(P15) TELECONFERENCE-DELIVERED FATIGUE MANAGEMENT: EFFICACY AND EFFECTIVENESS
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Background: Fatigue is a commonly experienced symptom of multiple sclerosis (MS) that challenges participation across a full range of daily activities. Previous research has demonstrated the efficacy and effectiveness of a face-to-face, group-based fatigue self-management program for people with MS. A pilot study of a group-based, teleconference version of the program supported the potential of this alternative delivery approach. Objectives: To test the effectiveness and efficacy of a teleconference-delivered fatigue self-management program for people with MS. Methods: A randomly allocated, two-group time-series design with a wait-list control group was used to determine whether the program could reduce the impact and severity of fatigue, improve quality of life, and improve self-efficacy for managing fatigue. A total of 190 people were allocated to groups and started the program, which involved six 70-minute weekly sessions delivered by a licensed occupational therapist. A research assistant administered the outcome measures before and after the program, and then 6 weeks, 3 months, and 6 months post-intervention. Descriptive statistics, t tests, paired t tests, and mixed-effects regression models were used to test the study hypotheses. Results: Effectiveness (intent-to-treat) analysis supported the program's ability to reduce the impact of fatigue, as measured by the Fatigue Impact Scale (total and three subscales), and to improve the score on the Physical Health Composite of the 36-item Short Form Health Status Survey (SF-36) immediately post-intervention. Efficacy analysis produced the same results. Effectiveness and efficacy were maintained 6 weeks post-intervention, at which time the SF-36 Mental Health Composite also demonstrated significant gains. On average, the positive impacts of the intervention were maintained at the 3- and 6-month follow-ups. Although changes were observed in fatigue severity and self-efficacy, these changes cannot be attributed to the intervention, as analysis demonstrated a time effect but not a time by allocation effect. Conclusions: A group-based, teleconference-delivered fatigue-management program can reduce the impact of fatigue and improve some aspects of quality of life immediately post-intervention. On average, these effects can be maintained over a 6-month follow-up.

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