

Multidisciplinary rehabilitation for multiple sclerosis (MS)

Review Question:

What is the effect of organised multidisciplinary rehabilitation in adults with multiple sclerosis?

The short answer:

This review found that multidisciplinary rehabilitation programs, conducted in hospitals, outpatient departments, community centres and at home can improve the experience of people with MS, by increasing activity levels and participation in society. However, it does not change the actual amount of impairment, or disability, that people with MS experience. It is difficult to be specific about how much and what types of rehabilitation are most beneficial because the therapy is tailored specifically to an individual needs.

This is the printable version of an online resource providing plain language summaries of high quality research about MS treatments.

Visit the **Making Sense of MS Research** web site to learn more
www.makingsenseofMSresearch.org.au

THE SHORT ANSWER

This is a summary of the scientific evidence about the effect of multidisciplinary rehabilitation in people with MS written in plain language for people with MS and their family members. It is based on a report (known as a systematic review) that was produced by The Cochrane Collaboration.

In April 2011, the authors of the report searched for all the randomised controlled trials (RCTs) on this topic and combined the results. They aimed to provide an overall picture of whether multidisciplinary rehabilitation is effective in MS. They found 10 trials, including 954 participants. As of August 2012, there were no new RCTs conducted in this area.



Up to date as at August 2012

THE DETAILED ANSWER

The review looked at multidisciplinary rehabilitation conducted in three different settings

- Inpatient (as a patient in hospital)
- Outpatient (hospital outpatient department or community centre)
- Home-based (in the person's home)

Inpatient rehabilitation programs (conducted in hospitals)

- Strong evidence that they can improve overall activity levels and participation in society, even though it does not change the level of impairment due to MS

Inpatient and outpatient rehabilitation programs (conducted in hospitals, outpatient departments or in the community)

- Moderate evidence that they can improve disability, bladder-related activity and participation in society up to 12 months later

Outpatient and home-based rehabilitation programs conducted in outpatient departments, the community or at home.

- Strong evidence that low intensity programs (i.e. once a week for a year) can result in longer term gains in quality of life. Additionally, there was limited evidence that it also has benefits for carers of people with MS
- Limited evidence that high intensity programs (i.e. 6 days a week for 6 weeks) can improve participation in society and quality of life in the short term

Side-effects

It is possible that there are side-effects associated with rehabilitation but this is very uncommon.

While fatigue is a major issue in MS, this review found that multidisciplinary rehabilitation did not make fatigue worse.

WHAT IS THIS TREATMENT?

Multidisciplinary rehabilitation refers to a therapy program that aims to reduce symptoms, increase independence and maximise participation in society. It is coordinated by a specialist doctor and delivered by a team of different therapists. Multidisciplinary rehabilitation can be conducted in hospitals, community centres or in the home. The amount and type of therapy is highly variable. It is usually tailored to the individual's specific needs and goals.

THE DETAILED ANSWER

What we don't know from the results of this review

We don't have a clear idea about what specific kind of rehabilitation program is most beneficial to people with MS. This is because the rehabilitation programs in the studies were so different. The therapy programs were conducted in different types of services and some programs had daily sessions for a few weeks, whereas others had weekly sessions for a year. Additionally, rehabilitation programs are usually tailored to an individual's specific needs, so what works for one person may not be the best thing for someone else. It is also unclear what the effect of rehabilitation is immediately after a relapse as the studies didn't provide enough information about whether the participants had recently experienced a relapse.

What about the quality of the included studies?

Overall, the quality of the results is high. The studies were either randomised controlled trials (RCTs) or controlled clinical trials (CCTs), which are considered the most rigorous study design.

The reason the authors cannot be more specific in their conclusions about the effect of multidisciplinary rehabilitation for people with MS is because there are not enough studies and the rehabilitation programs are so variable that it is difficult to come up with an overall answer.

The really detailed answer

For more information, or to read about the individual studies included in this review, you can to access the Cochrane review on which this evidence summary is based:

- Khan F, Turner-Stokes L, Ng L, Kilpatrick T, Amatya B. Multidisciplinary rehabilitation for adults with multiple sclerosis. Cochrane Database of Systematic Reviews 2007, Issue 2

DOES THIS APPLY TO ME?

When deciding if the information about multidisciplinary rehabilitation applies to you it helps to think about how similar you are to the people that were included in the studies.

What we know about the people included in the multidisciplinary rehabilitation studies

- They had all different types of MS
- They were aged over 18
- They had moderate to severe levels of disability

If I am similar to the people in the studies, can I expect the same results?

It is important to remember that studies deal with averages and statistics. Even if you are similar to the people in the studies, we can't know for sure that you will respond in the same way.

What we can say, is that, on average, people with MS can benefit from multidisciplinary rehabilitation programs in a number of ways.

Whether or not you gain any benefits will depend on a number of factors, such the availability of specialist rehabilitation therapists and services, your willingness to actively take part and whether you can continue with your program.

QUESTIONS FOR MY HEALTH PROFESSIONAL

- Would I benefit from rehabilitation?
- What kind of rehabilitation would be right for me?
- Where can I access rehabilitation?
- Are there costs involved?
- How will I keep up the improvements once the program finishes?
- Is there a waiting list?

FIND OUT MORE

For more information about HBOT you can contact;

- Your health professional
- Your local MS Australia office

Or, you can google the following web sites:

- Managing MS Through Rehabilitation (National MS Society)
- The 'MS Practice' series which has several reports on different aspects of rehabilitation for people with MS (MS Australia)
- Rehabilitation Medicine (MS Trust UK)
- MS in Focus: Rehabilitation (MSIF)

Would you like to talk to someone about this?

Information can be unsettling or overwhelming, particularly when it relates to making a decision that requires weighing up difficult choices. Finding out about possible side-effects can be scary. Inconclusive or negative findings can be frustrating or confusing.

If you would like to talk to someone about the information that is presented here, please contact your local MS Society on the details below.

MS Australia – ACT/NSW/VIC

Free call: 1800 042 138 (from all three states)

E: msconnect@msaustralia.org.au

MS Australia – Queensland

P: (07) 3840 0888

Freecall: 1800 287 367

E: info@msqld.org.au

MS Australia – SA & NT

P: (08) 7002 6500

E: info@ms.asn.au

MS Australia – Tasmania

P: (03) 6220 111

E: aboutus@mstas.org.au

Multiple Sclerosis Society of WA

P: (08) 9365 4888

Country callers: 1800 287 367

E: enquiries@mswa.org.au



These summaries have been derived from Cochrane reviews published in the Cochrane Database of Systematic Reviews in The Cochrane Library. Their content has, as far as possible, been checked with the authors of the original reviews, but the summaries should not be regarded as an official product of the Cochrane Collaboration.

Up to date as at August 2012