

Battling Fatigue in MS



Dr. Jacqueline Bakker
Neurologist
Red Deer AB
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What is Fatigue

- In all of us – feeling of being tired
- In MS patients –
 - overwhelming sense of exhaustion
 - lack of energy that is completely out of proportion to the activities they are performing
 - Generally feeling weak all over

MS Fatigue

- Affects > 85% of MS patients
- Can occur at any stage of their MS
- Does not correlate to disability or mobility
- Does not correlate to MRI lesions
- In 30%- 50% of MS patients it is their most disabling symptom → may be the primary reason they are unable to work
- Often not appropriately recognized by family, friends or health professionals

MS Fatigue

- Impacts functioning, mood, quality of life
- Affects physical activity, endurance and physical fitness
- Affects how patients cope with other symptoms
- Affects cognition – ie memory and attention span

Primary MS Fatigue

- Directly related to the underlying disease process
- Due to the CNS damage – inflammation, demyelination, degeneration of nerve cells
- Leads to impaired conduction of signals
- The CNS needs to work harder to give appropriate function
- Heat (increased body temperature) – also slows or impairs conduction
- ? Related to autonomic function

Secondary contributors to Fatigue

- Mood disorders
- Medications used to treat other symptoms
- Pain
- Deconditioning
- Sleep disturbances (sleep disorders or nocturia)
- Increased energy due to weakness or spasticity
- Elevated body temperature
- Chronic stress

Rule out other medical causes

- Depression
- Sleep disorders
- Anemia
- Thyroid disease or other endocrine diseases

Measuring fatigue

- Various scales
 - Fatigue impact scale
 - Visual analogue scale
 - Fatigue severity scale
- Fatigue diary (short term)

Managing Fatigue

- **Treat or manage contributing factors if possible**
 - Treat depression
 - Treat anemia
 - Treat bladder frequency at night
 - Treat spasticity
 - Use cooling vests or air conditioners

Managing Fatigue

- Conservative Management:
 - Occupational therapy very useful
 - 4 P's:
 - Prioritization
 - Planning
 - Pacing
 - Patience

the balancing act

With today's hectic pace, sometimes it's a little hard to unwind. Time to focus on taking care of you!

Mind. Body. Soul.



Prioritization

- may mean a change in familiar routines/habits
- Metabolic equivalent = measures the energy cost of an activity
- What jobs or activities are
 - Necessary
 - Important
 - Able to be made easier
 - Able to be done by someone or something else

Planning

- Plan for the week and each day
- Figure out what is a priority and what is optional
- Schedule in rests
- Organize proper meals and diet
- Maintain healthy diet
- Exercise regularly – “start low and go slow”
- Keep regular sleep schedule
- Organize work and home environment
- Use equipment when possible to save energy

Pace

- Use a pattern of activity /rest/activity/rest
- Balance lighter and heavier duties
- Monitor your energy – know when to stop
- Don't rush
- Don't do too much when feeling good
- Identify and manage stress

PATIENCE !!

Medical treatment

- May give a boost in energy
- Amantadine (Symmetrel ®)
- Modafinil (Alertec ®)
- Methylphenidate (Ritalin ®)
- Fluoxetine (Prozac ®)

Alternative therapies



Alternative therapies

- Most alternative therapies or homeopathic remedies do not have good scientific evidence but rather anecdotal evidence
- Be cautious and research appropriately
- Ensure family doctor and neurologist are aware of what you are taking
- Because it is “herbal” or “natural” does not always mean it is safe

Patient #1

- 35 year old female bank employee full time
- Married, 2 children
- Lives in a large 2 storey home
- RRMS x 4 years
- Has had 3 relapses with complete recovery
- Has difficulty with intermittent numbness and moderate fatigue (6/10)
- Barely able to get through her day at work and is afraid that some day she will start making mistakes due to her fatigue

Patient #1

- She works full time, standing most of the time at the counter with 2 – 15 min breaks and ½ lunch
- She gets up before work and makes lunches for her kids
- On the way home from work she does a few errands, then makes dinner, cleans up and is exhausted
- She goes to bed at about 8 pm each night
- Her relationship with her family is suffering as she is “always tired”
- Her weekends are spent catching up with housework, laundry etc

- What can she do to add more quality of life and lessen her fatigue?

Patient # 1

- Check for secondary fatigue
 - Anemia, sleep, medications, depression
- Conservative management → 4 P's
 - At home – delegate duties, move to single level, smaller home
 - At work – sit on stool, change duties, longer lunch break
- Medications
- Decreasing work

Patient # 2

- 51 year old male
- SPMS diagnosed with MS 15 years ago
- Married, children grown up
- Lives in a bungalow home
- Main disabilities include weakness and spasticity to legs R>L, numbness to right leg, decreased endurance with gait, uses a cane to ambulate, bladder frequency also at night, fatigue – severe requiring a rest every afternoon

Patient # 2

- This man is frustrated that he cannot do things like he used to and has no social life
- He stays home most of the time because by the time he gets anywhere he is exhausted
- he would like to enjoy his grandchildren, go on short holidays etc
- What can he do to lessen his fatigue?
 - Day to day
 - Longer term – ie to possibly travel

Patient #2

- Check for secondary causes
 - Sleep – treat bladder
 - Spasticity – increases work and energy
- Conservative
 - Any other aids that could help in home
 - Walking aids/scooter etc
 - 4 P's
- Medications
- Solutions for travel
 - Proper planning and realistic expectations

