

Aging with Multiple Sclerosis



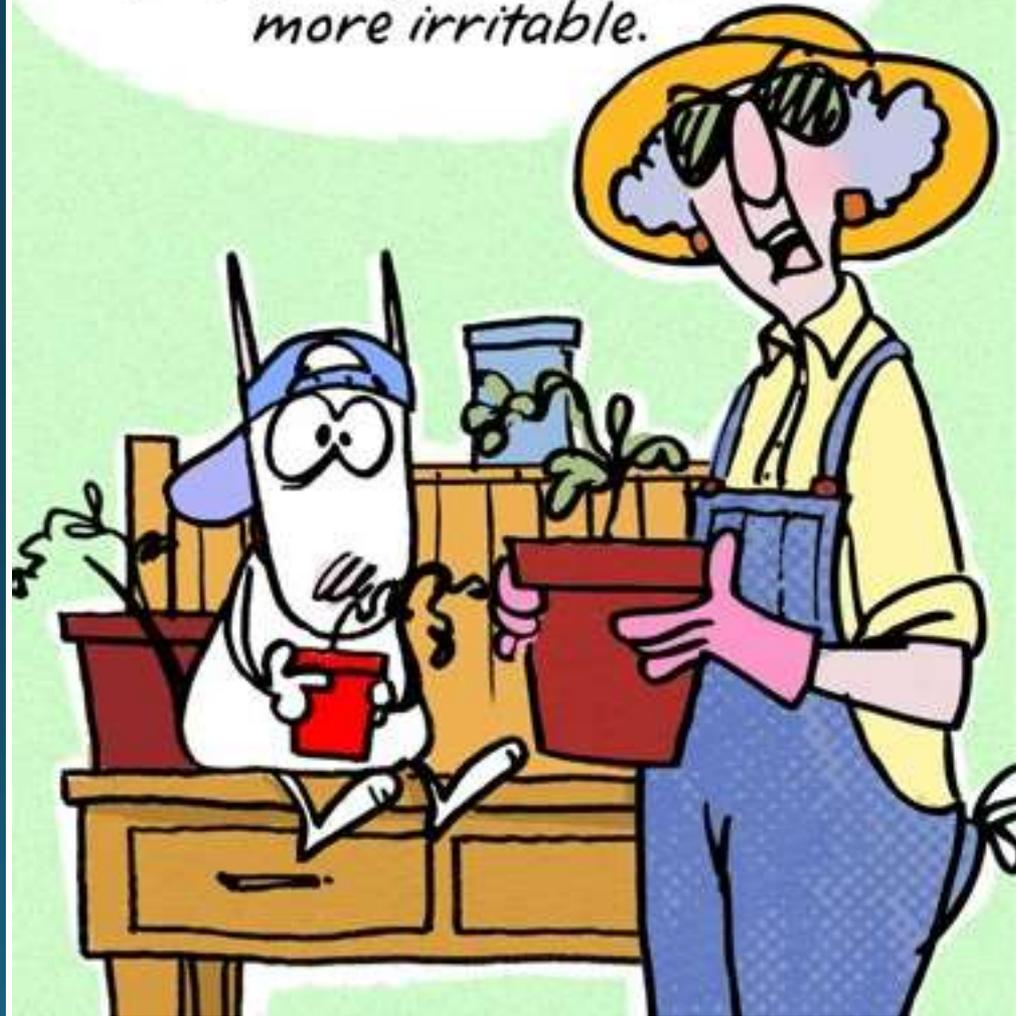
IOMSN

International Organization
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Aging with MS: Overview

- The aging population: comparing older and younger individuals with multiple sclerosis (MS)
- Primary and secondary aging
- Healthcare and housing concerns
- Health-related quality of life (HRQOL) in older adults with MS
- Mental health, depression, cognitive changes and social isolation
- Physical disability and comorbidities

*The only thing I'm growing
this spring is older and
more irritable.*



Who are these people?

- **The elderly are a diverse population often broken down into three groups**
- **Young-old - those between the ages of 65 to 75**
 - Still inclined to be healthy and active
- **Steady increase in the population over 65 over the next generation**
 - Aging of the baby boom generation
- **Old-old - those over 75**
 - More likely to require support services

Comparison of Older and Younger Adults with MS

- Physical functioning, mental health and quality of life
- Older individuals reported greater physical impairment as compared to younger adults (under 60)¹
- Older adults over 60 appear to cope effectively despite greater physical disability¹
- Older individuals with MS have the ability to adapt and adjust to the challenges of MS over time²

1. DiLorenzo T, Halper J, Picone MA. Comparison of older and younger individuals with multiple sclerosis: A preliminary investigation. *Rehabilitation Psychology* 2004;49(2):123-125.
2. Buhse M, Banker WM, Clement LM. Multiple sclerosis and the elderly: Perceptions of health related quality of life. *International Journal of MS Care* 2014;16:10-19.

