**S59) DEVELOPING A WELLNESS PROGRAM FOR PEOPLE WITH MULTIPLE SCLEROSIS: DESCRIPTION AND INITIAL RESULTS**

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**Background:** Multiple sclerosis (MS) is multidimensional. A comprehensive wellness program was developed with educational sessions in physical, mental, social, intellectual, and spiritual domains targeting improved self-efficacy, physical functioning, coping skills, symptom management, and nutrition. **Objectives:** To describe a wellness program designed to facilitate positive health choices, initial data analyses, and program strengths/weaknesses. **Methods:** A standardized outcomes data collection process reduced patient/clinician burden while facilitating multiple construct data collection: patient self-reported outcomes and clinician data. Multiple constructs were quantified during a 12-week program: functional status, pain, fear-avoidance beliefs about physical activities, fatigue, depression, and somatization. We assessed change in constructs while controlling confounding variables using one-way analyses of covariance. **Results:** We analyzed data from 68 people with MS from the CentraState MS Wellness Program, part of Linda E. Cardinale MS Center (2008–2009). Age averaged 51 years (minimum 30, maximum 71, SD 9). Eighty percent were female, 93% were white, and 95% were non-Hispanic. Sixty-seven percent had a college degree or some college training, 15% had a high school diploma, and 8% had less than an 8th-grade education. Fifty-eight percent lived in households with incomes of >$75,000/year. Fifty-one percent had four or more comorbid conditions. Ninety-five percent had chronic MS symptoms, and 66% classified their symptoms as relapsing-remitting. Functional status increased while fatigue, pain, depression, somatization, and fear-avoidance of physical activities decreased (P < .05). When people were classified as having elevated compared with minimal risk of depression, those at minimal risk reported better improvement in functional status at program discharge (P < .05). **Conclusions:** The data suggested that the wellness program positively influenced participants. Use of multiple constructs allowed classification of people in different ways. Initial analyses focused on the need for complete data and additional methods of classifying MS severity. The data suggested that we need a scale to assess participants’ balance. Multidimensional data facilitated statistical risk adjustment of outcomes. More data from more clinics performing similar wellness approaches are needed for comparative effectiveness research related to conservative care of people with MS.

**Supported by:** CentraState Healthcare System

**Disclosure:** D.L. Hart: Focus On Therapeutic Outcomes, Inc (salary). R.I. Memoli, B. Mason: Nothing to disclose.

**Keywords:** rehabilitation strategies and therapy and MS, complementary/alternative therapies in MS, management of activities of daily living in MS