section 2.6.2: Neurodegenerative conditions

Multiple Sclerosis (MS)

General description of the disease and its progression

MS is a chronic, progressive and degenerative disease affecting the conduction pathways of the central nervous system, caused by demyelination of the myelin sheaths which disrupts the transmission of electrical impulses. There may be repeated episodes of inflammation of nervous tissue in any area of the central nervous system. There is usually a stepwise progression of the disorder, with episodes that last days, weeks, or months alternating with times of reduced or no symptoms (remission). Recurrence (relapse) is common.

In advanced disease patients are frequently bed bound and may be incontinent. A proactive approach to involvement of allied health including occupational therapy and physiotherapy is of benefit.[1] There is a high need for psychosocial support due to the roller-coaster nature of the illness and the caring role which may last several decades.

Potential problems

- Anxiety and depression
- Fatigue and heat sensitivity

Identification of potential problems

Relapses – ensure the symptoms are of a neurological origin, exclude other illnesses that can exacerbate MS such as viral illnesses, UTI etc

everyday	less common	rare
numbness and tingling	leg spasticity/pain	trigeminal & other neuralgias
weakness of limb(s)	tremor	paresthesia on neck flexion
in coordination, dizziness	dysarthria	headache
visual loss, blurring or diplopia	mood disorders	seizures/paroxysmal phenomena
bladder urgency	bladder incontinence	severe neuropsychiatric disorder
constipation	cognitive disturbance	facial twitching
sexual difficulties	bowel incontinence	dysphasia

Specific considerations for end stage disease

- patients with severe and progressive disease may be offered Mitozantrone [2] (chemotherapeutic agent).
- exploration of patient preferences regarding decision making for end of life care and advance directives is critical
- caregiver fatigue during periods of relapse and/or more permanent deterioration - emergency respite and support plan must be in place

references

[1] Therapeutic Guidelines Neurology: Version 2 (2002), Therapeutic Guidelines Ltd, Victoria.

[2] Ostberg A, Pittas F, Taylor B (2005) Intern Med J 35(7):382-387. Use of low dose Mitozantrone to treat aggressive multiple sclerosis: a single-centre open-label study using patient self–assessment and clinical measures of multiple sclerosis status