Primary Aging

- **Primary aging is the result of molecular and cellular changes**
 - Gray hair
 - Wrinkling of skin
 - Weakened immune system
 - Brain cell loss

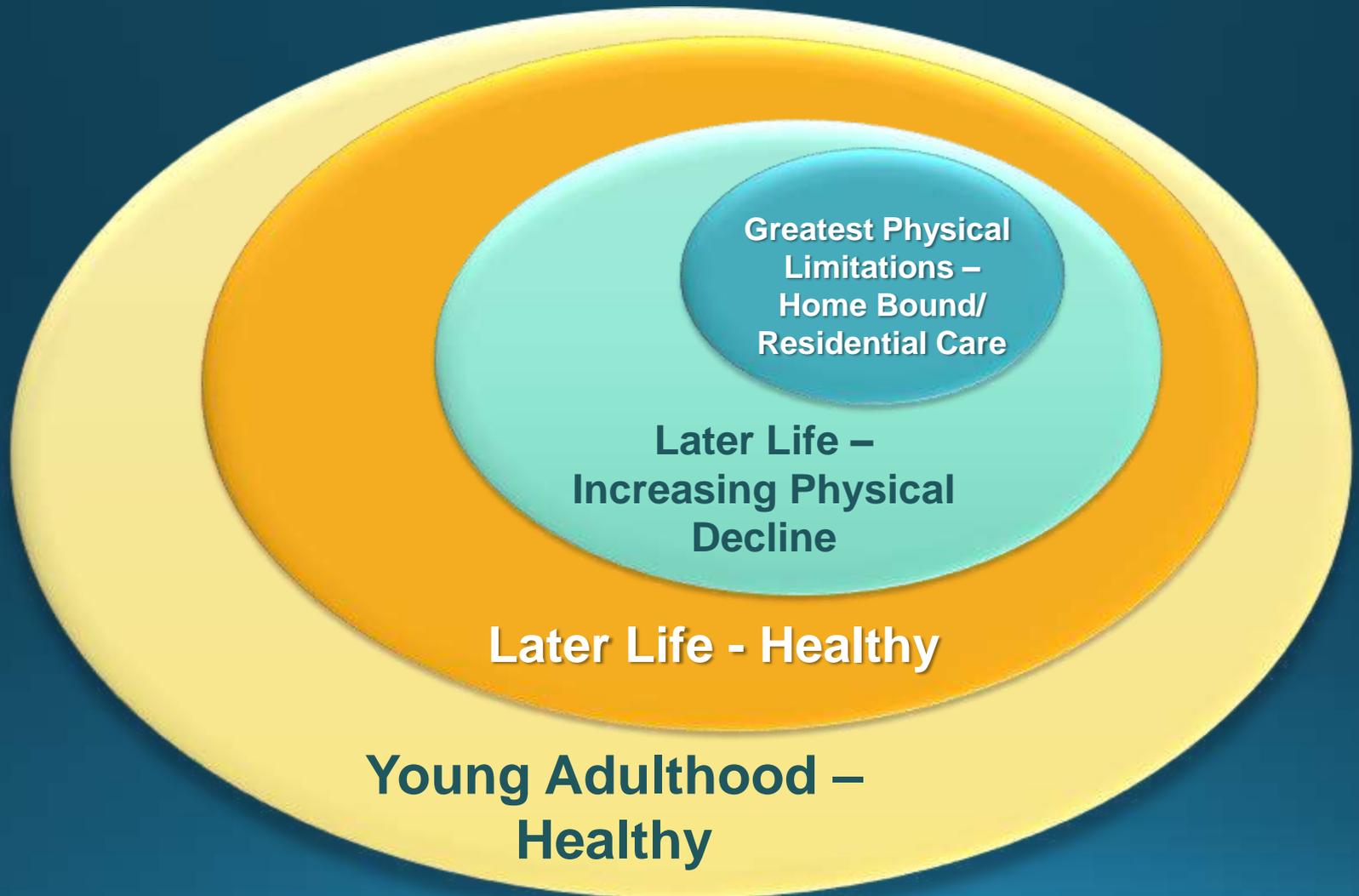
Secondary Aging

- **Secondary aging is caused by environmental factors:**
 - Lack of exercise
 - Stress
 - Trauma
 - Poor diet
 - Disease

