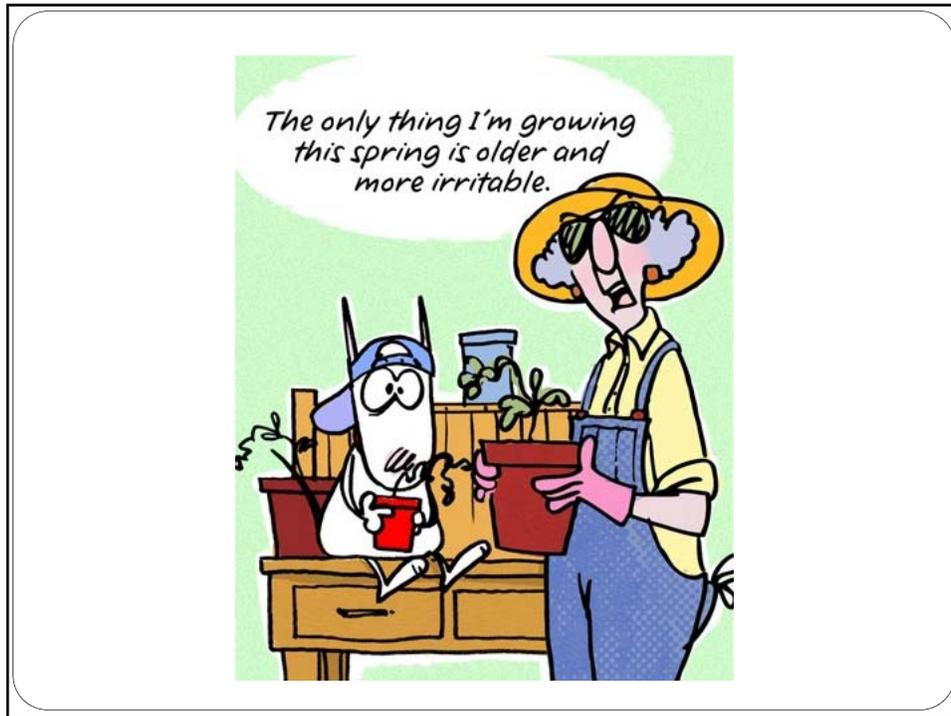


Clinical and Social Issues with Aging with MS

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Objectives

- By the end of this session the learner will be able to
 1. Understand what matters to older adults with MS
 2. Indicators of quality of life in older adults with MS



Who are these people?

- **The elderly are a diverse population often broken down into three groups**
- **Young-old** - those between the ages of 65 to 75
 - Still inclined to be healthy and active
- Steady increase in the population over 65 over the next generation
 - Aging of the baby boom generation
- **Old-old** - those over 75
 - More likely to require support services

Primary aging

- Primary aging is the result of molecular and cellular changes
 - Gray hair
 - Wrinkling of skin
 - Weakened immune system
 - Brain cell loss

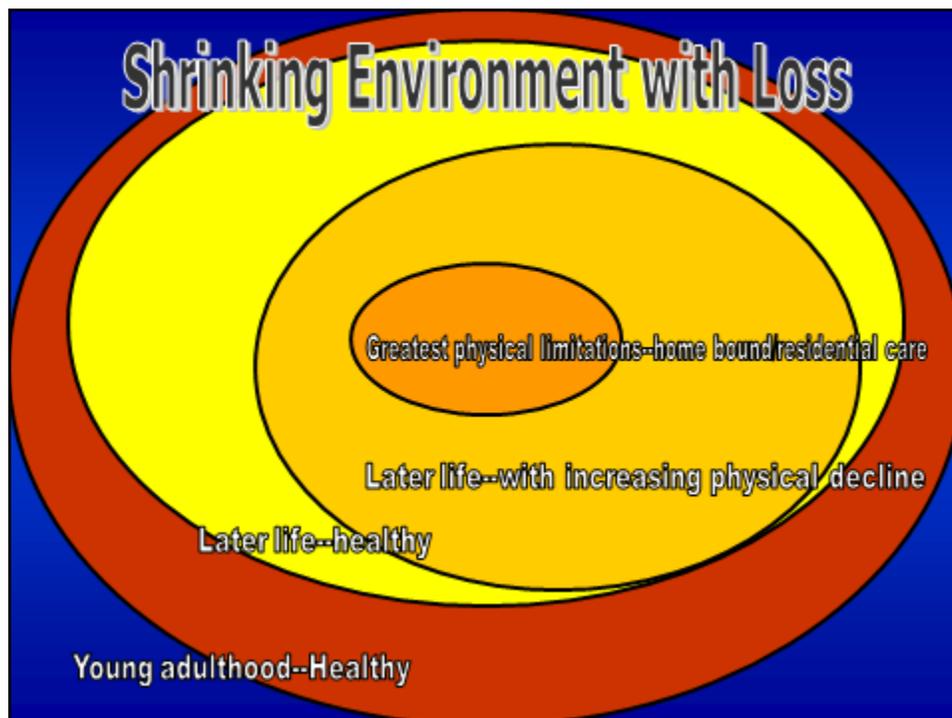
Secondary aging

- Secondary aging is caused by environmental factors:
 - Lack of exercise
 - Stress
 - Trauma
 - Poor diet
 - Disease



