

# Problems Reported by MS Patients and Their Relationship to Engaging in Psychological Consultation

Rebecca M. Floyd, Ph.D., Eliot J. Lopez, Ph.D., & Lara M. Stepleman, Ph.D.

Department of Psychiatry and Health Behavior



AUGUSTA  
UNIVERSITY

## Background

- Although much is known about psychosocial variables that relate to MS, little may be known about which psychosocial concerns, if any, may trigger consult with psychology for ultimately connecting people to care.

## Study Aims

- Aim 1: Identify concerns with psychosocial functioning most commonly reported in people living with MS.
- Aim 2: Identify psychosocial concerns that facilitate patient willingness to engage in consultation with medical psychology.

## Methods

- Clinical data was collected over a one-year period from patients completing psychosocial screenings while attending medical appointments in a southeastern MS Center serving 900 patients.
- The standard of care is to routinely screen patients on an author-derived 18-item Psychological Consultation Problem Checklist (PCPC) and on 3 validated screeners – a depression screener (PHQ-2), a substance abuse screener (TICS), and a trauma screener (PC-PTSD).

## Results

- Table 1 presents the demographic breakdown of patients completing psychosocial screenings.
- Table 2 presents the proportion of patients endorsing items on the PCPC and scoring positive on the screeners.
- Table 3 presents the PCPC items and screeners that correlated with patients engaging in consultation with the medical psychology service. \* denotes correlations significant at  $p < 0.05$  and \*\* denotes correlations significant at  $p < 0.01$ .

Table 1: Demographics of Screened Patients

Total number of patients screened = 259		
Women	n = 205	79.2%
Men	n = 53	20.5%
Mean Age in Years (SD)	46.67	(12.30)
Median Age in Years	47.00	
Age Range in Years	20 to 81	
Caucasian	n = 142	54.8%
African American	n = 114	44.0%

Table 2: Results for Aim 1

Endorsed PCPC Items and Positive Screens	%
Depression	21.6
Anxiety	14.3
Sleep	16.6
Cognitive Concerns	14.3
Stress	12.4
Adjustment to Diagnosis	9.3
Activity Level	8.1
Pain	5.8
Medication Concerns	5.4
Family Concerns	5.4
Sexual Functioning	5.0
Smoking	4.6
Goal Setting	3.9
Negative Thinking	3.5
Relationship Concerns	3.5
Work/School Issues	2.3
PHQ-2	22.7
TICS	2.8
PC-PTSD	7.5

Table 3: Results for Aim 2

PCPC Items and Screeners	Consultation	
	R	n
Depression	0.22**	259
Anxiety	0.18**	259
Sleep	0.15*	259
Cognitive Concerns	0.04	259
Stress	0.12	259
Adjustment to Diagnosis	0.18**	259
Activity Level	0.08	259
Pain	0.12	259
Medication Concerns	0.03	259
Family Concerns	0.13*	259
Sexual Functioning	0.15*	259
Smoking	0.10	259
Goal Setting	0.11	259
Negative Thinking	0.00	259
Relationship Concerns	0.17**	259
Work/School Issues	0.07	259
PHQ-2	0.21**	256
TICS	-0.01	252
PC-PTSD	0.07	253

## Discussion

- Depression, anxiety, sleep concerns, adjustment to diagnosis, family concerns, sexual functioning problems, and relationship concerns, as endorsed on the problem checklist, were all significantly correlated with engaging in consultation.
- Overall, the percentage of people endorsing concern on specific problems such as depression, sleep, pain, and cognitive functioning were lower than expected from the literature.
- Denial of a concern may have less to do with a problem being absent and more to do with reluctance to engage consultation.
- Data was not collected on important MS disease characteristics, limiting extrapolation.

## Clinical Utility

- These findings highlight problem areas that are more likely to result in help-seeking behavior, as well as problem areas where persons may feel less empowered to seek help.
- Engagement in consultation is a necessary first step for connecting patients to an appropriate level of care.