(S102) TARGETED PSYCHOEDUCATIONAL INTERVENTION TO IMPROVE RELAPSE-ASSESSMENT SKILLS IN MULTIPLE SCLEROSIS: A PILOT STUDY
B.J. Oliver,1,2 A. Young1

1Neurology, MS Center at Dartmouth, Lebanon, NH; 2The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth College, Lebanon, NH

Background: People with relapsing-remitting multiple sclerosis (RRMS) can experience a substantial amount of uncertainty concerning the differentiation of relapses from pseudoattacks. This can lead to delayed reporting of true relapses and subsequent underutilization of effective care services, or over-reporting of pseudoattacks, which can result in overutilization of specialist and emergency-care services, unnecessary steroid treatments, and unneeded disruption of work or other activities. This study aims to conduct pilot testing of an educational intervention designed to help patients with RRMS gain skill and confidence in relapse assessment. Objectives: To determine whether a targeted educational intervention will improve relapse-assessment skills and illness-control self-efficacy in a sample of RRMS patients. Methods: This is a 2-week, single-group, no placebo, time-series pilot study with a convenience sample of 50 participants. RRMS patients at Dartmouth-Hitchcock Medical Center were offered participation and provided informed consent. Participants completed an evaluation of relapse assessment and reporting accuracy for a series of computer-based scenarios and also completed the Multiple Sclerosis Self-Efficacy Scale (MSSE). Then, participants were given the “24-14-10 Rule” and completed the relapse-assessment scenarios again. Two weeks later, participants again completed the MSSE and the relapse scenarios. The primary end point was change in MSSE control subscale scores. The secondary end point was cumulative relapse-assessment accuracy percentage. Results: Thirty-three participants completed the study. There was no significant change between baseline and week 2 MSSE control subscale scores (P = .23). However, there were significant improvements in cumulative relapse-identification accuracy percentages between the first and second time points (P < .05), and further improvement occurred at 2 weeks post-intervention (P < .01). Conclusions: The intervention did not improve MSSE control subscale scores, but did improve relapse-identification accuracy on computer-based scenarios and was especially helpful in improving assessment accuracy for negative relapse scenarios (pseudoattacks).

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