Psychological Dimensions of Aging

- The psychological effects of aging
- The shrinking of one's social environment
 - Self-concept
 - Loss of status
 - Circle of friends and family grow smaller
- The negative label associated with aging impacts the elderly's well-being



Health Care

- Growing elderly population in need of health care
 - Medicare and growing cost
- Long-term care
- Subsidies for prescription drugs

Health care continued

- Chronic illnesses
- Growing health care needs and lack of income to afford it
- Medicare
- Medicaid, of which 35 percent goes towards the elderly

Housing problems

- Living alone and dealing with isolation and loneliness
- Elderly who live with their adult children or relatives do so for financial reasons or declining health
- Elderly face limited housing choices

Aging with MS

- MS not a fatal disease
- Causes significant life changes
- DMT's have increased lifespan
- Baby Boomers will increase #'s of older people living with MS

Longer lifespan

- Comorbidity – most common in general population is arthritis
- Direct effects of MS – physical/cognitive
- Indirect effects of MS – inability to exercise

- 10. Hirst, C., Swingle, R., Compston, D., Ben-Shlomo, Y., Robertson, N. (2008) Survival and cause of death in multiple sclerosis: a prospective population-based study. *Journal of Neurology, Neurosurgery and Psychiatry*. Sept:79(9): 1016-21

HRQOL

- Multidimensional construct¹
- Includes
 - Physical functioning
 - ADL's
 - Sense of well being
 - Satisfaction with life
 - Psychological status
 - Social functioning

- 1. Mitchell A.J., Benito-Leon J., Morales Gonzalez J.M., & Rivera-Navarro J. (2005). Quality of life and its assessment in multiple sclerosis: integrating physical and psychological components of wellbeing. *The Lancet Neurology*, 4, 556-566.

MS and HRQOL

- Negatively correlated with
 - Physical²
 - Psychological³
 - Course of disease
 - Comorbidity

2. Mitchell A.J., Benito-Leon J., Morales Gonzalez J.M., & Rivera-Navarro J. (2005). Quality of life and its assessment in multiple sclerosis: integrating physical and psychological components of wellbeing. *The Lancet Neurology*, 4, 556-566.
3. Hoogs M., Kaur, S., Smerbeck A., Biana, W.G., Benedict, R.H.B. (2011). Cognition and physical disability in predicting health-related quality of life in multiple sclerosis. *International Journal of MS Care*, 13, 57-63.

HRQOL in Elderly Patients with MS

- Not a lot of data
- One small study (n=53, mean age 73)⁴
 - Physical and psychosocial impairments
 - 58% depression
 - 30% contemplating suicide
 - > 70% social isolation
 - > 50 % physical disability

4. Klewer J, Pohlau D, Haas J, Kugler J. (2001) Problems reported by elderly patients with multiple sclerosis. *Journal of Neuroscience Nursing*, 33 (3), 167-171

HRQOL in Elderly MS continued

- Comparison of younger and older persons with MS⁵
 - Older persons (> 65)
 - More disabled
 - Reported fair to poor health
 - Utilized home care services
 - But emotionally better!

5. Minden, S., Frankel, D., Hadden, L., Srinath, K., & Perloff, J. (2004). Disability in elderly people with multiple sclerosis: An analysis of baseline data from the Sonya Slika Longitudinal Multiple Sclerosis Study. *NeuroRehabilitation, 19*, 55-67

HRQOL and Use of Mental Health Services

- HRQOL and mental health challenges similar in both younger and older persons with MS⁶
- Mental health issues were less in older persons with MS than younger persons⁷
- Older persons with MS were in better mental health than physical health; minimal depression⁸

6. DiLorenzo T., Halper J., & Picone M.A. (2004). Comparison of older and younger individuals with multiple sclerosis: A preliminary investigation. *Rehabilitation Psychology, 49* (2), 123-125.

7. Garcia, J. & Finlayson, M. (2005). Mental health and mental health service use among people aged 45+ with multiple sclerosis. *Canadian Journal of Community Mental Health, 24* (2), 9-22.

