

Home care of a multiple sclerosis patient



Introduction

- An educational program should be implemented for MS patients in the field of home care so that the patient can cope with the physical, mental, social and psychological problems that accompany chronic illness.
- Relaxation and stress reduction is one of the most important factors that patients with MS should benefit from.



The most important points of home care

- Fatigue
- Low Self- esteem
- Risk of ineffective coping
- Impaired Urinary Elimination
- Nutrition
- Skin care
- Physical Therapy
- Tremor and spasticity
- Communication

Self care Deficit

Powerlessness/Hopelessness

Risk of ineffective family coping

Deficient knowledge

Stress Reduction

Vaccination

Injury

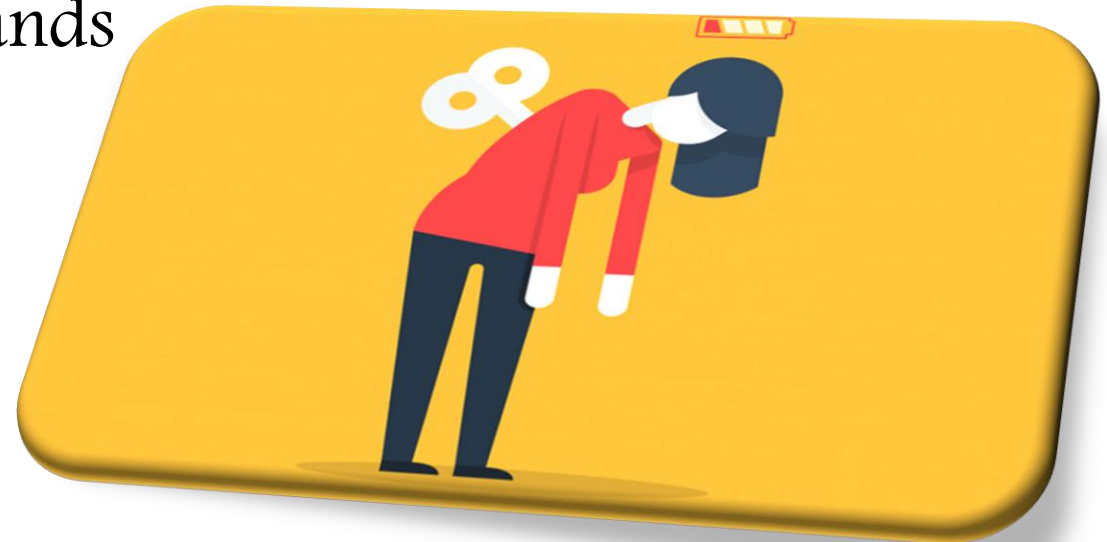
Bowel function

Sexual dysfunction



Fatigue

- May be related to:
- Decreased energy production, increased energy requirements to perform activities
- Psychological/emotional demands
- Pain/discomfort
- Medication side effects



Interventions of fatigue

- 1-Note and accept the presence of fatigue.
- 2-Identify and review factors affecting the ability to be active: temperature extremes, inadequate food intake, [insomnia](#), use of medications, time of day.
- 3-Accept when the patient is unable to do activities.
- 4-Determine the need for walking aids..
- 5-Schedule ADLs in the morning if appropriate
- 6-Plan care consistent rest periods between activities.
- 7-Encourage afternoon nap.
- 8-Assist with physical therapy. Increase patient comfort with massages and relaxing baths.



Self-care Deficit

- May be related to
- Neuromuscular/perceptual impairment; intolerance to activity; decreased strength and endurance; motor impairment, tremors
- Pain, discomfort, fatigue
- Memory loss
- Depression