Psychological Dimensions of Aging

- The psychological effects of aging
- The shrinking of one's social environment
 - Self-concept
 - Loss of status
 - Circle of friends and family grow smaller
- The negative label associated with aging impacts the elderly's well-being

Shrinking Environment with Loss



Health Care

- **Growing elderly population in need of health care**
 - Medicare and growing cost
- **Long-term care**
- **Subsidies for prescription drugs**

Health Care (continued)

- Chronic illnesses
- Growing health care needs and lack of income to afford it
- Medicare
- Medicaid, of which 35 percent goes towards the elderly

Housing Problems

- Living alone and dealing with isolation and loneliness
- Elderly who live with their adult children or relatives do so for financial reasons or declining health
- Elderly face limited housing choices

Aging with MS

- MS not a fatal disease
- Causes significant life changes
- Disease-modifying therapy (DMT) has increased lifespan
- Baby Boomers will increase numbers of older people living with MS

Longer Lifespan

- Comorbidity – most common in general population is arthritis
- Direct effects of MS – physical/cognitive
- Indirect effects of MS – inability to exercise

Hirst C, Swingler R, Compston D, Ben-Shlomo Y, Robertson N. Survival and cause of death in multiple sclerosis: a prospective population-based study. *Journal of Neurology, Neurosurgery and Psychiatry*. 2008;79(9): 1016-21.

Health-related Quality of Life (HRQOL)

- **Multidimensional construct¹**
- **Includes**
 - Physical functioning
 - Activities of Daily Living (ADLs)
 - Sense of well being
 - Satisfaction with life
 - Psychological status
 - Social functioning

1. Mitchell AJ, Benito-Leon J, Morales Gonzalez JM, Rivera-Navarro J. Quality of life and its assessment in multiple sclerosis: integrating physical and psychological components of wellbeing. *The Lancet Neurology* 2005;4:556-566.

MS and HRQOL

- **Negatively correlated with**
 - Physical¹
 - Psychological²
 - Course of disease
 - Comorbidity

1. Mitchell AJ, Benito-Leon J, Morales Gonzalez JM, Rivera-Navarro J. Quality of life and its assessment in multiple sclerosis: integrating physical and psychological components of wellbeing. *The Lancet Neurology* 2005;4:556-566.
2. Hoogs M, Kaur S, Smerbeck A, Biana WG, Benedict RHB. Cognition and physical disability in predicting health-related quality of life in multiple sclerosis. *International Journal of MS Care* 2011;13:57-63.

HRQOL in Elderly Patients with MS

- Not a lot of data
- One small study (n=53, mean age 73)¹
 - Physical and psychosocial impairments
 - 58% depression
 - 30% contemplating suicide
 - > 70% social isolation
 - > 50 % physical disability

1. Klewer J, Pohlau D, Haas J, Kugler J. Problems reported by elderly patients with multiple sclerosis. *Journal of Neuroscience Nursing* 2001;33(3):167-171.

HRQOL in Elderly MS (continued)

- **Comparison of younger and older persons with MS¹**
 - Older persons (> 65)
 - More disabled
 - Reported fair to poor health
 - Utilized home care services
 - But emotionally better!

1. Minden S, Frankel D, Hadden L, Srinath K, Perloff J. Disability in elderly people with multiple sclerosis: An analysis of baseline data from the Sonya Slifka Longitudinal Multiple Sclerosis Study. *NeuroRehabilitation* 2004;19:55-67.

HRQOL and Use of Mental Health Services

- HRQOL and mental health challenges similar in both younger and older persons with MS¹
- Mental health issues were less in older persons with MS than younger persons²
- Older persons with MS were in better mental health than physical health; minimal depression³

1. DiLorenzo T, Halper J, Picone MA. Comparison of older and younger individuals with multiple sclerosis: A preliminary investigation. *Rehabilitation Psychology* 2004;49(2):123-125.
2. Garcia J, Finlayson M. Mental health and mental health service use among people aged 45+ with multiple sclerosis. *Canadian Journal of Community Mental Health* 2005;24 (2):9-22.
3. Buhse M, Banker WM, Clement LM. Multiple sclerosis and the elderly: Perceptions of health related quality of life. *International Journal of MS Care* 2014;16:10-19.

