Evaluation of a Multi-disciplinary Fatigue Group for Patients with Multiple Sclerosis

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Abstract

**Background:** Fatigue is one of the most prevalent and debilitating symptoms of MS and is reported to be one of the most debilitating (Schapiro, 2014). Fatigue can negatively impact vocational, social, and personal areas of functioning. Fatigue has multifaceted origins including: Primary fatigue – directly related to the disease process (neurodegeneration, acute and chronic inflammation, endocrine influences). Secondary fatigue – non-disease factors that lead to fatigue (e.g., sleep problems, medication side effects, muscle deconditioning, mental health/stress).

**Methods:** The development of a Multi-disciplinary Fatigue Group followed a mixed methodological approach. The group was developed using various resources, including Fatigue: Take Control (National MS Society, 2008). The group was divided into 7 sessions that cover a variety of topics including Fatigue: Take Control (National MS Society, 2008). The intention of the program is to empower participants to manage fatigue and prevent fatigue from worsening. The content of the group was developed using various resources, including Fatigue: Take Control (National MS Society, 2008). The group is divided into 7 sessions that cover a variety of topics targeting both primary and secondary fatigue factors. Sessions occur weekly and are 90 minutes long. Active participation and discussion by participants in the group is encouraged. A short break is given at the half way point. During each session participants are encouraged to set a goal for the upcoming week, and to review/share homework.

**Session Objectives**

Each group is led by two OPTIMUM team members. At the beginning of sessions 2-7, different strategies for coping with fatigue (depression, anger, high expectations) are taught including:

- Breathing and imagery
- Mindfulness meditation
- Progressive muscle relaxation
- Let go of worry
- Helpful self-talk (cognitive behavioral therapy)
- Communication and boundary setting

**Session 1 – What is MS Fatigue?**
- National MS Society video (~25 minutes)
- Sharing personal experience
- What is MS fatigue?

**Session 2 – Mood, Stress, Emotions and MS Fatigue**
- What is depression?
- Depression and fatigue
- Grief versus Depression
- Psychological adjustment to MS fatigue
- Treatment for Depression

**Session 3 – Pacing and Energy Conservation**
- Review of MS fatigue
- What is energy conservation?
- What is pacing?
- Activity log

**Session 4 – Activity Analysis and Work Accommodations**
- Review of activity log
- Activity analysis
- Work accommodations and fatigue

**Session 5 – Exercise and MS Fatigue**
- Benefits of exercise
- Activity guidelines for adults with MS
- Types of exercises
- Special considerations
- Practice exercises

**Session 6 – Diet, Sleep and Medications**
- Learn how fatigue is affected by:
  - Sleep
  - Diet
  - Pain
  - Other medical conditions
  - Medications

**Session 7 – Maintaining Changes**
- Maintaining changes you have made
- Review/Discussion

**Piloting the Group**

The OPTIMUM Fatigue group has been run four times, with a total of 36 participants. Ambulatory patients enrolled in OPTIMUM were referred by members of the team and had to report some level of subjective fatigue as well as show interest in attending a group for fatigue management. Three people participated via teleconference.

**Participant Demographics**

Mean age (age range) 45 yrs (21-63)

**Mean ESIS (range)**

FSS 5.0 (4-9.0)

MFIS 58.4 (9.7)

PHQ-9 13.9 (5.5)

MS-FSE 43.3 (20.5)

**Mean # of sessions completed (range)**

5 (1-7)

**Pre and Post Questionnaires**

The following measures were given prior to the start of the group and at the end of the group:
- Fatigue Severity Scale (FSS)
- Modified Fatigue Impact Scale (MFIS)
- Patient Health Questionnaire (PHQ-9)
- The Multiple Sclerosis-Fatigue Self-efficacy Scale (MS-FSE)

**Questionnaire Results**

Results were analysed using SPSS version 16. Data was screened for outliers and appropriateness for analysis (Tabachnick & Fidell, 2013). One participant’s score was identified as an outlier and excluded from analysis for FSS and MS-FSE.

**Satisfaction Themes**

"What did you find most helpful about the group?"

- Meeting others with similar issues
- Learning and explanations
- Tools and tips for coping
- A new way of thinking

**Conclusions**

The feedback from participants who completed the patient experience survey about the MS Fatigue Group was very positive showing that the group was valued and helpful. Some participants suggested that more time for discussion and learning from other group members would be beneficial. While participants were satisfied with the topics and the information provided, some additional topics were suggested, namely, information about financial assistance and strategies. Some also wished for more help with communicating with families, co-workers and friends.

**References**

Asano, M., Berg, E., Johnson, K., Turpin, M., & Finlayson, M.L., 2015. Several systematic reviews suggest that fatigue treatment requires a multidimensional approach which incorporates specific fatigue management interventions (e.g., pacing, prioritizing), in addition to improving exercise, attitudes and expectations toward fatigue, psychological distress, sleep and medication management (Wendebourg MJ, Heesen C, Finlayson, M.L., 2015). Several systematic reviews suggest that fatigue treatment requires a multidimensional approach which incorporates specific fatigue management interventions (e.g., pacing, prioritizing), in addition to improving exercise, attitudes and expectations toward fatigue, psychological distress, sleep and medication management (Wendebourg MJ, Heesen C, Finlayson, M.L., 2015). Several systematic reviews suggest that fatigue treatment requires a multidimensional approach which incorporates specific fatigue management interventions (e.g., pacing, prioritizing), in addition to improving exercise, attitudes and expectations toward fatigue, psychological distress, sleep and medication management (Wendebourg MJ, Heesen C, Finlayson, M.L., 2015). Several systematic reviews suggest that fatigue treatment requires a multidimensional approach which incorporates specific fatigue management interventions (e.g., pacing, prioritizing), in addition to improving exercise, attitudes and expectations toward fatigue, psychological distress, sleep and medication management (Wendebourg MJ, Heesen C, Finlayson, M.L., 2015). Several systematic reviews suggest that fatigue treatment requires a multidimensional approach which incorporates specific fatigue management interventions (e.g., pacing, prioritizing), in addition to improving exercise, attitudes and expectations toward fatigue, psychological distress, sleep and medication management (Wendebourg MJ, Heesen C, Finlayson, M.L., 2015). Several systematic reviews suggest that fatigue treatment requires a multidimensional approach which incorporates specific fatigue management interventions (e.g., pacing, prioritizing), in addition to improving exercise, attitudes and expectations toward fatigue, psychological distress, sleep and medication management (Wendebourg MJ, Heesen C, Finlayson, M.L., 2015).

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