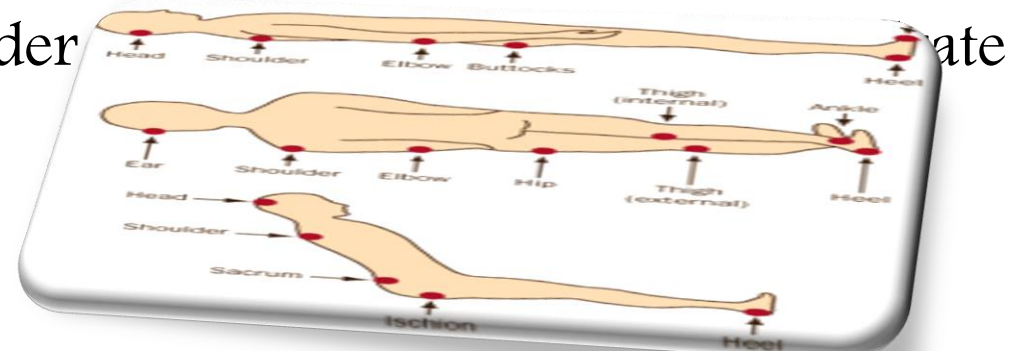
Interventions of Self-care Deficit

- 1-Determine the current activity level and physical condition.
- 2-Encourage patient to perform self-care to the maximum of ability as defined by the patient.
- 3-Assist according to the degree of disability; allow as much autonomy as possible.
- 4-Encourage patient input in the planning schedule.
- 5-Encourage scheduling activities early in the day or during the time when the energy level is best.
- 6-Anticipate hygienic needs and calmly assist as necessary with the care of nails, skin, and [hair](#); [mouth](#) care; shaving.
- 7-Provide assistive devices and aids as indicated
- 8-Reposition frequently when the patient is immobile (bed or chair bound).
- 9-Provide skin care to pressure points, such as sacrum, ankles, and elbows.



Interventions of Pressure Ulcer (Bedsore)

- Position the patient every 2 hours to stop pressure ulcer forming.
- When repositioning the patient, look at all areas of the skin daily. (Regular inspection of the following areas is required: sacrum, heels, elbows, a temporal region of skull, shoulders, and toes).
- Prevent friction and shearing forces during re-positioning and transfers the patient.
- Avoid raising the head of the bed more than 30 degrees to prevent the patient from sliding down the bed.
- Support the leg with a cushion below the knees and never place cushioning or pillows directly under the knees.
- Keep the skin dry and moisture-free. Wash skin daily and apply a barrier cream.
- To reduce the risk of skin damage; consider



Low Self-Esteem

- May be related to
- Change in structure/function
- Disruption in how the patient perceives own body
- Role reversal; dependence



Interventions of Low Self-Esteem

- Establish and maintain a good relationship, discussing fears and concerns.
- Note withdrawn behaviors and use of denial or over concern with body and disease process.
- Support use of defense mechanisms, allowing the patient to deal with information in own time and way.
- Acknowledge the reality of grieving process related to actual or perceived changes. Help patient deal realistically with feelings of anger and sadness.
- Note presence of depression and impaired thought processes, expressions of suicidal ideation (evaluate on a scale of 1–10).

Powerlessness/Helplessness

- May be related to
- Illness-related regimen, unpredictability of the disease
- Lifestyle of helplessness



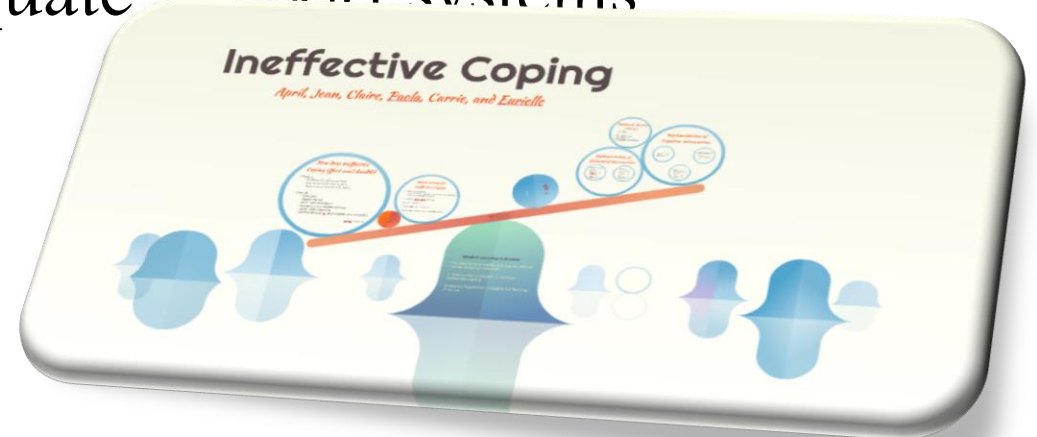
Intervention of Powerlessness/Hopelessness

- 1-Encourage and assist the patient to identify activities he or she would like to be involved in within the limits of his or her abilities.
- 2-Discuss plans for the future.
- 3-Suggest visiting alternative care facilities, taking a look at the possibilities for care as condition changes.
- 4-Incorporate patient's daily routine into home care schedule or hospital stay, as possible.