Depression

- Most common mood disorder
- Affects ~ 50%
- Under diagnosed and under treated
- Reduces physical and mental HRQOL in elderly
- Report lower perceptions of overall health

Goretti B, Portaccio E, Zipoli V, et al. Coping strategies, psychological variables and their relationship with quality of life in multiple sclerosis. *Neurological Sciences* 2009;30(1):15-20.

Social Isolation

- 30% of persons over age 65 live alone
- Reported to have lower QOL
- Social isolation and loneliness
- In MS – lower social support linked with depression¹
- Lack of transportation, access

1. Fong T, Finlayson M, Peacock N. The social experience of aging with a chronic illness: Perspectives of older adults with multiple sclerosis. *Disability and Rehabilitation* 2006;11:695-705.

Physical Disability

- Associated with decreased HRQOL
- Fears of decreased independence
- Increases social isolation



Beiske A, Naess H, Aarseth J, et al. Health-related quality of life in secondary progressive multiple sclerosis. *Multiple Sclerosis* 2007;13:386-392.

Cognitive Changes

- Common complaint of normal aging
- Up to 65% in MS
- Increases over time
- Shown to decrease HRQOL
- Is it MS or something else?

Baumstarck-Barrau K, Simeoni MC, Reuter F, et al. Cognitive function and quality of life in multiple sclerosis patients: a cross sectional study. *Neurology* 2011;11:17.

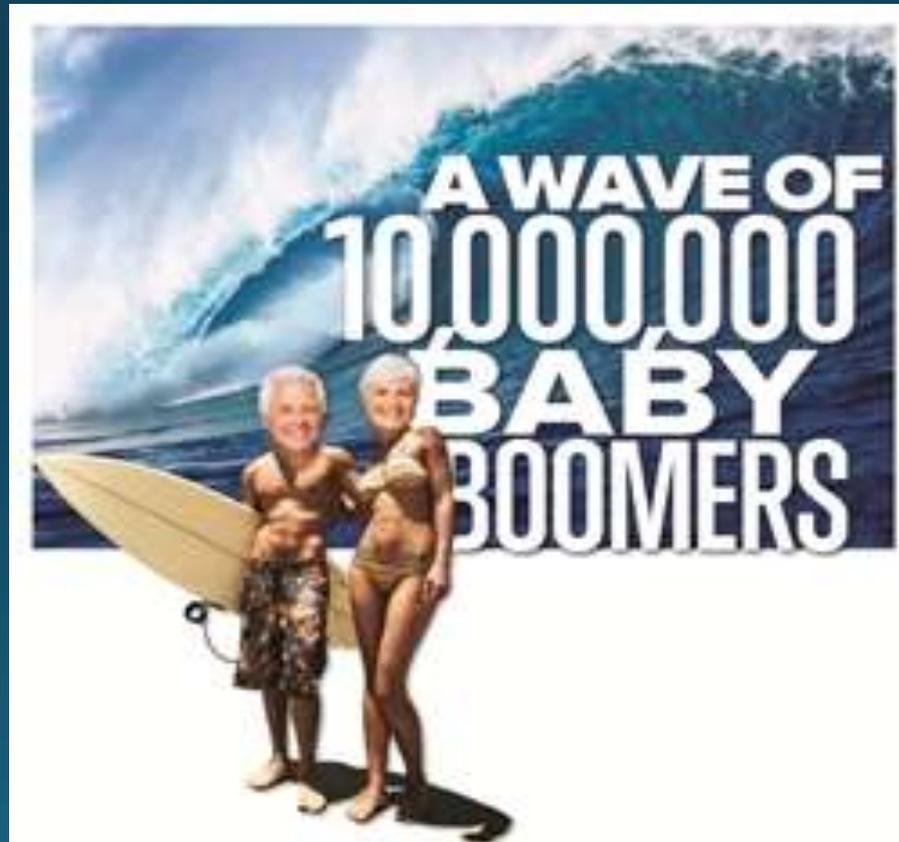
Comorbidities

- Probability of comorbidity increases with age
- 45% people > 65 have at least 2 diseases¹
- MS - Likely to have same comorbidities
- Shown to decrease QOL
- Very concerned about comorbidity reducing independence

1. Freid V, Bernstein A, Bush M. Multiple chronic conditions among adults aged 45 and over: trends over the past 10 years. National Center for Health Statistics Data Brief, July 2012, No. 100.

So what can we do?

