

Multiple Sclerosis Nurse Leadership Program



2021

MS SYMPTOM MANAGEMENT: A CASE STUDY

Beverly Layton, RN, BSN, CCRC, MSCN

Michelle Keating, RN, MSCN

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Patient Case: Michelle

- Relapsing–remitting multiple sclerosis (MS) diagnosed in 1981
- Symptoms along the journey
 - Numbness and tingling, fatigue, mobility, hand and arm weakness, depression, scotoma
- Current symptoms
 - Bladder and bowel dysfunction, mobility dysfunction, spasticity

DMT History

- 1993–1999: interferon beta-1b
- 1999–2002: interferon beta-1a x 2x week, 3x week
- 2000–2004: mitoxantrone
- 2002–2013: interferon beta-1a
- 2013: natalizumab consideration
- May 2013–Sept 2018: dimethyl fumarate
- Disease-modifying treatment (DMT) discussions since 2018

Current Treatments

- Levothyroxine, anastrozole, dalfampridine, levetiracetam, metoprolol succinate, baclofen, polyethylene glycol
- Botulinum toxin 300 IU q5mo (bladder injection)
- Forearm crutches, plastic-hinged left ankle-foot orthosis (AFO), and carbon-fiber right AFO
- Exercise regimen of walking, cycling, stretching, and strength training

The Office Visit

- What brings you to the office today?
- Assessment begins as she comes into the exam room
- “Top 3” discussion
- Review includes social/family/work updates

Symptom Management

- Most common provider intervention
- Chronic vs new
- Review of current/past symptom treatments
- Quality of life (QoL) impact

Functional Review

- Mobility
- Activities of daily living
- Speech
- Swallowing
- Vision
- Fatigue
- Cognition
- Mood
- Bladder
- Bowel
- Sexual function

Gait Deviations in MS

- MS is highly heterogeneous
- No “typical” MS gait
- Performance is likely to fluctuate from day to day or even within a day. (Your exam is just a snapshot of 1 point in time)

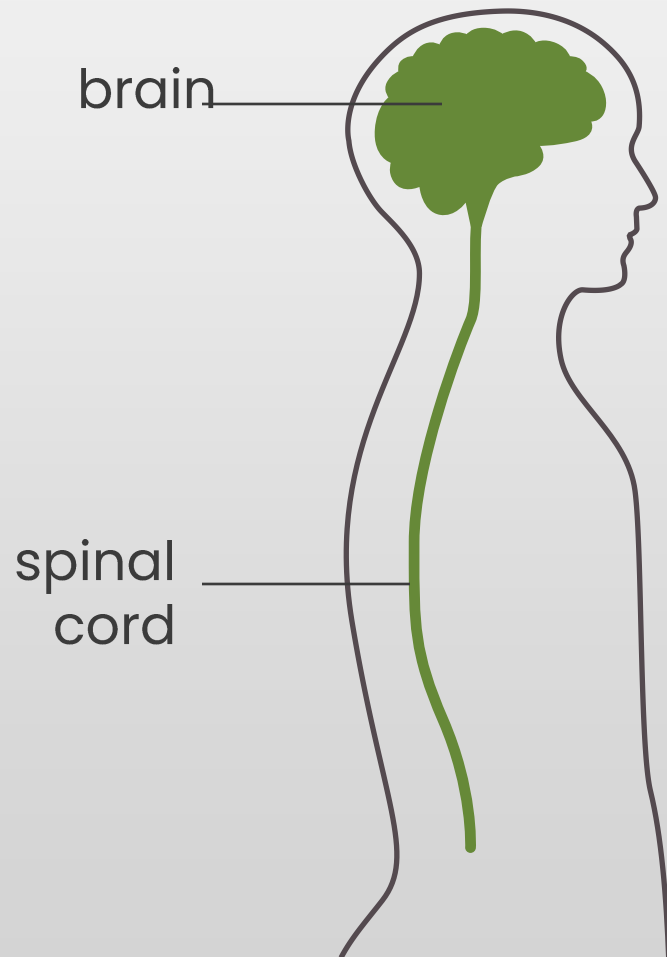
Factors Contributing to Walking Dysfunction

- Weakness
- Fatigue
- Altered balance
- Sensory dysfunction
- Spasticity
- Fear of falling
- Pain
- Vestibular dysfunction
- Limited range of motion
- Heat sensitivity
- Vision impairment
- Ataxia/impaired coordination
- Upper-extremity and trunk impairments
- Cognitive dysfunction
- Environmental barriers
- Comorbidities

MS and Bladder Function

- Bladder problems are common, sometimes sporadic, and interfere with lifestyle.
(Many describe as one of the most distressing)
- Bladder issues can usually be managed
- Bladder symptoms—while aggravating, limiting, and isolating—can lead to more serious urinary tract problems if left unmanaged

What Creates Bladder Problems?



- Lesions in brain and spinal cord
- Cord lesions cause most problems
- Brain lesions cause difficulty with voluntary control
- There is a correlation between disability level and bladder problems

Botulinum Toxin (Type A): What Does It Do?

- Injections into bladder muscle will cause small areas to be inactive, which will decrease significant overactivity
- Injections will need to be repeated after several months
- Many patients will need to do intermittent catheterization to empty the bladder, but find great relief from the treatment

Bowel Dysfunction

- Constipation: hard stool that is difficult to pass
 - Stool frequency: daily to every 3 days best
 - Causes
 - Medications, impaired motility, inactivity, poor diet, and inattention to signals
- Diarrhea
 - Infection, fecal impaction, medications, food intolerance, and malabsorption
- Involuntary bowel
 - Diminished sphincter control and overactive bowel (another patient-described distressing symptom)

Improving Bowel Function

- Move your body more
- Eat regularly and include more high-fiber foods
- Increase fluids
- Establish a bowel program

Bowel Program

- Establish a schedule: daily? Every 2 days? Every 3 days?
- Choose a time of day that works for you: morning is best for most people
- Sit on the toilet on schedule, even without a sense of needing to
- Do not sit on toilet longer than 15 minutes
- Squatty Potty is option for some

Tips to Improve Bowel Program

- If stool is hard, add a bulk agent and increase water and fiber (OTC products such as Metamucil/Benefiber, other psyllium products)
- To get stool moving, add stimulation to the rectum: digital stimulation with a gloved finger, glycerin suppositories
- Utilize foods: prunes, oatmeal, fruit, and whole grains
- Allow a few weeks for the program to work well
- If not successful, discuss with your provider

Conclusion

- MS symptoms can affect QoL
- Symptoms may stabilize, fluctuate, or progress
- How do you recognize and discuss symptoms with your patients and their care team?
- Management should be individualized with ongoing assessments of interventions
- Careful management can improve QoL and promote realistic HOPE!

Discussion

- What are the primary symptom concerns with your patients with MS?
- Are there any other strategies that you employ for MS symptom management that were not mentioned in this talk?

Discussion (cont)

- How do you hope to change the care of your patients with MS after attending this curriculum?
- What is 1 key takeaway that you learned from this curriculum?