

## Introduction

- Multiple Sclerosis (MS) is a chronic neurological disease typically diagnosed in young adulthood<sup>1</sup>
- Most individuals require costly treatment for motor and sensory symptoms as well as fatigue, depression, and cognitive decline<sup>2</sup>
- Many continue to have debilitating MS symptoms and side effects from medication<sup>3</sup>
- There is a crucial need for low cost behavioural treatments that are effective in reducing MS symptoms
- Physical activity has shown promise in managing other neurological disorders and it has been hypothesized that physical activity may be neuroprotective<sup>4,5</sup>

## Objective

• To investigate the relationship between physical activity and MS symptoms of fatigue, depression, and perceived cognitive impairment

# The Relationship Between Physical Activity, Fatigue, Mood, and Perceived Cognitive Impairment in Adults with Multiple Sclerosis Chantel D. Mayo<sup>1</sup>, Kelly Miksche<sup>1</sup>, Kristen Attwell-Pope<sup>2</sup>, Jodie R. Gawryluk<sup>1</sup>

<sup>1</sup>Department of Psychology, University of Victoria, British Columbia, Canada; <sup>2</sup>Department of Neurology, Island Health, British Columbia, Canada

### Recruitment



### Measures

 Physical activity and MS symptoms were assessed using the following measures<sup>6-9</sup>:

Physical Activity

Godin Leisure-Time Exercise Questionnaire (GLTEQ)

Fatigue Modified Fatigue Impact Scale (MFIS)

### Statistical Analyses

- Descriptive and correlational statistics were performed with R Studio
- Partial correlation coefficients were calculated to investigate the relationship between GLTEQ and MFIS, PHQ-9, and PDQ, controlling for age

## Methods

Mood

Patient Health Questionnaire (PHQ-9)

Cognition

Patient Deficit Questionnaire (PDQ)

•	Table 1.	Partic	ipant D	emo
	N A	Age	Edu	icatio
	86 56.45			
	RRMS: relapsin	_		
	Measure	Me	ean ore	Med
	GLTEQ	33	.94	Sco 3
	MFIS PHQ-9		.28 .74	4
1	PDQ		5.57	2
			as a	
	rela	tion	ship	be
	activity and fa			
	but	not	perc	ceiv
ļ	Fatigue			
	r =	34, p =	.002	
				$\frown$
				U
	Indi	vidu	uals '	wit
	stre	nuo	us a	nd
	reported fewer			
	•		sion	
		_		
	<b>J</b>		al ac	
additional b				eh
	manage MS sv			

Lassman, H. (2018). Multiple sclerosis pathology. Cold Spring Harb Perspect Med 8, 1-15. <sup>2</sup>Compston, A., & Coles, A. (2008). Multiple sclerosis. Lancet, 372(9648), 1502-1517. <sup>3</sup> Torkildsen, O., Myhr, K.M., & Bo, L. (2016). modifying treatments of multiple sclerosis – a review of approved medications. European Journal of Neurology, 23, 18-27. 4 Jang, Y., Koo, J. H., Kwon, I., Kang, E. B., Um, H. S. Soya, H., Lee, Y. & Cho, J. Y. (2017). Neuroprotective effects of endurance exercise against neuroinflammation in MPTP-induced parkinson's disease mice. Brain Research, 1655, 186-193. 5 Sa, J.M. (2014). Exercise therapy and multiple sclerosis: a systematic review. Journal of Neurology, 261, 1651-1661. <sup>6</sup>Godin, G. and Shephard, R. J. (1985). A simple method to assess exercise behaviour in the community. Can J Appl Sport Sci 10, 141- 146. <sup>7</sup>Fisk, J.D., Ritvo, P.W., Ross, L., Haase, D.A., Marrie, T.J., & Schlech, W.F. (1994) Measuring the functional impact of fatigue: initial validation of the Fatigue Impact Scale. Clinical Infectious Diseases, 18, S79-S83 <sup>8</sup>Kroenke, K, Spitzer, R.L., & Williams, J.B.W. The PHQ-9: Validity Of a brief depression severity measure. JGIM, 16, 606-613.9Ritvo, P. G., Fischer, J. S., Miller, D. M., Andrews, H., Paty, D. W. & LaRocca, N. G. (1997). MSQLI Forms. In Multiple Sclerosis Quality of Life Inventory: A User's Manual. Retrieved from http:// www.nationalmssociety.org/For-Professionals/Researchers/Resources-for-Researchers/Clinical-Study-Measures/Multiple-Sclerosis-Quality-of-Life-Inventory-(MSQL)



## onclusions

th MS who reported more d/or frequent physical activity symptoms of fatigue and

ity holds promise as an navioural treatment to better manage MS symptoms

### References