

A Novel Multidisciplinary Approach to Fatigue in Multiple Sclerosis Alison Kraus, PT, DPT, NCS¹; Nicole J. Tester, PhD, MOT, OTR/L¹; Tirisham V. Gyang, MD²; Lindsay Falk, ARNP, MSCN²; Vineet Nadkarni, BS²; Augusto Miravalle, MD²

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Background

Fatigue is a prevalent symptom that affects patients from the time of diagnosis with Multiple Sclerosis (MS), and sometimes prior to diagnosis. It is multifactorial and can be the result of psychological and/or physiological impact¹, as well as changes in the central neural system. The symptom itself is necessary to address as fatigue can limit the patient both physically and/or mentally.

Activity modification and exercise can assist to reduce deconditioning, improve sleep hygiene and decrease depression². Exercise in MS fatigue has shown moderate effect compared to no exercise or usual care². Even with this knowledge we know that patients with MS limit their activities due to fear of symptom exacerbation ³.

Goal

Our primary goal is to aid in fatigue management from an interdisciplinary stand point by giving patients techniques to incorporate into daily routines while promoting overall exercise and activity level. Work toward this goal will be accomplished by establishing baseline data, implementing HEP and task modifications and performing appropriate follow up visits to monitor fatigue and progress HEP. Follow up appointments will be tailored, based on each individual patient's interest and need

Public Health Implications

Through these interventions, we anticipate patients will experience increased satisfaction, participation, safety, and independence in their daily activities.

Timeline: Patients receive an initial PT and OT evaluation at their first or second visit to our clinic to establish baseline and are consented under an IRB approved protocol. Recommendations are given on appropriate follow up treatments (1x/week, 2x/month 1x/month or 3 month follow up) to manage fatigue and increase exercise/activity level.

Patient Reports Outcomes (PROs): Subjective and objective are assessed at baseline and every 3 months. Subjective measures include the Modified Fatigue Impact Scale (MFIS) and Fatigue Severity Scale (FSS) which assess the impact of fatigue on daily activities and the Godin Leisure Exercise Quesionnaire which addresses current exercise/ activity level. The 6-Minute Walk Test (6MWT) and Berg Balance Assessment/Mini BESTest are used to objectively quantify aerobic capacity/walking ability and balance.

Patient	Date	EDSS Score	6MWT	Godin Leisure Activity	Berg Balance Assessment (BB)	Mini BESTest	Fatigue Severity Score (FSS)	Modified Fatigue Impact Scale (MFIS)
	Aug- '17			9	36/56			
1	Sept- '17		511 ft	40	43/56		63/63	49/84
-	Feb-'18		680 ft	15	48/56		50/63	32/84
	Dec- '17	2.5	816 ft	0		28/32	10/63	71/84
2	Mar- '18	4.5	1424 ft	26		27/32	60/63	60/84
	Sept- '17	5.5	1071 ft	0	44/56		15/63	
3	Apr- '18	5.5	1713 ft	21	51/56			16/84
	Nov- '17	6	1510 ft	9		30/32		
4	Feb- '18	2.5	1652 ft	28		30/32	32/63	17/84

Rudroff T, Kindred JH, Ketelhut NB. Fatigue in multiple sclerosis: misconceptions and future research directions. Front. Neurol. 7, 122 (2016)

Safari R, Van der Linden ML, Mercer TH. Effect of exercise interventions on perceived fatigue in people with multiple sclerosis: synthesis of meta-analytic reviews. Neurodegener Dis Manag. 2017 Jun;7(3):219-230 Halabchi F, Alizadeh Z, Sahraian MA, Abolhasani M. Exercise Prescription for patients with multiple sclerosis; potential benefits and practical recommendations. BMC neurol. 2017 Sep 16;17 (1):185.

