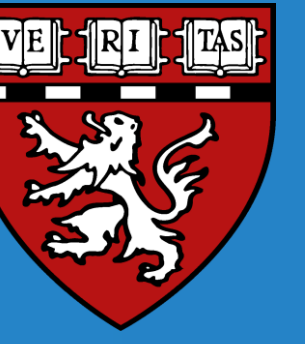




# One size does not fit All

## The Heterogeneous Mental Health Needs of Individuals with MS Require a Menu of Treatment Options



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### Background

Psychiatric disorders are highly prevalent in MS. The mental health needs of individuals with Multiple Sclerosis (MS) are widely heterogeneous due to varied clinical features, pathogenesis, demographics, treatment preferences, access to care, and other variables. Mental Health Services for these individuals should keep this heterogeneity in mind, and offer a menu of therapeutic options.

### Objectives

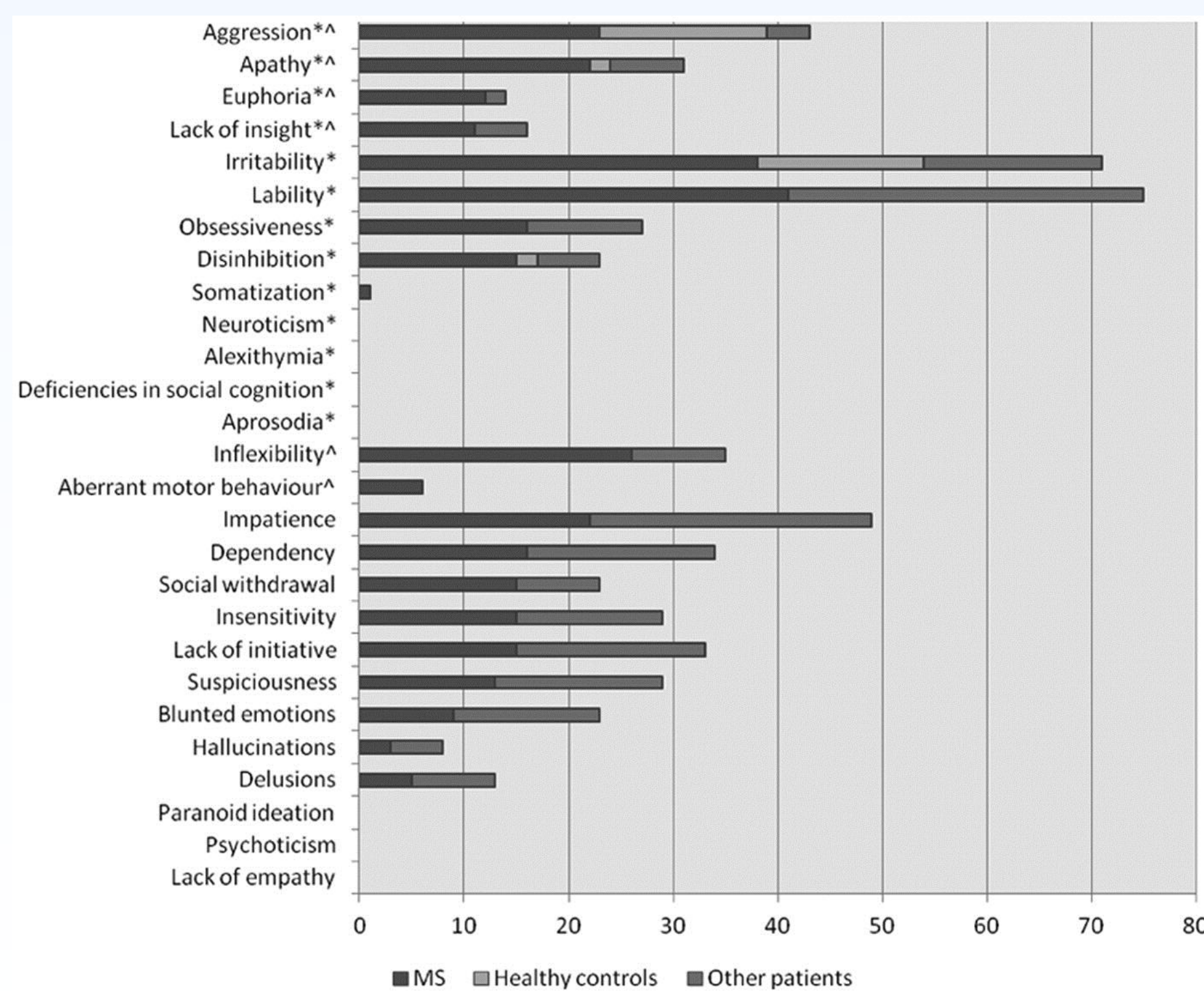
To analyze the factors driving heterogeneity in the clinical presentation and treatment needs of individuals with MS and psychiatric disorders referred to mental health treatment.