8. Bulse, M., Barker, W.M., & Clement L.M. (2014). Multiple sclerosis and the elderly: Perceptions of health related quality of life. *International Journal of MS Care.*

Depression

- Most common mood disorder
- Affects ~ 50%
- Under diagnosed and under treated
- Reduces physical and mental HRQOL in elderly
- Report lower perceptions of overall health

9. Goretti, B., Portaccio, E., Zipoli, V., et al. (2009). Coping strategies, psychological variables and their relationship with quality of life in multiple sclerosis. *Neurological Sciences, 30* (1), 15-20.

Social Isolation

- 30% of persons over age 65 live alone
- Reported to have lower QOL
- Social isolation and loneliness
- In MS – lower social support linked with depression¹⁰
- Lack of transportation, access

10. Fong, T., Finlayson, M., & Peacock, N. (2006). The social experience of aging with a chronic illness: Perspectives of older adults with multiple sclerosis. *Disability and Rehabilitation, 11*, 695-705.

Physical Disability

- Associated with decreased HRQOL
- Fears of decreased independence
- Increases social isolation



- 11. Beiske A., Naess H., Aarseth J., et al.. (2007). Health-related quality of life in secondary progressive multiple sclerosis. *Multiple Sclerosis*, 13, 386-392.

Cognitive Changes

- Common complaint of normal aging
- Up to 65% in MS
- Increases over time
- Shown to decrease HRQOL
- Is it MS or something else?

- 12. Baumstarck-Barrau, K., Simeoni, MC., Reuter, F., et al.. (2011). Cognitive function and quality of life in multiple sclerosis patients: a cross sectional study. *Neurology*, 11, 17.

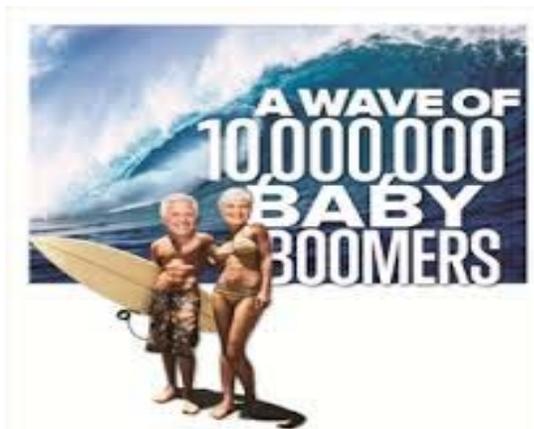
Comorbidities

- Probability of comorbidity increases with age
- 45% people > 65 have at least 2 diseases¹⁴
- MS - Likely to have same comorbidities
- Shown to decrease QOL
- Very concerned about comorbidity reducing independence

14. Freid, V., Bernstein, A. & Bush, M. (2012) Multiple chronic conditions among adults aged 45 and over: trends over the past 10 years. National Center for Health Statistics Data Brief, No. 100, July 2012.

So what can we do?

- We have a silver tsunami of MS patients heading our way



Knowledge is Power

- Factors that reduce HRQOL.
- Understand patient perceptions of their health and disease.
- Screening and interventions to increase HRQOL

Adaptation to MS

- Value being independent
- Want to stay at home
- Being widowed increased physical QOL

Screening

- Mental health, depression – GDS
- Social Isolation – Lubben Scale
- Increasing Physical Disability – clinical exam
- Cognitive Changes – SDMT/Neurotrax
- Comorbidity – Discuss with PCP

Lubben Social Network Scale

1. How many relatives do you see or hear from at least once a month?
2. How many relatives do you feel at ease with that you can talk about private matters?
3. How many relatives do you feel close to such that you could call on them for help?
4. How many of your friends do you see or hear from at least once a month?
5. How many friends do you feel at ease with that you can talk about private matters?
6. How many relatives do you feel close to such that you could call on them for help? < 20 is poor network

Interventions

- Treat depression – Start Low – Go Slow
- Use SSRI's or SNRI's
- Discuss home life
- Who does the elderly person live with?
- How often is there social interaction?
- How often do they get out of their house?

• 15. Steffens, D.C., Skoog, I., Norton, M.C., et al.. (2000). Prevalence of depression and its treatment in an elderly population. *Archives of General Psychiatry*, 57, 601-607.

Interventions Continued

- Assistive devices
- PT/OT
- Yoga, Tai Chi

Interventions Continued

- Healthy diet
- Daily intake of fruit and vegetables
- Weekly intake of fish
- 30%-40% decrease in the risk of dementia
- Stop Smoking
- Weight Loss



"The 'Humungo Meal' comes with your choice of 2 sides...heart disease, high blood pressure, diabetes or obesity."

Implications for Clinical Care

- Recognize changes in physical/psychological/social interactions
- Recognize functional changes due to age and disability
- Promote awareness and advocacy within your community

Questions???

