

Working with MS Support Group*

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Rockville Nursing Home, 303 Adclare Road, Rockville, MD 20850

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Agenda

3:00pm	Welcome!
	Brief Introductions/Member Check-in
3:15pm	MS & Friends ☺ (MS Comorbidities & Function) “Comorbidities influence the course of MS and has medical and socioeconomic consequences for persons with MS.” - M Magyari & P Soelberg Sorensen 2020
4:00pm	Member Sharings & Support
5:00pm	Adjourn

Handouts & “News You Can Use”:

Comorbidity in Multiple Sclerosis (M Magyari & P Soelberg Sorensen, Front. Neurol., 2020)

“A **comorbidity is defined** as any additional disease that coexists in an individual with a given index disease [e.g., MS] and that is not an obvious complication of the index disease... Classic definitions of comorbidity do not include health behaviors. However, behaviors such as smoking, alcohol intake, and sedentary lifestyle affect the risks and also the outcomes of chronic diseases, including MS...

the most prevalent comorbidities in MS are depression (23.7%), anxiety (21.9%) [depression and anxiety are thought by some to be symptoms of multiple sclerosis, but it is difficult to disentangle the direct effects of the disease upon mood], hypertension (18.6%), hypercholesterolemia (10.9%), and chronic lung disease [including asthma, asthmatic bronchitis, and chronic obstructive pulmonary disease] (10%).” Also “more prevalent in the population with MS, [are] cerebro- and cardiovascular comorbidities... [including] hypertension, hyperlipidemia, and ischemic heart disease,... deep vein thrombosis, ... stroke, and ischemic cerebrovascular event[s]” and other autoimmune disorders such as Type 1 Diabetes,... thyroid disorders,... inflammatory bowel disease [both ulcerative colitis and Crohn's disease] and psoriasis...” and “the prevalence of asthmatic bronchitis was three times higher among those with MS, ... psychiatric comorbidities was rather high (i.e., 23.7% for depression, 21.9% for anxiety, and 5.83% for bipolar disorder)... but it is difficult to disentangle the direct effects of the disease upon mood [disorders].” “Back pain [is] the most commonly [patient] reported comorbidity by 36.2% of the participants [in one study]. Migraine is twice as likely to occur in persons with MS than in those without and is suspected to increase the relapse rate... Sleep disorders [can affect cognitive functions and] have been commonly reported in people with MS, with a prevalence rate higher than expected, particularly, sleep-related breathing disorder, insomnia, and restless legs syndrome.

“**Several comorbid conditions are associated with disability progression [and increased relapse rate]**, including DM[diabetes mellitus], hypertension, and chronic obstructive pulmonary disease.” “MS patients with depression or bipolar disorder showed a significantly higher risk of [disability] progression... MS patients with vascular comorbidities at any time during their disease course progressed to an EDSS [Expanded Disability Status Scale] score of 6 [Intermittent or unilateral (one-side) constant assistance (cane, crutch, brace) required to walk about 100 meters (~328 ft.) with or without resting] on average 6 years faster than MS patients without a vascular comorbidity (74) and that comorbidities affected the visual disability... Rheumatoid arthritis was associated with more than 3-fold, and anemia had a 2-fold increased hazard of relapse... DM [diabetes mellitus] type 1 was associated with a significant reduction in gray matter, particularly cortical gray matter volumes [measured by MRI]... the presence of autoimmune comorbidities, especially psoriasis, thyroid disease, and DM [diabetes mellitus] type 2 comorbidities, was associated with more severe MRI outcomes of neurodegeneration and demyelination... a higher number of comorbidities was related to worse quality of life and increased odds of disability... MS patients with one

or more comorbidities had a 2-fold higher all-cause hospitalization rate than MS patients without any comorbidity.”

“The presence of any somatic, but not psychiatric, comorbidity increased the risk of broken relationships and increased the odds of low incomes in persons with MS. The burden of comorbidities, particularly of chronic somatic diseases, is significantly more likely in the older age groups, which represents a challenge in the aging population with MS as comorbidities apparently modify disease activity, worsen disability and chronic symptoms, and, overall, negatively affect the quality of life.

“The presence of comorbidities is associated with increased mortality.”

“The issues related to comorbidities should be a part of patient counseling, especially regarding modifiable lifestyle factors, because preventing comorbidities can alleviate the burden of MS.”

<https://www.frontiersin.org/articles/10.3389/fneur.2020.00851/full>

Chronic comorbidity in multiple sclerosis is associated with lower incomes and dissolved intimate relationships. (A Thormann et. al., Eur J Neurol., 2017, 24:825–34.)

“Cases of MS with somatic comorbidity had increased odds of low incomes both 5 years and 10 years after MS onset. The odds of a low income with psychiatric comorbidity was increased 10 years after MS onset. The rate of broken relationships was increased in cases of MS with any somatic comorbidity.”

<https://onlinelibrary.wiley.com/doi/abs/10.1111/ene.13297>

Comorbidities Management and Lifestyle Modification in Patients With Multiple Sclerosis (2019, American Journal of Managed Care (AJMC) Supplements and Featured Publications: The Role of Brain Preservation in the Management of Multiple Sclerosis)

“A 2017 study revealed that patients with 3 or more comorbidities had a 45% increased relapse rate over 2 years compared with patients with no comorbidities. MS comorbidities are also associated with decreased whole-brain and cortical volumes... In individuals with MS, physical comorbidity was associated with disability... Patients who were obese, overweight, or had a history of smoking or were currently a smoker were associated with greater risks of other comorbidities, such as cardiovascular disease... Comorbidities of MS disease course and disability have also been shown to negatively affect cognition and health-related QOL... Mild-to-moderate alcohol consumption, healthy diet, and moderate exercise were associated with a decreased risk for comorbidities and increased likelihood of greater quality of life (QOL)...

According to the survey data, healthy diet and a composite healthy lifestyle are associated with reduced disability and symptom burden in MS.

Given the impact of MS on cognition and the growing emphasis on the role of comorbid conditions, brain preservation and comprehensive brain health via **lifestyle interventions, in concert with cognitive exercises, are increasingly recognized as important factors in the broader management of patients with MS...** results showed that cardiorespiratory fitness is associated with deep gray matter volumes and has an impact on cognitive and motor function in patients with MS... Mindfulness-based interventions, such as mindful breathing and movement, may also benefit QOL and mental health in patients with relapsing-remitting MS, according to a global review of randomized controlled trials... **a healthy lifestyle—ranging from diet and fitness, to mindfulness and medication—is an important adjunct to optimal therapeutic regimens.**

Next/Upcoming Meetings:

July 11th – Meeting

August – NO MEETING/Take a break from the summer heat and go do something fun; expand your brain!

Sept 12th – Meeting

* "Working with MS" is a group of persons with Multiple Sclerosis (MS) or its symptoms who seek to offer each other, and others with MS, support, encouragement, and ways to approach challenges to working with MS. We are NOT health care professionals, counselors, physicians, attorneys, employment counselors, or representatives of public service agencies. Information provided at this site is purely informational and does NOT represent a recommendation of any kind, nor medical, legal, or other professional advice, and should be used only after and/or in consultation with the appropriate provider(s) (e.g., physicians, counselors, lawyers). Any opinions expressed on these pages are purely the opinion of the person who has authored it and does not represent the opinion of "Working with MS" or its members or sponsor(s).