### Method

- Evaluation of 255 consecutive patients with MS and psychiatric disorders referred to neuropsychiatry.
- Qualitative survey of our clinic's mental health providers: 5 psychiatrists, 4 social workers, 1 neuropsychologist (Responses: 8/10)

### Results

- Heterogeneous Clinical Presentation of Psychiatric Disorders in MS:**
  - They may present at any point during MS, including before MS diagnosis
  - They may follow 'atypical' patterns: late onset; visual hallucinations; cognitive dysfunction; mixed mood disorders; apathy; pathological affect; euphoria with limited insight
  - Health anxiety may cause misattribution of bodily symptoms to MS
  - Severity range: from mild, which barely requires therapy, to severe which needs intensive care.



#### Heterogeneous Pathophysiology:

- Most patients show several factors concurrently:
  - Heterogeneous MS brain lesions
  - Medical comorbidities (DM, OSA, thyroid, or seizure disorder) contribute to psychiatric symptoms
  - Primary psychiatric comorbidities
  - Effects of CNS- active pharmacological agents (steroids, baclofen, cannabis, modafinil, stimulants)
  - Psychiatric effects of MS disease-modifying treatments
  - Effects of psychosocial factors: Stressors, resilience factors, support.



#### Heterogeneity of Life Cycle Stage & MS Impact

- Effect on relationships, psychosexual functioning, decisions to have children and childrearing, school and work
- Psychiatric comorbidities contribute to disability and poorer MS prognosis.
- Longitudinal relationship between psychiatric symptoms and MS course:
  - Psychiatric symptoms preceding MS diagnosis
  - Depression and anxiety early after MS diagnosis (adjustment)
  - Psychiatric exacerbations due to MS relapses
  - Anxiety related to unknown nature of disease course, throughout disease course
  - Especially in advanced MS, cognitive impairment contributes to disability.

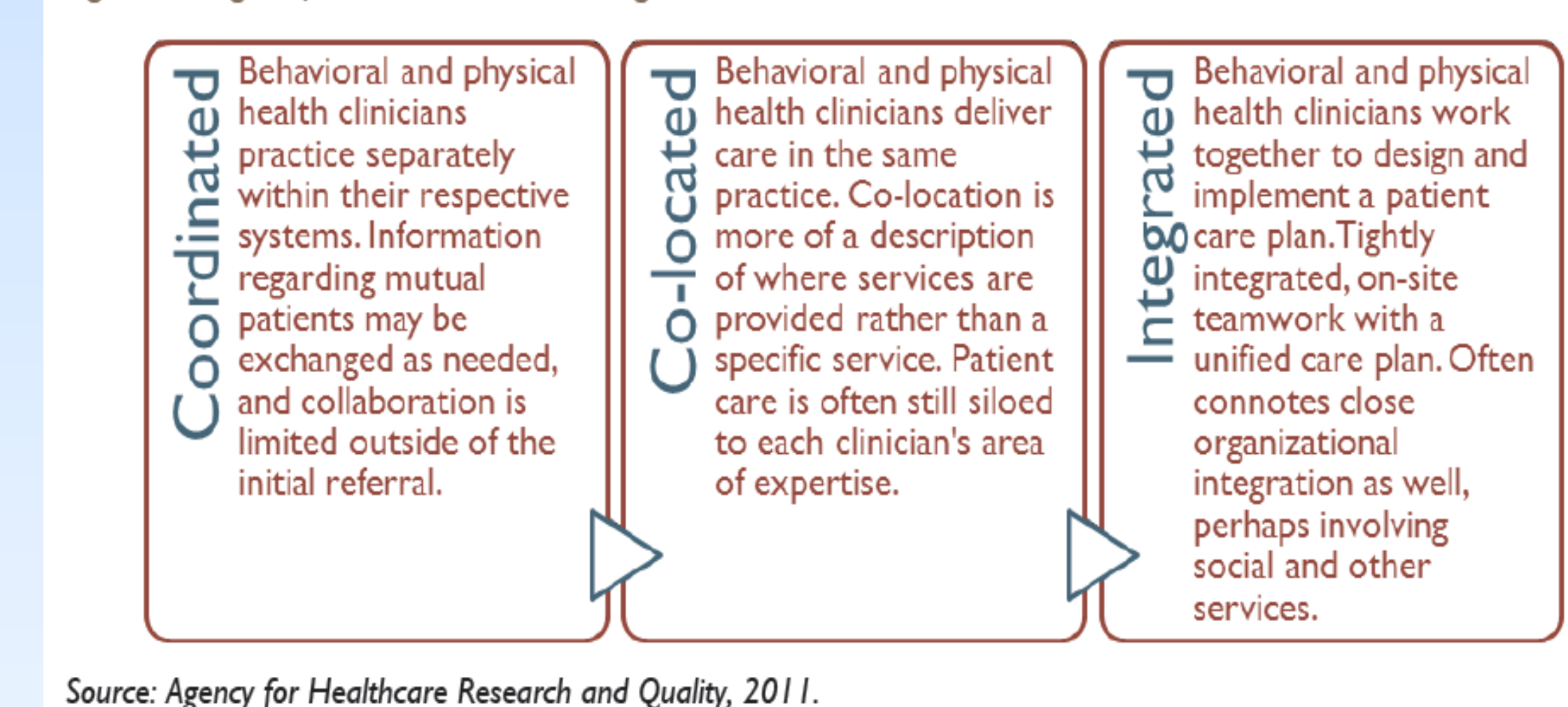
#### Patients' preferences, access, and other factors:

