Definitions

Health

- A dynamic ever-changing condition that enables an individual to function at optimum potential regardless of limitations

Wellness

- A positive striving unique to the individual in which a person can be ill and still have wellness with a deep appreciation for the joy of living and with a life purpose

Health Care: More than Treatment of Disease

- Preventing disability
- Improving functioning
- Relieving pain
- Addressing mental health concerns
- Helping people cope with symptoms of illness

Promoting Health

Self-initiated Health Behaviors

- Responsibility of each person
- Requires commitment to a healthy lifestyle
- Promotes subjective sense of wellness, perceived health, functional status and quality of life
- Nurtures sense of physical, mental and social health even in the face of chronic disease
Outcomes of Health-Promoting Behaviors

- Patient and family learning
- Self-efficacy
- Adherence
- Well-being
- Prevention of complications
- Coping
- Satisfaction
- Continuity of care
- Quality of life and hope

Barriers to Health Promotion

- Fatigue
- Impairment
- Lack of money
- Lack of convenient facilities
- Interference with other responsibilities
- Lack of transportation
- Lack of information
- Lack of help from health care professionals
- "What I do doesn’t help"

Influence of Financial Concerns on Health-seeking Behavior

- Lack of money
- Limitations of medical insurance coverage
- High co-pay
- High deductible
Social barriers

Lack of support system

- Encouragement
- Advocacy
- Modeling behavior
- Helping eliminate personal barriers
- Community availability of services
  - Transportation
  - Health promotion services
Environmental Barriers

- Medical and dental offices not equipped to evaluate individuals with disabilities
- Scales to monitor weight not available for people in wheelchairs
- Health clubs without expertise or equipment to offer people with disabilities
- Kitchens not adapted for easy food preparation
Cultural Health Beliefs

- Affects how individuals think and feel about their health and health problems
- Affects when and from whom they seek health care
- Affects how they respond to recommendations for lifestyle change, health care interventions, and treatment adherence
- Provides a context through which meaning is gained from information
- Guides actions and decision-making that facilitates self-worth and self-esteem
Primary Care and MS

- People with chronic disease may view their specialist as “their health care provider”

- As a result, primary care issues may not be managed

- Health care providers may refer to specialty care or primary care when patients have a chronic health needs

- Encourage communication between practices

- Educate the patient and other health care providers about primary care needs in the context of MS

### Recommended Screenings: Primary Care in MS

<table>
<thead>
<tr>
<th>Mammogram/clinical breast exam</th>
<th>Influenza vaccine (non-live vaccine recommended)</th>
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<tbody>
<tr>
<td>Pap test and HPV test for cervical cancer</td>
<td>Bone densitometry</td>
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<td>PSA/clinical testicular and rectal exam</td>
<td>EKG</td>
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<td>Hemoccult stool test/colonoscopy</td>
<td>Comprehensive metabolic profile</td>
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<td>Skin inspection for pressure ulcers, melanoma</td>
<td>CBC</td>
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Lifestyle Medicine

- Evidence-based practice of helping individuals and families adopt and sustain healthy behaviors that affect health and quality of life

- Examples include but are not limited to:
  - Improving diet
  - Increasing physical activity
  - Eliminating tobacco use
  - Moderating alcohol consumption

Diet and Nutrition

- Good nutrition is vital for:
  - Reducing risk of heart disease, cancer, stroke and diabetes
  - Weight management
  - Managing fatigue and increasing energy
  - Promoting bowel health and preventing constipation
  - Prevention of osteoarthritis

The American Heart Association’s Diet and Lifestyle Recommendations.
http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/HealthyEating/The-American-Heart-
Associations-Diet-and-Lifestyle-Recommendations_UCM_305855_Article.jsp
American College of Cardiology’s 2013 Prevention Guidelines ASCVD Risk Estimator.
http://www.cardiosource.org/Science-And-Quality/Practice-Guidelines-and-Quality-Standards/2013-
Prevention-Guideline-Tools.aspx
Diet and MS

- There is no specific, restrictive diet that has been shown scientifically to reduce MS activity

- Choosing a diet is a personal decision

- Food allergies or sensitivities may be best managed by elimination of those foods

Diet and MS: Occupational Therapy

- Assists patients with:
  - Meal planning
  - Food purchasing
  - Meal preparation
  - Meal clean up
  - Kitchen arrangement for ease of use
  - Adaptive aids
  - Energy conservation
Diet and MS: Dietician or Nutrition Specialist

- Educates patients about nutrition
- Assesses current nutrition needs
- Designs dietary guide to address:
  - Weight management
  - Osteoporosis
  - Disability preventing ease of food preparation
  - Swallowing problems
  - Fatigue
  - Allergies or food intolerances
  - Skin breakdown
  - Elimination
Exercise and MS

- Promotes general health and adds to the prevention of many diseases
- Helps to prevent osteoporosis
- Improves fatigue
- May be effective in treating depression and other mood disorders
- Health care professional should be consulted before starting an exercise program.

