## Wellness for People Living with Multiple Sclerosis Begins on Day One—With Comprehensive, Coordinated Care that is Our Shared Responsibility

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iving well with multiple sclerosis (MS) requires the integration of neurologic and primary care, psychosocial support and wellness strategies from diagnosis onward. Promotion of healthy lifestyle behaviors and management of co-morbidities may help to improve quality of life, slow disease progression, reduce hospitalizations and prolong life. The National MS Society's new Wellness Discussion Guide is available to facilitate conversations with patients as well as shared decision-making around wellness strategies.

## Keywords

Multiple sclerosis, wellness, comorbidity, diet, exercise, mood, emotional wellness, collaborative care, smoking, quality of life

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For people living with multiple sclerosis (MS) to feel well and function optimally, we must embrace a comprehensive approach that integrates neurologic and primary care, psychosocial support and wellness strategies from disease onset, as well as specialty care as needed throughout the disease course. For families affected by MS to thrive and be well, adequate attention must also be paid to the physical and emotional health of all family members. MS is a package deal.

In a recent report,¹ the National MS Society presented its response to the clear message from people with MS that wellness is a high priority for them; they want to know what they can do for and by themselves to feel and function at their best, including managing their physical, cognitive, and emotional symptoms as effectively and proactively as possible, and utilizing a range of wellness strategies to complement MS treatments. To help facilitate open discussion and shared decision-making between people with MS and their healthcare providers about wellness strategies, the Society created a Wellness Discussion Guide² that summarizes key findings in three areas: physical well-being, including preventive healthcare, diet and exercise/physical activity; emotional well-being; and the role of complementary therapies in MS management. In each area, the Guide provides links to comprehensive, peer-reviewed information, highlights key points for patient-provider discussion, and offers the person with MS the opportunity to list her or his questions, personal goals and agreed-upon steps to achieve those goals. The Guide, which is available online and through our free MS Diagnosis, Disease & Symptom Management app for iPhone and Android phones, is designed to help you talk about topics that are high-priority for your patients within a clear, efficient framework.

In addition to the topics addressed in the Guide, recent research on co-morbidities in MS makes it clear that co-existing medical and psychiatric conditions have a significant impact on people with MS that begins prior to their MS diagnosis and continues throughout the lifespan. Indeed, these co-morbidities can delay a person's MS diagnosis as well as treatment initiation and adherence, and may reduce their quality of life, hasten disability progression, increase the risk of hospitalizations and shorten their lifespan. In particular, vascular co-morbidities, including diabetes, hypertension and hyperlipidemia, are prevalent and on the increase in the MS population.

Co-morbidities in the general population increase with age. Given that people with MS are living longer and that the MS population is aging, we can anticipate that people with MS will experience additional co-morbidities even as their MS is progressing. 12 The cumulative effect is likely to be overwhelming for individuals and families living with MS as well as for the healthcare system.

Lifestyle behaviors contribute to at least some of the most common co-morbidities. Smoking,<sup>13</sup> for example, not only contributes to the risk of cancer, cardiovascular and lung disease, but also increases the risk of disease progression in MS – and stopping smoking can slow disease progression while reducing other health risks. Obesity contributes to common co-morbidities while also reducing quality of life<sup>14</sup> and increasing gait problems<sup>15</sup> and fatigue in people with MS.

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## So what steps can be taken now?

- From diagnosis onward, individuals should be seen regularly by both their neurology and primary care providers to ensure comprehensive and coordinated care of their MS and any co-morbid medical or psychiatric conditions.
- Healthcare providers should reinforce the importance of ageappropriate preventive health screening, smoking cessation, a healthy, balanced diet, 6 weight management and exercise geared to a person's abilities. Adequate attention to these issues may have as much impact on a person's MS disease course and outcomes as MS treatments themselves.
- Healthcare providers are encouraged to refer their patients to the National MS Society for information and support regarding MS management and strategies to enhance their health and wellness, as well as referrals to community resources such as

