(W26) THE USE OF BEHAVIORAL MEDICINE IN THE INTERDISCIPLINARY TREATMENT OF MULTIPLE SCLEROSIS PATIENTS
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Background: Behavioral medicine (BM) is an interdisciplinary field of medicine devoted to understanding and managing health and illness through disease prevention, health promotion, diagnosis, treatment, and rehabilitation. BM is important in the interdisciplinary treatment of multiple sclerosis (MS) because patients and family members might find a diagnosis of MS difficult to fathom. Hopes, dreams, and goals for the future may drastically change. Reactions may include grief, anxiety, anger, depression, fear, numbness, denial, and hopelessness. As individuals progress through treatment with disease-modifying agents (interferons, glatiramer acetate, mitoxantrone, natalizumab), noncompliance issues may arise due to frequent needle sticks or needle phobia. Pain management issues often arise, specifically neuropathies, trigeminal neuralgia, and neck and back pain. Fatigue is also a common complaint. Although several theories exist regarding the etiology, behaviorally it is more important to promote energy conservation and sleep hygiene. Cognitive and memory changes may occur, leading to confusion, anxiety, frustration, and hopelessness. Finally, in addition to depression as a common side effect of some MS drugs, as the disease progresses and continued damage to the myelin sheath occurs, neurotransmitter movement slows and signal transmission difficulties occur, potentially leading to mood disorders. Conclusions: BM can help in the following ways: 1) adjustment/coping with new diagnosis and associated fears: exploring fears, adjusting expectations, and setting appropriate life goals; 2) family/couples adjustment issues: exploring MS and the effects on the family system; 3) teaching wellness: achieving the benefits of maximum health by taking personal responsibility; 4) needle phobia: building a fear hierarchy and teaching CBT skills; 5) treatment compliance issues: exploring thoughts, reducing frequency of relapse, prolonging disability; 6) pain management: increase function, manage symptoms; 7) fatigue/energy conservation/sleep disorders; 8) mood disorders: premorbid conditions, treatment, medication recommendations; 9) relaxation skills training/biofeedback; 10) group psychotherapy: support and feedback from other similar individuals.

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