- Variability in patients' understanding / awareness / acceptance of cognitive, behavioral, and neuropsychiatric symptoms of MS and need for treatment
- Variability in patients' acceptance of MS diagnosis and need for treatment
- Stigma
- Preference of psychotherapy VS psychotropics
- Types of psychotherapy
- Psychotherapy adaptation for physical disability, medical exacerbations; for cognition (repetition of coping skills, written summary of visits, list making, incorporation of family)
- Different locations for treatment (home based care, accessible offices)
- Flexible schedules (Patients may need to reschedule due to illness/flare)
- CAMs
- Interactions of psychotropics with DMTs
- Mental health treatment integrated to neurological care, VS community mental health treatment
- Access to and acceptability of telehealth
- Access to mental health care: Available mental health providers who take patient's insurance & are comfortable treating people with MS; transportation
- Capacity for self- management (use of mental health apps, community, printed, & online resources)
- Level of caregiver support and community resources
- Education & financial resources level, type of health insurance
- Patients with MS and co-morbid psychiatric illness may not fit- in with treatment services available in the community. For example, not all detox, IOP, or day treatment programs will accept people with complex medical needs because they do not have the medical capacity to care for them.
- Access to specialized care is often limited by insurance or location/transportation.
- Identification with self as an ill person; participation in multiple areas of life.
- Patients' factors may be static/ unmodifiable, or dynamic.

#### Specific Mental Health Services Needs

- Complex presentations may require sub-specialist expertise (e.g. neuropsychiatrist with MS expertise)
- Interdisciplinary care is especially vital with this population
- Integrated care models; when someone is cancelling mental health appointments for medical reasons – medical providers can be looped in
- Often psychotherapy as well as care management are needed
- Rehabilitation therapies (PT, OT, CRT)
- It is important to consider the various pathogenic factors and treat them simultaneously
- Accessible mental care (physically, financially, telehealth, etc.)
- Coordinated care is essential (medical, psychiatric, neurological, psychotherapy, rehab)
- Coordination between academic center with sub-specialists expertise, and community providers
- Education of patients, caregivers
- Education of community providers
- There may be medical providers who carry their own stigmatized views of psychiatric issues; providing outlets, support, education, for health care providers is important.

Figure 1. Stages of Behavioral Health Integration



### Conclusions

The complexity of factors determining the clinical presentation and mental health treatment needs and preferences of individuals with MS require a menu of treatment options to successfully meet these individuals' needs. This should include interdisciplinary, expert care, coordinated and combined with an array of community resources.

### References

Source for first figure: Rosti-Otajarvi and Hamalainen. Behavioural symptoms and impairments in multiple sclerosis: a systematic review and meta-analysis. *Mult Scler* 2012

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