- We have a silver tsunami of MS patients heading our way



Knowledge is Power

- Factors that reduce HRQOL
- Understand patient perceptions of their health and disease
- Screening and interventions to increase HRQOL

Adaptation to MS

- Value being independent
- Want to stay at home
- Being widowed increased physical QOL

Screening

- **Mental health, depression – Geriatric Depression Scale (GDS)**
- **Social Isolation – Lubben Scale**
- **Increasing Physical Disability – Clinical exam**
- **Cognitive Changes – Symbol Digit Modalities Test (SDMT)/NeuroTrax**
- **Comorbidity – Discuss with primary care provider (PCP)**

Lubben Social Network Scale

1. How many relatives do you see or hear from at least once a month?
2. How many relatives do you feel at ease with that you can talk about private matters?
3. How many relatives do you feel close to such that you could call on them for help?
4. How many of your friends do you see or hear from at least once a month?
5. How many friends do you feel at ease with that you can talk about private matters?
6. How many relatives do you feel close to such that you could call on them for help?

Interventions

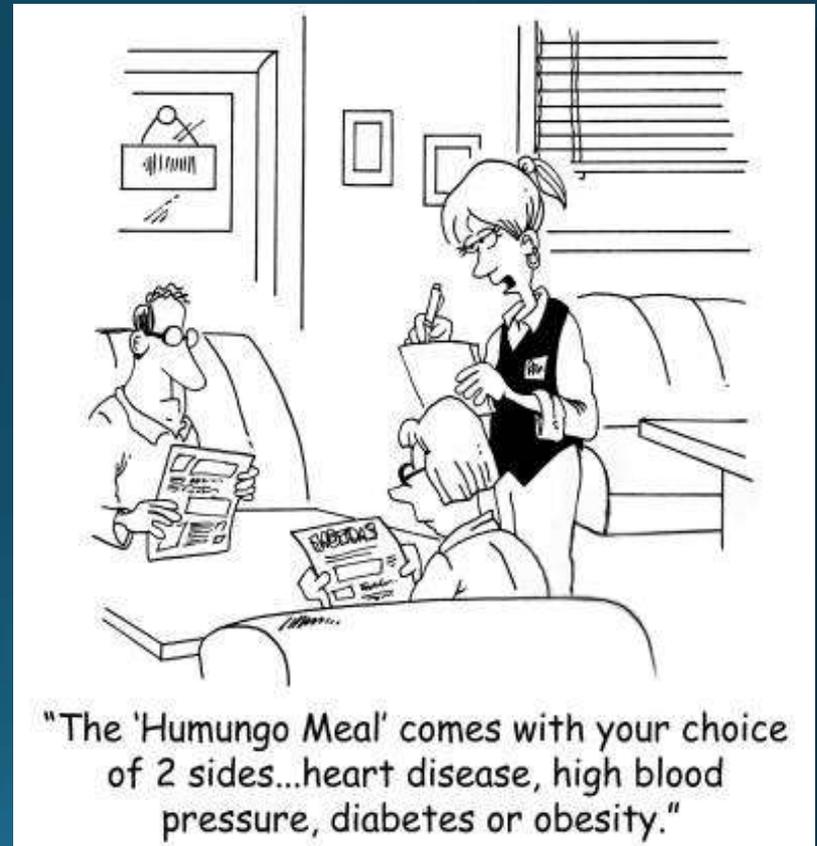
- Treat depression – Start Low – Go Slow
- Use SSRI's or SNRI's (selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitor)
- Discuss home life
- Who does the elderly person live with?
- How often is there social interaction?
- How often do they get out of their house?

Interventions (Continued)

- Assistive devices
- Physical Therapy/Occupational Therapy (PT/OT)
- Yoga, Tai Chi

Interventions (Continued)

- Healthy diet
- Daily intake of fruit and vegetables
- Weekly intake of fish
- 30%-40% decrease in the risk of dementia
- Stop Smoking
- Weight Loss



Summary: Aging with MS

- Most people with MS will live into their 70's or 80's
- There will be many more people with MS seeking care and treatment as the Baby Boomers age
- Comorbidity is common
- Many persons adapt to MS over decades of living with it
- Health-related quality of life is important for how aging persons live with MS

Nursing Implications

- Recognize changes in physical/psychological/social interactions
- Recognize functional changes due to age and disability
- Counseling and emotional support for person with MS and their caregivers
- Promote awareness and advocacy within your community
- Referral to appropriate health care providers for care of comorbidity and routine screenings

QUESTION AND ANSWER SESSION

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<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:
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 - Webinar 10: Shared Decision-Making and Motivational Interviewing