Recognizing symptoms of MS

Common symptoms:

Fatigue	About 80% of patients with MS complain of significant fatigue that interferes with activities at work and home
Visual disturbances	Often the first symptom for many people. Sudden onset of blurred vision, change in color perception (colors appear less vivid than normal), or pain with eye movements (described as a dull ache behind the eye)
Sensory	Sensation of pins and needles, numbness, burning, or tingling of the face, body or extremities (arms and legs). Often the first symptoms experienced by those who are eventually diagnosed with MS
Spasms/spasticity	Feeling stiffness and involuntary muscle spasms—more common in legs and upper extremities. Exacerbated by fatigue, stress, infection and pain. Can lead to increased fatigue. Recommendation is to screen patients for spasticity by assessing the ROM in the arms and legs and the ability to perform ADL's
Ataxia	Difficulty walking can be related to many factors such as weakness, spasticity, loss of balance, sensory deficit, or fatigue
Dizziness and vertigo	Many may feel off balance or lightheaded
Pain	Trigeminal neuralgia (stabbing pain in the face), Lhermitte's sign (brief stabbing, electric-shock-like sensation running from the back of the head down the spine when bending the neck forward. Dysesthesias.
Bladder problems	About 80% of those with MS will have some bladder dysfunction, which can be successfully managed. May include frequency, urgency, hesitancy, voiding frequently at night, incontinence, inability to empty bladder fully. Untreated it may lead to withdrawal from social and vocational activities May even lead to life-threatening complications
Bowel problems	Constipation and loss of bowel control is a concern and can typically be managed
Sexual dysfunctions	May be affected by damage in CNS as well as fatigue, spasticity, or psychological factors
Emotional Changes	Mood swings and episodes of depression can common reaction to living with MS. Clinical depression is more common among MS patients than general population according so some studies
Cognitive changes	About 50% of those with MS will develop problems with cognition such as executive function, memory, attention and concentration, visual perception, word-finding and information processing
Weakness	Results from deconditioning of unused muscles affected by damaged nerves

Resources:

MS: The Nurse Practitioner's Handbook: http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/Brochure-MS-The-Nurse-Practitioner%E2%80%99s-Handbook.pdf

http://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms

http://www.nationalmssociety.org/Symptoms-Diagnosis/Diagnosing-MS

References: http://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms. http://www.mayoclinic.org/diseases-conditions/optic-neuritis/basics/symptoms/con-20029723. MacLean R. Nurs Stand. 2010. National Multiple Sclerosis Society. MS Symptoms. Available at: http://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms.

Fatigue	• Identify primary and secondary causes of fatigue • Stepwise treatment plan including management and elimination of secondary causes • -Address comorbid health issues and adjust medications •Interventions to address factors that interfere with sleep •Management of MS symptoms that cause extra fatigue •Educate about energy effectiveness strategies (energy saving ways of walking with or without assistive devices and developing a regular exercise program) • Strategies to avoid overheating • Stress management and relaxation techniques
Spasms/spasticity	• Initiate long-term rehab as soon as possible • Non-pharmacologic interventions such as stretching, ROM excercises, gait, assistive devices, and strength exercise • Pharmacologic interventions may be necessary (Baclofen and tizanidine are common)
Pain	• Management typically includes pharmacologic treatment depending on the type and location of pain • Enhance self-management and coping mechanisms • Increase physical and social activity levels, reduce stress, address sleep disruptions • Physical therapy and cognitive-talk therapy
Bladder problems	• Obtain detailed bladder history • Refer to urologist for persistent urinary symptoms for further evaluation • Lifestyle and diet modifications: restrict fluids at bedtime, bladder training or planned voiding. • Pharmacologic therapy • Pelvic floor physical therapy
Bowel problems	• Review medications • Drink plenty of fluids daily • Ensure adequate fiber intake (foods and dietary additives) • Stool softeners, mild laxatives, suppositories if needed • Plan regular schedule for emptying bowels **MANAGEMENT of FECAL INCONTINENCE** • Eliminate dietary irritants such as coffee and alcohol • Bulk agents to promote fecal consistency • Anticholinergics
Sexual dysfunctions	• Antidepressants and psychotherapy may be effective strategies to address these factors that can play a role in sexual dysfunction • Medications for erectile dysfunction or uncomfortable genital sensations such as vaginal lubricants • Behavioral strategies and improved communication • Kegel exercises for women • Energy conservation strategies and alternative sexual positions that are less tiring

References:
National Clinical Advisory Board of the National Multiple Sclerosis Society. Management of MS-related fatigue. National Multiple Sclerosis Society. 2006
Foley FW. Assessment and treatment of sexual dysfunction in multiple sclerosis. National Multiple Sclerosis Society. 2008.
Holland NJ, Kennedy P. National Multiple Sclerosis Society. 2012.
National Multiple Sclerosis Society at http://www.nationalmssociety.org/Symptoms-Diagnosis/Diagnosing-MS

Developed by AANP and supported by an educational grant from Teva Pharmaceuticals, *and* Questcor Pharmaceuticals