

Does poor bowel management exacerbate fatigue symptoms in people with Multiple Sclerosis

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Abstract

Many people with MS experience bowel problems (around 50% MS-UK 2015) However it is often not spoken about as it can be too embarrassing to discuss. It can present as constipation and / or incontinence and is often associated with poor mobility due to closely linked nerve transmissions. So we can safely say it is a hidden symptom for a lot of people with MS. Now consider it with the invisible symptom of fatigue. Around 80% of people with MS experience fatigue symptoms daily (MS Society 2015). These can be minor, feeling tired after eating ranging to complete lassitude where ones get up and go has left!

This study looks as the possible impact that poor bowel management has on fatigue symptoms...

How does the embarrassing symptom affect the invisible one?

Background

Multiple sclerosis (MS) is a chronic progressive neurological disease affecting the brain and spinal cord. Patients with MS may experience many symptoms including spasticity, fatigue, cognitive impairment, depression, bladder, bowel and sexual dysfunction and pain. However, bowel dysfunction presenting as constipation or faecal incontinence, despite being reported in more than 50% of patients with MS, is poorly studied compared with bladder dysfunction. (3) General management includes dietary and mobility advice, review of medication side effects and any other concurrent issue (e.g. Crohn's disease) Fatigue, moreover, is a complex symptom that is difficult to define or measure. (1,4) It is reported in almost 74% of patients with MS and as their most disabling symptom (3) It remains poorly understood and includes symptoms of sleepiness, lassitude, sluggishness, lethargy and an overwhelming feeling of exhaustion. Management strategies include a medication and activity review in addition to other concurrent conditions (e.g. depression and hypothyroidism) (5) Both these symptoms have been shown to affect the quality of life of people with MS (2,4)

Objectives

- To collect evidence of both symptoms in a small number of the MS population within our case load.
- To explore the relationship between the two symptoms.
- To make recommendations in light of the results

Methods

- The study took the form of mixed data surveys and a focus group. The sample size was 50 patients who completed the questionnaires and a focus group of 6
- The qualitative surveys were established tools:
 - Bowel dysfunction (NBD Score – Krogh et al 2006),
 - Fatigue Severity Scale (FSS – Knapp 1989).
 - Epworth Sleepiness Scale (ESS – Johns 1991)
- These tools were chosen as they elicited quantitative data in response to qualitative responses.
- The focus group, although a small participant number it was felt to be useful part of the methodology to provide more individualised data from discussions about bowel issues.
- The focus group was independently facilitated with the only brief being 'how do you feel about your bowel problems?'. The facilitator was also instructed to pick up on any references to fatigue that came out of the discussion.

Results

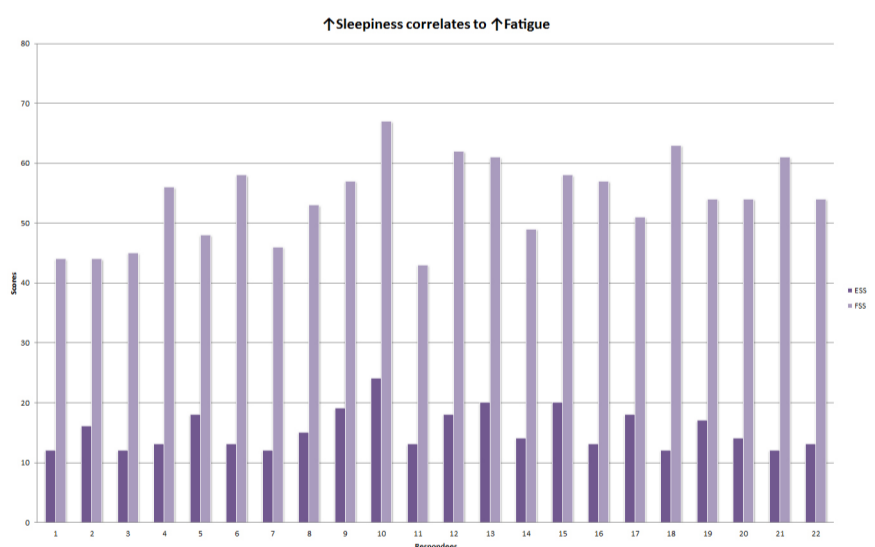
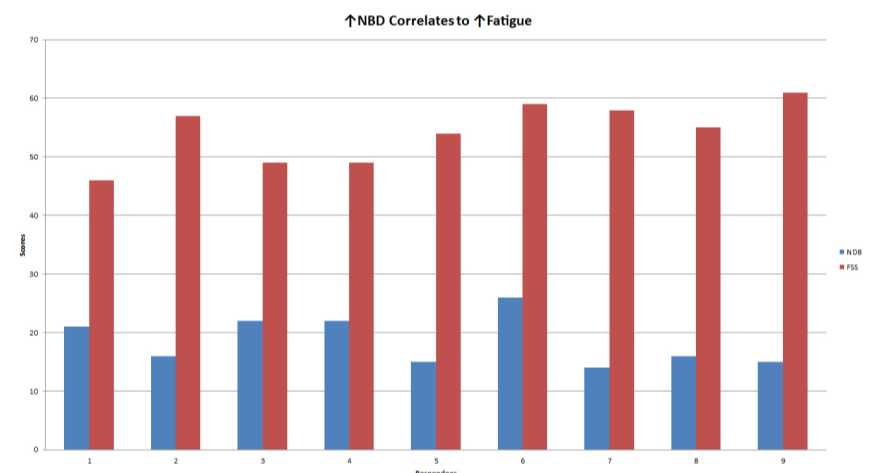
The results have been generated to provide a blended set of data. The questionnaires have produced quantitative results for discussion but also key terms from the questionnaire assessment tools resonate with the focus group discussion.

Results from the three questionnaires demonstrated the following correlations:

- 23% of respondees reported a 'severe' NBD score. Of these 23% over 80% recorded a >75% 'Agree' result on the FSS.
- 47% of respondees reported a high (>75% of total possible ESS) score. Of these 47% 95% recorded a >75% 'Agree' result on the FSS
- No significant correlation in this small scale study with all three surveys

The focus group discussion revealed discussions indirectly relevant to bowel management and fatigue with reference to wider quality of life issues (shopping, not going out, limited mobility, lack of motivation to socialise with family and friends). Specific phrases pulled from the focus group feedback relating to fatigue poor bowel management were

“
Feeling sluggish
Yes tired when constipated
Tired due to bloating and being uncomfortable
”



Conclusions

- Both the NBD and ESS higher scores showed significant correlation to the FSS
- Although no significant direct correlation in quantitative results for all three surveys it is evident that the patients do not suffer the symptoms in isolation.
- In order to better understand the relationship between fatigue and poor bowel management, a larger scale study needs to be undertaken with a larger sample group. This should also take into consideration the specific disease profile of the patient group.
- A larger study to include more focus groups, perhaps the inclusion of a semi structured questionnaire, to ensure more specific information is obtained

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