Risk for Ineffective Coping

- Risk factors may include:
- Physiological changes (cerebral and spinal lesions)
- Psychological conflicts; anxiety; fear
- Impaired judgment, short-term memory loss; confusion; unrealistic perceptions/ expectations, emotional lability
- Personal vulnerability; inadequate support systems
- Multiple life changes
- Inadequate coping methods



Intervention of Ineffective Coping

- 1-Assess current functional capacity and limitations.
- 2-Determine the patient's understanding of the current situation and previous methods of dealing with life's problems.
- 3-Discuss the ability to make decisions, care for children or dependent adults, handle finances. Identify options available to individuals involved.
- 4-Observe nonverbal communication: posture, eye contact, movements, gestures, and use of touch. Compare with verbal content and verify meaning with the patient as appropriate.
- 5-Encourage patient to tape-record important information and listen to the recording periodically.



Ineffective Family Coping

- May be related to
- Situational crisis; temporary family disorganization and role changes
- Highly ambivalent family relationship
- Prolonged disease/disability progression that exhausts the supportive capacity of SO
- Patient providing little support in turn for SO
- SO with chronically unexpressed feelings of despair



Intervention of Ineffective Family Coping

- 1-Note length, severity of illness. Determine the patient's role in the family and how illness has changed the family organization.
- 2-Assess other factors that are affecting the abilities of family members to provide needed support.
- 3-Discuss with SO/family members their willingness to be involved in care.
- 4- Encourage patient and SO to develop and strengthen problem-solving skills to deal with the situation.
- 5-Encourage free expression of feelings, including frustration, anger, hostility, and hopelessness.

Impaired Urinary Elimination

- May be related to
- Neuromuscular impairment (spinal cord lesions/neurogenic [bladder](#))



Intervention of Bladder function

- 1-Encourage adequate fluid intake, avoiding caffeine and use of aspartame, and limiting intake during the late evening and at bedtime.
- 2- fluid intake
- 3-pelvic exercises
- 4- scheduled voiding
- 5-Bladder retraining
- 6-Kegel exercises
- 7-Recommend use of cranberry juice/ vitamin C.
- 8-Recommend good hand washing and proper perineal care.
- 9-Teach self-catheterization and instruct in the use and care of the indwelling catheter.



Deficient Knowledge

- May be related to
- Lack of exposure; information misinterpretation
- Unfamiliarity with information resources
- Cognitive limitation, lack of recall



Intervention of Deficient Knowledge

- 1-Evaluate the desire and readiness of patient and SO and/or caregiver to learn.
- 2-Note signs of emotional lability or whether the patient is in a dissociative state
- 3-Provide information in varied formats depending on the patient's cognitive or perceptual abilities and considering the patient's locus of control.
- 4-Identify signs and symptoms requiring further evaluation.
- 5-Discuss the importance of daily routine of rest, exercise, activity, and eating, focusing on current capabilities.
- 6- Instruct in use of appropriate devices to assist with ADLs, e.g., eating utensils, walking aids.
- 7-Identify actions that can be taken to avoid injury.



Intervention of Deficient Knowledge

- 8–Discuss increased risk of osteoporosis and review preventive measures.
- 9–Identify bowel elimination concerns. Recommend adequate hydration and intake of fiber; use of stool softeners, bulking agents, suppositories, or possibly mild laxatives; bowel training program.
- 10–Discuss concerns regarding sexual relationships, contraception, and reproduction, effects of pregnancy on an affected woman.



Nutrition

- Good nutrition maximizes your energy, general sense of well-being and healing capacities.
- Proper diet slows the progression of the disease and reduces overall disability in the long run.
- Proper diet in these patients reduces the common symptoms of the disease such as constipation, fatigue, depression, inability to perform daily activities, spasms and numbness.
- A dietary routine also contributes to regular bowel habits.
- Although no specific diet has been demonstrated to conclusively improve the natural history of MS, most people experience a reduced sense of well-being when following a carefully



Healthy food in MS

- Unsaturated Fatty Acids
- Omega-3 fats
- Omega-6 fats
- Vitamin D



Vitamin and Mineral Supplements

- Unless there is a specific vitamin deficiency found by your doctor there is no scientific proof that supplementary doses of vitamins or minerals, alone or in combination, favorably affect the course of the disease.
- Be careful not to take excessive doses of vitamin B6 because excessive doses of this vitamin can produce sensory symptoms similar to those seen in MS. High doses of vitamin A and D are toxic.