- smoking cessation, weight management and wellness programs. No individuals with MS or family member should have to feel alone in their efforts to live well and feel their best.
- The National MS Society is currently funding studies in the areas of diet, exercise, mood, symptom management, access to care and healthcare delivery models – all of which will help inform optimal care strategies. However, additional research is needed to identify effective wellness interventions for people with MS, as well as strategies to help them adhere to lifestyle modifications they prioritize for themselves.
- The healthcare system, as well as advocacy organizations like the National MS Society and others, need to focus attention on the health and well-being of the whole family affected by MS. In order for people to be able to live well in the face of a challenging disease like MS, every member of the family must feel attended to and supported.

- Dunn M, Bhargara P, Kalb R, Your patients with multiple sclerosis have set wellness as a high priority – and the National Multiple Sclerosis Society is responding, US Neurology, 2015:11:80–6.
- National Multiple Sclerosis Society, Wellness Discussion Guide for People with MS and Their Healthcare Providers (pdf), 2016. Available at: www.nationalMSsociety.org/WellnessGuide (accessed July 15, 2016).
- Marrie RA, Patten SB, Tremlett H, et al., Sex differences in comorbidity at diagnosis of multiple sclerosis: A populationbased study, Neurology, 2016;86:1279–86.
- Marrie RA, Hanwell H, General health issues in multiple sclerosis: comorbidities, secondary conditions, and health behaviors, Continuum (Minneap Minn), 2013;19(4 Multiple Sclerosis):1046–57.
- Zhang T, Tremlett H, Leung S, et al., Examining the effects of comorbidities on disease-modifying therapy use in multiple sclerosis, Neurology, 2016;86:1287–95.
- McKay KA, Tremlett H, Patten SB, et al., Determinants of nonadherence to disease-modifying therapies in multiple sclerosis: A cross-Canada prospective study, *Mult Scler*, 2016;[Epub ahead of print].
- Berrigan L, Fisk JD, Patten SB, et al., Health-related quality of life in multiple sclerosis: Direct and indirect effects of comorbidity, Neurology, 2016; [Epub ahead of print].
- Marrie RA, Rudick R, Horwitz R, et al., Vacular comorbidity is associated with more rapid disability progression in multiple sclerosis, *Neurology*, 2010;74:1041–7.
  Marrie RA, Elliott L, Marriott J, et al., Comorbidity increases
- Marrie RA, Elliott L, Marriott J, et al., Comorbidity increases the risk of hospitalizations in multiple sclerosis, *Neurology*, 2015;84:350-8.
- Marrie RA, Elliott L, Marriott J, Effect of comorbidity on mortality in multiple sclerosis, Neurology, 2015;85:240–7.
- Marrie RA, Risk J, Tremlett H, et al., differing trends in the incidence of vascular comorbidity in MS and the general population, *Neurol Clin Pract*, 2016;6:120–8.

- Sanai SA, Saini V, Benedict RH, et al., Aging and multiple sclerosis. Mult Scler. 2016;22:717–25.
- Stroup T, National Multiple Sclerosis Society, Multiple Sclerosis and Smoking, 2016. Available at: www.nationalmssociety.org/ NationalMSSociety/media/MSNationalFiles/Research/Stroup\_T\_ Smoking\_and\_MS\_20151110.pdf (accessed July 15, 2016).
- Marck CH, Neate SL, Taylor KL, et al., Prevalence of comorbidities, overweight and obesity in an international sample of people with multiple sclerosis and associations with modifiable lifestyle factors, PLoS One. 2016;11:e0148573.
- Kalron A, Relationship of obesity with gait and balance in people with multiple sclerosis, Am J Phys Med Rehabil, 2016; [Epub ahead of print].
- Bhargava P, National Multiple Sclerosis, Diet and Multiple Sclerosis, 2016. Available at: www.nationalmssociety.org/ NationalMSSociety/media/MSNationalFiles/Documents/Dietand-Multiple-Sclerosis-Bhargava-06-26-15.pdf (accessed July 15, 2016).

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