Exercise and MS

- May enhance the promotion of brain health in aging and disease
- May play a role in protective, regenerative and adaptive nerve processes
- May improve cognitive impairment in older people and may decrease their cognitive decline

Exercise and MS

- **Physical Therapists**: Assess abilities and disabilities and then direct an exercise program

- **Exercise trainers**: May work with physically challenged individuals; this must be researched on an individual basis

- **Exercise physiologists**: Enrich an exercise program for overall health benefits
Exercise and MS

- Most people with MS can engage in some form of exercise
- Learning how to exercise within one’s capabilities is empowering
- Exercise programs are difficult to sustain for many people without encouragement and support
- Community programs may be available for this population including swimming, yoga, tai chi *

*Check the National Multiple Sclerosis Society of programs in the community at: www.nationalmssociety.org
Exercise may increase heat sensitivity

- 80% of patients develop increased symptoms with an increase in their core temperature

- **If temperature is an issue in exercise:**
  - Cool the environment
  - Cooling vest or other cooling devices
  - Cool liquids
  - Stop exercise until cooling has lessened symptoms and then resume
  - Re-evaluate exercise if over heating is persistent

Risk Factors in MS: Smoking

- Usual risks of lung disease and cancer
- Fire and burn hazard
- Increased risk of bladder cancer if using an indwelling catheter
- Secondary smoke carries a similar risk to health and to MS

Risk Factors in MS: Smoking

- Increases risk for progressing from a relapsing/remitting clinical course to secondary progressive course

- First degree relatives (parents, children, siblings) of a person with MS who smoke are at higher risk of developing MS

- Increases the risk of developing MS
  - 30-80% increased risk in 4 trials of females
  - More exposure, the higher the risk

Risk factors in MS: Substance Abuse

- Large survey of 708 people with MS

- 14% screened positive for alcohol abuse or dependence

- 7.4% reported misusing illicit drugs or prescription medications in previous month

- Both were associated with greater depressive symptomatology

- Most were interested in cutting down

Alcohol

- Alcohol affects cognition, walking and balance and will potentially increase existing problems in a person with MS
- Alcohol can increase depression
- Alcohol can reduce the quality of sleep
- If alcohol is being used as a stress reducer, other management tools may be more beneficial

Risk factors in MS: Stress

- Stress and stressful life events may have an effect on MS
- Evidence is variable
- Stress may increase the risk of disease progression and disease progression may increase the risk of reported stress

Stress Relief

- When possible, lower stress by eliminating the causative factor

- Manage stress in healthy ways
  - Exercise
  - Relaxation
  - Meditation
  - Prayer
  - Psychotherapy
  - Mind/body exercises
  - Rest
Risk factors in MS: Osteoporosis

- Sedentary lifestyle
- Non weight bearing
- Use of steroids for relapse treatment
- Avoidance of sunlight
- Inadequate nutrition including low calcium intake
- More common in women but men with MS have higher risk than healthy men

Osteoporosis

- Under diagnosed and under treated

- Need regular bone densitometry starting at age 40
  - Recommend DEXA scans (Dual Energy X-ray Absorptiometry)

- Vitamin D and Calcium may play a role

- Utilize PT for weight bearing exercises

- Utilize nutrition expert for healthier diet

- Utilize OT for adaptive equipment to reduce falls

Vitamin D

- Benefit of Vitamin D use in people with MS is being studied but the results are not known yet.

- It is recommended that patients be tested for Vitamin D levels - 25 (OH)D.

- Vitamin D supplementation should be recommended if levels are low.

- Vitamin D supplementation amounts vary around the country and between providers.

Vitamin D: What do we know?

