Psychological issues in Multiple Sclerosis

**Depression** - About 50% of patients with MS suffer from depression

- **Symptoms to look for:** feelings of hopelessness or despair, diminished interest or pleasure, loss of energy, increased fatigue, inability to sleep or too much sleep, inability to concentrate, changes in appetite or significantly noticeable weight loss or weight gain, lethargic feelings, and suicidal thoughts.

- Many components of MS can cause depression:
  - Effects from some of the medications taken for MS such as interferon medication, steroids, adrenocorticotrophic hormone (ACTH).
  - A lesion that developed from MS
  - Psychological reactions to stresses of the disease can cause depression such as:
    - Uncertainty of health status as well as the course of the disease.
    - Symptoms such as tremors, speech impairments, cognitive impairments, and incontinence.
    - Losses in social functioning, employment status, relationships, and independence.
    - Lack of independence in the patient’s environment, low self efficacy, and learned helplessness can be major factors that contribute to depression (O’Sullivan, 2007).

**Pharmalogical treatment**

- **Antidepressants:**
  - **Tricyclic:** amitriptyline (Elavil), desipramine (Norpramin), unuoranube (Tofranil), nortriptyline (Pamelor)
  - **Selective serotonin reuptake inhibitors (SSRI):** fluoxetine (Prozac), sertraline (Zoloft), fluvoxamine (Luvox), paroxetine (Praxil) citalopram (Celexa), escitalopram (Lexapro)
  - **Selective serotonin and norepinephrine reuptake inhibitors (SSRNI):** Venlafaxine (Effexor) and nefazodone (Serzone)

- **Stimulant Medications:** Methylphenidate (Ritaline), pemoline (Cylert), dextroamphetamine (Dexedrine) (National Multiple Sclerosis Society, 2009)

**PT interventions for depression**

- PT education regarding progression of MS
- Exercise
  - People participating in physical activity report decreases in fatigue and depression (Motl, 2009)
Stress reducing exercises promote effective coping such as: progressive relaxation techniques and cognitive imagery (O’Sullivan, 2007).

- Make their ADL’s easier through:
  - Improved technique
  - DME/assistive devices
  - House/car modifications
  - Family member/caregiver education/training (Mayo Clinic Staff, 2009)

- Energy management/conservation
- Enable social interaction
  - PT gym
  - MS support groups
- Referral to psychotherapist
  - Rx therapy
  - Psychotherapy

Depression increases in patients with MS over time, suggesting that depression may be more of a concern in the middle to late stages of the disease (Avasthi, 2006).

References