Oleic and Linoleic Acids

- These fatty acids have been reported to be deficient in MS patients. There is an unconfirmed suggestion that supplementary feeding of these fatty acids may slightly reduce the frequency of MS attacks.
- These fatty acids are contained in sunflower seed oil and primrose oil. The former is much cheaper and readily available in grocery stores.
- Two tablespoons of sunflower seed oil each day will provide you with these fatty acids and give you the added benefit of a laxative.



Stress Reduction

- useful stress reduction techniques:
- Identify causes of stress in your life and share your thoughts and feelings.
- Simplify your responsibilities by setting priorities.
- Try relaxation and meditation exercises.
- Manage your time and conserve your energy.
- Ask for help when needed.
- Set both short-term and life goals for yourself.
- Keep as active as possible both physically and mentally.
- Recognize the things that you cannot change and don't waste your time trying.
- Make time for fun activities and maintain your sense of humo



Skin Care

- If you have problems with mobility, muscle contractures or are confined to a wheelchair, you should check your skin regularly for sores, pressure spots, infections and abrasions.
- Regular skin care will minimize the chances of skin breakdown and help you to avoid complications such as a decubitus ulcer.
- Be sure to check the pressure points on your body including your heels, knees, hips, buttocks and elbows.
- Remember to protect against skin cancer by wearing sunscreen and protective clothing when outdoors, whether it is sunny or not.
- Get familiar with your skin and examine it frequently.



Vaccinations

- There has traditionally been a concern that immunizations could worsen MS by stimulating the immune system.
- With the exception of transient worsening associated with fever or rare neurological complications known to be associated with certain vaccines, there is no convincing evidence that immunizations make MS patients worse.
- In general, immunizations should be delayed if the person is experiencing an acute MS attack.
- However, in some circumstances, such as vaccinations for tetanus or rabies are required, should be given immediately.



Physical Therapy

- Physical Therapy (PT) focuses on ways to preserve or improve safety and independence with functional mobility. This may be accomplished through a variety of approaches including:
- Mobility technique training
- Home exercise programs
- Caregiver training
- Effective use of adaptive equipment



Exercise Categories

- You and a physical therapist should develop an individualized exercise program that is based on your current needs and future goals.
- This may include yoga, exercises in a gym, tai chi or Feldenkrais, as well as traditional forms of exercise such as running, walking, biking, swimming or water aerobics.
- In some cases, exercises can be carried out independently, with or without modification. In other instances, certain more challenging exercises may require some assistance.



Stretching

- Frequently, persons with MS have spasticity, especially in their lower extremities.
- This can cause the legs to stiffen if a regular stretching program is not incorporated into the daily routine of activities.
- Stretching exercises help to maintain or improve muscle length to allow greater flexibility.



Coordination

- Coordination exercises are done to improve balance and ease of purposeful movement.
- The degree of skill required to perform the exercises varies. An appropriate program will be discussed with the individual MS patient.



Strengthening

- Strengthening exercises are designed to build weakened muscles to aid in moving and walking.
- While being beneficial, discretion is advised when carrying out a strengthening program.
- For instance, if one has undergone a vigorous session of exercising but is too tired to prepare dinner or do chores that ordinarily can be done without difficulty, it may be necessary to modify the program or space the activity more evenly throughout the day.



Upper Body Exercises

- These simple exercises are designed to promote flexibility and muscle balance as well as to enhance upper extremity function. If done correctly, they are appropriate for all stages of MS.
- Stretches are to be done slowly, generally being held for approximately five to 10 seconds.
- These exercises can be performed either seated or lying on your back. Repeat each exercise five to 10 times on each side as tolerated. You can do one side at a time or both sides at the same time.