Methods and Patient Cases

1 /				U			U
Read and circle a number.	Stro Agr		oisagree	; →	St	rongly	
1. My motivation is lower when I am fatigued.	1	2	3	4	5	6	7
2. Exercise brings on my fatigue.	1	2	3	4	5	6	7
3. I am easily fatigued.	1	2	3	4	5	6	7
4. Fatigue interferes with my physical functioning.	1	2	3	4	5	6	7
5. Fatigue causes frequent problems for me.	1	2	3	4	5	6	7
6. My fatigue prevents sustained physical functioning.	1	2	3	4	5	6	7
7. Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3	4	5	6	7
8. Fatigue is among my most disabling symptoms.	1	2	3	4	5	6	7
9. Fatigue interferes with my work, family, or social life.	1	2	3	4	5	6	7

I have been less alert. I have had difficulty paying attention I have been clumsy and uncoc I have been forgetfu I have had to pace myself in r I have been less motivated to physical effort physical effort. My thinking has been slowed do I have had trouble concentratin I have limited my physical activ I have needed to rest more

Results & Discussion

- An increase in activity level is not correlated with an increase in fatigue
- The EDSS score improved in 1/3 patients. The 6MWT improved in all (n=4/4) patients and corresponded with an increase in Godin Leisure Activity scores (n=4/4) and BB scores (n=2/2), while the Mini BESTest was unchanged (n=2/2).
- A subjective decrease in fatigue in both the FSS and MFIS was reported in 1/2 patients. In the other patient, a decrease in fatigue was only reported via the MFIS and not the FSS.

References

ast 4 weeks						Godin Leisure-Time Exercise Questionnaire					
	Never	Rarely	Sometimes	Often	Almost Alwavs	 During a typical 7-Day period (a week), how many times on the following kinds of exercise for more than 15 minutes during your f the appropriate number). 	ree time (write on each line				
	0	1	2	3	4		Times Per				
tion for long periods of	0	1	2	3	4		Week				
tion for long periods of	v		2	Ŭ	7	a) STRENUOUS EXERCISE					
ly.	0	1	2	3	4	(HEART BEATS RAPIDLY)					
linated.	0	1	2	3	4	(e.g., running, jogging, hockey, football, soccer,					
	0	1	2	3	4	squash, basketball, cross country skiing, judo,					
physical activities.	0	1	2	3	4	roller skating, vigorous swimming,					
anything that requires	0	1	2	3	4	vigorous long distance bicycling)					
rticipate in social	0	1	2	3	4	b) MODERATE EXERCISE					
to do things away from	0	1	2	3	4	(NOT EXHAUSTING)					
	-	•	_	-		(e.g., fast walking, baseball, tennis, easy bicycling,					
cal effort for long	0	1	2	3	4	volleyball, badminton, easy swimming, alpine skiing,					
sions.	0	1	2	3	4	popular and folk dancing)					
anything that requires	0	1	2	3	4	c) MILD EXERCISE					
	0	1	2	3	4	(MINIMAL EFFORT)					
table.	0	1	2	3	4	(e.g., yoga, archery, fishing from river bank, bowling,					
that require thinking.	0	1	2	3	4	horseshoes, golf, snow-mobiling, easy walking)					
ny thoughts when doing	0	1	2	3	4						
e tasks that require	0	1	2	3	4	 During a typical 7-Day period (a week), in your leisure time, how or regular activity long enough to work up a sweat (heart beats rapid) 					
vn.	0	1	2	3	4	OFTEN SOMETIMES	NEVER/RARELY				
	0	1	2	3	4	1. 0 2. 0	3. 🛛				
es.	0	1	2	3	4						
or for longer periods.	0	1	2	3	4	Weekly leisure activity score = $(9 \times \text{Strenuous}) + (5 \times 1)$	Noderate) + (3 × Light)				

While data are preliminary, it appears an increase in exercise may be associated with improved endurance and balance and reduced fatigue. We believe these positive outcomes likely reflect education on exercise, energy conservation, and activity modification that was provided by and reinforced by an interdiscipinary team

Recurrent "maintenance visits" of PT and OT appear to be helpful in increasing patients activity/exercise level to help manage fatigue through this exploratory research.

Acknowledgements

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