- One study indicated that levels of Vitamin D may be lower during relapses

- MRI activity may vary with seasons – More lesions in the winter and less in the summer

Complementary and Alternative Medicine (CAM)
CAM Statistics

- 42% of individuals in the United States use some form of CAM\(^1\)

- 50% of people using CAM do so without the knowledge of their physician\(^1\)

- 60% of individuals with MS use one or more CAM therapies\(^1\)

- 72% of people with MS studied perceived positive effects from CAM\(^2\)

Evaluate Why Patients Use CAM

- Treating MS more “holistically”
  - No CAM therapy has yet to be shown to be effective in treating the disease process of MS

- Treating symptoms people experience with MS
  - CAM therapies can be beneficial
  - Some evidence-based information supports some therapies
  - Many benefits may be anecdotal but beneficial to some patients
Evidence-based CAM Therapies

- **Ginkgo Biloba (GB)** – weak evidence that GB reduces tiredness but NO evidence it improves cognition
- **Magnetic Therapy** – moderate evidence that magnets lessen tiredness
- **Reflexology** – weak evidence that reflexology helps treat paresthesia
- **Medical Marijuana (Cannabis)**
  - Strong and moderate evidence that pill form can reduce spasticity and lessen pain due to spasticity
  - Moderate evidence that spray form helps treat spasticity and lessens frequent urination


Other CAM Therapies Patients May Use

- Acupuncture
- Meditation
- Hypnotherapy
- Massage
- Chiropractic medicine
- Herbs
  - Caffeine: Fatigue
  - Cranberry: Prevention of UTIs
  - Senna: Constipation
  - St. John’s Wart: Mild depression
  - Valerian: Insomnia

CAM: The Role of Nursing Professionals and Physician Assistants

- Ask about over the counter and CAM use each visit
- Encourage patients to discuss use openly
- Encourage patients to use conventional therapy first
  - Use CAM as “complementary therapy”
- Educate about most CAM therapies:
  - Not FDA approved
  - Side effects of many compounds unknown
  - 99% of herbs are immune stimulating
- Try to have a general understanding of CAM therapies; keep resources available

Conclusion and Summary
Team Approach and MS Care

- Symptoms of MS are complex
- Symptoms of MS frequently change
- Uncertainty related to symptoms may impair quality of life for patients
- Rehabilitation professionals assist in managing changes patients may experience
- Lifestyle Medicine including diet, exercise, reducing risk factors (smoking, substance abuse, stress, osteoporosis) may improve general wellbeing and reduce impact of some symptoms
Chronicity has its pitfalls!

- Even the best educated patient utilizes his or her knowledge as it applies to the current state of the disease.

- When the disease changes, basic information may have to be re-taught because now the perception of the disease is different.

- When progression occurs, new information is needed.
Nursing Implications

- It is important to maintain a keen awareness of education needs of patients over time.
- May need to address patients’ literacy: reading, writing, understanding and processing.
- Patients may not understand basic concepts of health or how to navigate the health care system.
- Information and websites for patients:
  - http://www.nationalmssociety.org/Treating-MS/Complementary-Alternative-Medicines#section-0
  - http://www.nationalmssociety.org/Living-Well-With-MS/Health-Wellness
  - http://nccam.nih.gov/
Nursing Implications

- Stress, depression and anxiety may limit patients’ ability to listen, learn and remember

- Research has shown we only remember 50% or less of what our providers tell us

- Patients are not always comfortable asking providers for clarification causing misinterpretation and misunderstanding

- Cognitive problems may confuse information heard by patients
Summary

- Attention to wellness is a large part of nursing care of MS

- Wellness encompasses many aspects of care:
  - Utilizing Primary care with attention to general health
  - Addressing lifestyle issues that lead to poor health
  - Encouraging lifestyle habits that promote better health and quality of life
  - Utilization of rehabilitation professionals to address improved function
Question-and-Answer Session
Thank you for your participation!

- To receive credit for today’s program, please complete the evaluation test at:  
  https://www.surveymonkey.com/s/CaringWebinarThreeEvaluation

- For upcoming *Caring for the Patient with MS* Webinars, please visit our web page at:  
  http://www.iomsn.org/component/content/article/239

- For additional IOMSN educational opportunities and future webinars programs, please visit IOMSN at:  
  www.IOMSN.org

- We look forward to seeing you for our next CNE webinars:
  - Symptomatic Management of MS: Visible Symptoms on September 22nd
  - Symptomatic Management of MS: Invisible Symptoms on October 20th