Relaxation

- We found **five easy relaxation exercises** that are simple enough for most people to do in a chair or while lying in bed.
- Place your hand just beneath your navel so you can feel the gentle rise and fall of your belly as you breathe. Breathe in. Pause for a count of three. Breathe out. Pause for a count of three. Continue to breathe deeply for one minute, pausing for a count of three after each inhalation and exhalation.
- While sitting comfortably, take a few slow deep breaths and quietly repeat to yourself, “I am” as you breathe in and, “at peace” as you breathe out. Repeat slowly two or three times. Then, feel your entire body relax into the support of your chair.
- Raise eyebrows up and tense the muscles across the forehead and scalp. Feel the tension build and hold. Take a deep breath. As you exhale say “relax” while letting the tension leave your body.
- Relax your facial muscles and allow your jaw to open slightly. Let your shoulders drop. Let your arms fall to your sides. Allow your hands to loosen so there are spaces between your fingers. Uncross your legs or ankles. Feel your thighs sink into your chair, letting your legs fall comfortably apart. Feel your shins and calves become heavier and your feet grow roots into the floor. Now, breathe in slowly and breathe out slowly.
- Observe your abdomen rising and falling with each breath. Inhale and press your navel toward the spine then tense your abdomen. Feel the tension build and hold it. Take in a deep breath. As you exhale say “relax,” and let the tension leave you.



The best massages

- The best way to massage the treatment of MS patients is moderate pressure without direct contact with the whole body.
- 1-Swedish massage
- 2-Reflexology without putting undue pressure on the muscles
- 3-Acupressure



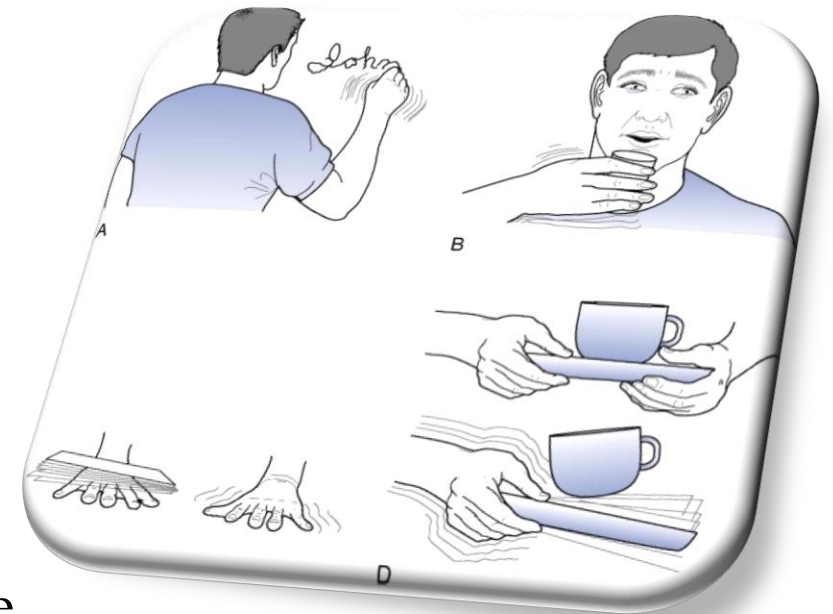
Prevention of injury

- Ataxia
- Lack of sense of position
- Movement aids



Tremor and spasticity

- In the later stages of the disease, severe spasm of the muscles near the hip joint is characterized by spasm of the flexor muscles of the knee and thigh.
- Small hand weights
- physical therapy
- regular exercise
- stretching.
- Use of hot pads
- Daily muscle stretching exercises
- Swimming and cycling on a stationary bike



Bowel function

- Fluid Intake
- Diet-Fiber
- Bowel Training Program
- physical exercise
- Integrate the planning with the person's life style
- takes advantage of the gastrocolic reflex 20–30 minutes after meals, especially breakfast.



Improving communication

- Speech problems:
- Dysarthria
- Dysphonia
- Dysphasia



Speech therapy interventions in MS

- Exercises to help strengthen and coordinate the muscles of the throat, tongue, cheeks, mouth, diaphragm, soft palate and lips.
- Exercises include teaching patients how to slow down speech, speak more accurately when speaking, sometimes with exaggeration, and controlled and improved breathing.
- Exercises that help improve breathing, emphasize specific words in a sentence, and take quick breaths between thoughts.
- Exercises that help move the jaw, tongue and lips to help express and pronounce clearly.
- Exercises to improve swallowing and eating.



Improving cognitive function

-Visual impairment

-Mood and cognitive impairment



Sensitivity to heat

- Avoid the heat
- air conditioning
- Existence of air conditioning in at least one room
- Use cooling clothes



Sexual dysfunction

- Erectile and ejaculatory disorders in men
- Orgasmic disorders and spasm of the femoral muscles in women

