

Alternative Therapies and Wellness



IOMSN

International Organization
of Multiple Sclerosis Nurses
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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

- Mammogram/clinical breast exam
- Pap test and HPV test for cervical cancer
- PSA/clinical testicular and rectal exam
- Hemoccult stool test/colonoscopy
- Skin inspection for pressure ulcers, melanoma
- Influenza vaccine (non-live vaccine recommended)
- Bone densitometry
- EKG
- Comprehensive metabolic profile
- CBC
- Thyroid function tests

Lifestyle Medicine

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

US Department of Agriculture. Center for Nutrition Policy and Promotion. <http://www.cnpp.usda.gov/>
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
- For more information: Habek et al. *Clin Neurol Neurosurg.* 2010 Sep;112(7):616-20.

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.**

Vollmer et al. *Int J MS Care*. 2012; 14(suppl 3): 2–14.

Rietberg et al. *Cochrane Database Syst Rev*. 2004;3:CD003980.

Motl et al. *Mult Scler*. 2005;11:459-63.

Motl et al. *Mult Scler*. 2008;14(1):129-35.

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

White et al. *Sports Med.* 2008;38(3):179-86; Vollmer et al. *Int J MS Care.* 2012; 14(suppl 3): 2–14; Colcombe et al. *Psychol Sci.* 2003;14(2):125-130; Prakash et al. *Neuroimage.* 2007;34(3):1238-44; Motl et al. *J Sport & Exercise Psychology.* 2011;33(5):734-741; Motl et al, *Mult Scler.* 2011;17(9):1034-40. Yaffe et al, *Neurology.* 2009;72(23):2029-35.

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

Vollmer et al. *Int J MS Care*. 2012; 14(suppl 3): 2–14.

Petajan, White. *Sports Medicine*. 1999;27:179-191.

Grahn. *BMC Neurol*. 2008 Jan;8:14.

White. *Mult Scler*. 2000;6(3):176-80.

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

Riise et al. *Neurology*. 2003 Oct 28;61(8):1122-4.

Hedström et al. *Neurology*. 2009 Sep 1;73(9):696-701.

Hernán et al. *Brain*. 2005;128(Pt 6):1461-5.

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

Schwartz et al. *Behav Med.* 1999 Fall;25(3):110-6.
Potagas et al. *Mult Scler.* 2008 Nov;14(9):1262-8.
Mitsonis et al. *Int J Neurosci.* 2009;119(3):315-35.

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

Hearn, Silber. *Mult Scler.* 2010; 16(9): 1031–1043.

Weinstock-Guttman et al. *Mult Scler.* 2004 Apr;10(2):170-5.

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

Bennett et al. *Int J MS Care*. 2014;16 (Suppl 1):19-24.

Hearn, Silber. *Mult Scler*. 2010; 16(9): 1031–1043.

Kampman et al. *Acta Neurol Scand Suppl*. 2011: 44–49.

Weinstock-Guttman et al. *Neurologist*. 2012; 18(4): 179–183.

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 CAM¹**
- **50% of people using CAM do so without the knowledge of their physician¹**
- **60% of individuals with MS use one or more CAM therapies¹**
- **72% of people with MS studied perceived positive effects from CAM²**

1. Kennedy. Complementary and Alternative Therapies. In: Advanced Concepts in Multiple Sclerosis Nursing Care. 2nd Ed. Halper (Ed). 2007:225-240.
2. Page et al. The use of complementary and alternative therapies by people with multiple sclerosis. *Chronic Dis Can.* 2003;24(2-3):75-9.

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

Yadav et al. Summary of evidence-based guideline: Complementary and alternative medicine in multiple sclerosis. *Neurology*. 2014;82:1083-1092.

American Academy of Neurology. Summary of evidence-based guideline for patients and their families. <https://www.aan.com/Guidelines/Home/GetGuidelineContent/642>.

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



Kennedy. Complementary and Alternative Therapies. In: Advanced Concepts in Multiple Sclerosis Nursing Care. 2nd Ed. Halper (Ed). 2007:225-240.

Page et al. The use of complementary and alternative therapies by people with multiple sclerosis. *Chronic Dis Can.* 2003;24(2-3):75-9.

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**

Kennedy. Complementary and Alternative Therapies. In: Advanced Concepts in Multiple Sclerosis Nursing Care. 2nd Ed. Halper (Ed). 2007:225-240.

Page et al. The use of complementary and alternative therapies by people with multiple sclerosis. *Chronic Dis Can.* 2003;24(2-3):75-9.

Yadav et al. Summary of evidence-based guideline: Complementary and alternative medicine in multiple sclerosis. *Neurology.* 2014;82:1083-1092.

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-o>
 - <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