social impairment
 - awareness of disability
 - lose autonomy, being dependent
 - no possibility to do things one likes much
 - poor acknowledgment
 - loss of social position, uncertainty
- ❖ history (personality, circumstance)
- ❖ unfavourable coping strategies

Depression

- decreases quality of life
- decreases competence of activity in daily living (ADL) independently of motor function
- decreases learning aptitude

Suzanne Holroyd et al, Neurology 2005;64:2134-2135

A A Schmid et al, Neurology 2011;76 (11):1000-1005

Depression

Symptoms

- sadness or feeling empty, numb
- no self-esteem
- no joy at anything, lack of vigour
- extreme fatigue, especially in the morning
- social withdrawal
- no appetite, weightloss
- sleeping disorder

Depression

Therapy

- psychotherapy (cognitive behavioral, mindfulness and others)
- medication (SSRI and other)
- relaxation techniques (e.g. autogenic training, yoga and others)
- adaptation of the social environment
- modification of behaviour!

Emotional lability

due to lesions in brain tissue

Symptoms

- fluctuant, overwhelming emotions
- lack of control of expression
- pathologic laugh or weep
- **no** long-lasting sadness
- **no loss** of joy

Therapy: antidepressant drugs (SSRI)

Anxiety

reasonable > < for no obvious reason

- fear of future
- worry about possible collapse, traffic , dogs etc.
- social phobia
 - to lose face, to be „different“, „everybody is watching me“
 - to tremble, dysarthria
 - not being able to follow a conversation
 - impaired bladderfunction
 - do people accept me?

Anxiety

Therapy

- psychotherapy
- stop to avoid situations being afraid of
continuous training
start with slightly uncomfortable task
positive imagination of the situation
- relaxation techniques (i.e. muscle relaxation
Jacobson, autogenic training)
- drugs (SSRI, Mirtazapine, Trazodon)
- modification of behaviour

Favourable coping-strategies

active, goal-oriented

- analysis of problems
 - looking for a solution with relatives, friends, specialists
- looking for social activities and emotional support
 - receive and give
 - information of persons near by about illness

Favourable coping-strategies

- timing and optimising efficiency
 - take time to reflect and to plan ahead
 - giving priorities
 - adjust claims towards one self
 - accept the limits of performance
 - question habits and social demands
 - adapt occupational load
 - arrange a timetable (weekly/daily)

Favourable coping-strategies

- positive imagination about remaining possibilities, chances; try, realize
 - activities of daily living
 - hobbies
 - personal relationships

Favourable coping-strategies

active, goal-oriented

- analysis of problems
- looking for information and solutions
- search for social activities and support
- timing and optimising efficiency
- new definition of aim in life, if total regaining of health is not possible
- positive imagination about remaining possibilities, chances; try and realize