

Educating Mental Health Care Providers on Multiple Sclerosis

by Theresa Keiser, RN, MSN, FNP-BC

Multiple Sclerosis (MS) is a neurodegenerative condition in which the immune system attacks tissues and cells in the central nervous system, causing damage (demyelination) to the nerve connections that results in a variety of consequent neurologic symptoms. Because symptoms can occur anywhere within the central nervous system, i.e. brain and spinal cord, there are numerous ways symptoms can present. This can make MS challenging to diagnose, and many individuals go for years with various symptoms before getting a proper diagnosis. Although the condition is not directly passed down the family line, experts believe that there is a genetic predisposition for it; this means that an MS gene may already be present in certain individuals, but it takes some kind of catalyst (environmental, viral, etc.) to trigger the disease.

MS affects approximately 2.3 million people worldwide, with over 400,000 cases in the US at last estimate, according to the National MS Society. The actual numbers are likely much higher, as many people affected are undiagnosed. The disease tends to affect more women than men, and although it has been identified in children as well as older adults, it is primarily diagnosed in young adulthood. The disease can be progressive or relapsing-remit-

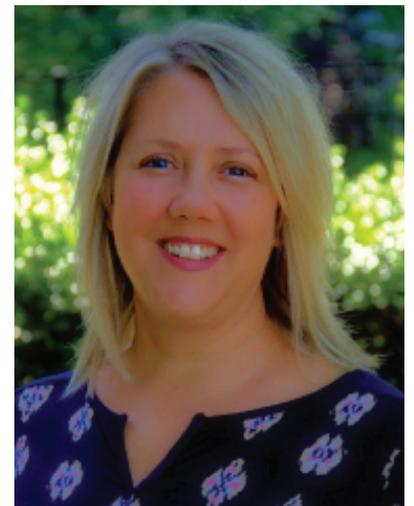
ting. In either form, there is eventually more disability from baseline over time. Lifespan with MS has improved over the last 30 years, as more disease-modifying medications have become available.

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When one thinks of MS, the physical manifestations are usually what come to mind first. Weakness, imbalance, spasticity, numbness, vision problems, and bowel/bladder dysfunction are all common symptoms. Perhaps not so easily identifiable are fatigue, pain, depression, and cognitive decline. These non-physical symptoms account for a large portion of disability associated with this disease, yet they are frequently trivialized or overlooked. For this reason, it is important for mental health providers to recognize and validate the severity of these symptoms, and treat them appropriately. A multidisciplinary approach to managing MS is crucial.

From a medication standpoint, more activating agents can provide some benefit for the

fatigue, as well as the depression. Medications such as fluoxetine, venlafaxine, duloxetine, amantadine, and modafinil/armodafinil are often very helpful. Encouraging someone affected by MS to “work smarter, not harder” goes a long way. Streamlining activities can help sustain stamina throughout the day, which overall helps improve mental wellness. Broadly speaking, a better understanding of the challenges individuals with MS face - including both the physical and nonphysical symptoms discussed above - will go a long way toward helping MS patients manage their wellbeing.



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