(S90) FEELINGS OF GUILT ARE ASSOCIATED WITH BOWEL AND BLADDER INCONTINENCE AND LOWER LIFE SATISFACTION IN PATIENTS WITH MULTIPLE SCLEROSIS

K.L. McGowan,1,3 B. Teter,1,3 B. Weinstock-Guttman,1,2 F. Munschauer1,2

1The Jacobs Neurological Institute, Buffalo, NY; 2SUNY Buffalo, Buffalo, NY; 3The New York State Multiple Sclerosis Consortium, Buffalo, NY

Background: The New York State Multiple Sclerosis Consortium (NYSMSC) uses a patient-response surveillance tool called LifeWare, which addresses patient-perceived disability, emotional state, and life satisfaction. The question “Are you feeling . . . blaming yourself or guilt?” has been answered by >8000 multiple sclerosis (MS) patients. However, the implications of feeling guilt have not been studied, despite evidence linking it to depression and lower quality of life (QOL). Studies have linked shame to continence issues in non-MS and MS patients, but guilt has not been examined. Patients who suffer from bowel (BwlInc) and bladder (BldInc) incontinence, or report a lower life satisfaction (LifeSat), may feel more guilt than those without continence issues or with higher LifeSat. Objectives: To explore whether patients reporting BwlInc and BldInc are more likely to experience greater feelings of guilt; and to explore whether patients reporting lower LifeSat also report stronger feelings of guilt. Methods: Analysis was based on longitudinal data of the NYSMSC registry, comprising patients from 16 MS centers in New York State, organized to prospectively collect demographic and clinical data. The guilt variable was dichotomized into those reporting “Moderate to Extreme” feelings of guilt and those feeling “None to Mild.” The Rasch variables for BwlInc and BldInc were dichotomized into “None to Mild Limitation” and “Mild to Severe Limitation.” The LifeSat variable was dichotomized into “more satisfied” and “less satisfied” with life. Chi-square tests were run on Guilt vs. BwlInc, BldInc, and LifeSat. Results: Data from registration of 6953 patients were analyzed (74% female, 68% relapsing-remitting MS): 1745 (25%) reported mild-to-severe BwlInc, and 2795 (40%) reported mild-to-severe BldInc. For LifeSat, 2094 (30%) reported being less satisfied. BwlInc was predictive of stronger guilt (odds ratio [OR], 1.82; 95% confidence interval [CI], 1.6-2.1), as was BldInc (OR, 1.78; 95% CI, 1.6-2.0). Less LifeSat was strongly associated with guilt (OR, 3.38; 95% CI, 3.0-3.9). Conclusions: The effect of bowel and bladder incontinence on feelings of guilt and the association between guilt and life satisfaction warrant further investigation. Understanding these feelings and assessing how to better support patients who are at risk for them may lead to a better QOL for MS patients.


Keywords: psychosocial issues in MS, quality of life in MS, MS and the caregiver/family