Effectiveness of a Psychoeducational Wellness Program in Multiple Sclerosis

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Abstract

Physical, emotional, and cognitive factors affect overall functioning in multiple sclerosis (MS). Interventions addressing these factors may lead to improvement of overall quality of life for individuals with MS. The objective of the current study was to examine the effectiveness of a 10-week outpatient Multiple Sclerosis Wellness group located within a rehabilitation facility and to evaluate patient-reported physical, emotional, and cognitive changes. A group of 65 individuals with clinically definite MS completed a battery of questionnaires at the beginning of the MS Wellness group (T1) and at the 10-week follow-up (T2). Data were analyzed for changes in scores on tests of physical, emotional, and cognitive functioning from T1 to T2. Results indicated that the intervention produced a significant improvement in depression, perceived deficits, and mental health. Additionally, there was a trend toward a reduction in anxiety. The results have positive implications for program development.

Introduction

Due to the unpredictable process of MS, individuals living with the disease must learn to cope with a variety of uncertainties.

Psychological and social adaptation to this process can be optimized with adequate resources, support, and education.

A 10-week psychoeducational support group series was offered as a component of a larger MS Wellness program on an outpatient basis at Kessler Institute for Rehabilitation to address psychosocial adaptation.

The objective of the current study was to determine the effectiveness of this group in empowering participants and helping to decrease the stress and mood symptoms associated with MS.

Demographics

Test Administered | N | Age (mean (SD)) | Years since Dx. (mean (SD)) | Gender % (M-male, F-female) |
--- | --- | --- | --- | --- |
MHI Total Score | 43 | 50.21 (15.54) | 11.26 (7.10) | M = 51.62% F = 48.38%
Perceived Cognitive Deficits | 44 | 50.25 (11.40) | 11.23 (7.02) | M = 53.64% F = 46.36%
Depression (BDI-Fast Screen) | 40 | 50.00 (11.26) | 11.32 (7.09) | M = 62.50% F = 37.50%
Anxiety (MHI subscale) | 42 | 50.64 (11.31) | 11.19 (7.18) | M = 59.90% F = 40.10%

Methods

Participants: Fifty-five participants completed the questionnaires at two time points: at the beginning of the 10-week MS Wellness Program and at the completion of the program. The 10-week program focused on strengthening coping strategies for the non-motor aspects of MS. Each week included a 30-minute educational segment, followed by a 60 minute interactive segment followed by a psychotherapy group component led by a psychologist.

Measures: Self-report measures consisted of self-report questionnaires, including the Multiple Sclerosis Neuropsychological Screening Questionnaire (MSNSQ), questionnaires from the MS Quality of Life Inventory (MSQI) including the Mental Health Inventory (MHI), and Beck Depression Inventory (BDI)-Fast Screen.

Analysis: Data was analyzed with paired sample comparisons to assess changes from the beginning of the program (T1) to the completion of the program (T2). Paired samples t-test yielded significant changes from T1 to T2 in three measures: MHI Total Score, Perceived Cognitive Deficits Questionnaire (from MSQI), and BDI-Fast Screen: there was a trend towards significance on the Anxiety subscale of the MHI.

Results

The intervention produced a robust improvement:

- Overall score on the MHI from T1 to T2
- Perceived cognitive deficits (BDQ-5): questionnaire from the MSQI from T1 to T2
- Depression, as measured by the BDI-Fast Screen from T1 to T2

Additionally, there was a trend toward a reduction in anxiety as measured by the Anxiety subscale of the Mental Health Inventory (MHI) from T1 to T2.

No significant changes were noted in the other subscales of the MSQI such as Fatigue, Perceived Stress and Pain.

References


Discussion

These results have positive implications for individuals living with MS. These results demonstrate that wellness program participation was associated with significant improvements in symptoms of depression and perceived cognitive deficits, as well as positively impacting anxiety symptoms.

This suggests that a psychoeducational support group for MS patients can be effective in improving emotional well-being.

It is possible that with a greater number of participants, more robust changes could be detected in other measures of MS related symptoms.

Further research is needed to evaluate such changes and to identify specific mechanisms that lead to this change. In addition, further research studies with appropriate control conditions are needed to further evaluate the effectiveness of such programs with person with MS.