

# Understanding and working with Multiple Sclerosis



**Multiple Sclerosis (MS) is a condition affecting the brain and spinal cord. Multiple meaning many sites, Sclerosis meaning an abnormal hardening of body tissue.**

It causes a deterioration of myelin, which insulates nerves, and can interfere with the signals being conducting from the brain around the body.

MS is not a terminal condition but it is at present incurable. It can also be challenging to diagnose as symptoms are variable and impacts on an individual's functionality can be variable and transient.

#### Early signs can be:

- Difficulties with balance and co-ordination
- Reduced strength in arms/legs
- Difficulties with speech
- Problems with vision

Of course, these are not the only symptoms and could also be symptoms of something else, so it's always best to speak to a GP.



**50%** of people with MS experience clinical depression.<sup>(1)</sup>



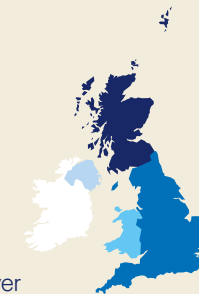
**85%** of people with MS have Relapsing Remitting (RRMS).<sup>(2)</sup>



**22%** of people who left work as a result of MS, wanted to stay in work, but their employer didn't support them.<sup>(3)</sup>



There are currently **2.5 million** sufferers worldwide.<sup>(4)</sup>



**130,000**<sup>(5)</sup> diagnosed in the UK

**England**  
190 cases per 100,000

**Northern Ireland**  
258 cases per 100,000

**Wales**  
179 cases per 100,000

**Scotland**  
290 cases per 100,000

#### Sources

(1) <https://mstrust.org.uk/a-z/depression>

(2) <https://www.mssociety.org.uk/about-ms/types-of-ms/relapsing-remitting-ms>

(3) <https://www.mssociety.org.uk/sites/default/files/2020-08/MMMN3-UK-report.pdf>

(4) <https://mstrust.org.uk/a-z/prevalence-and-incidence-multiple-sclerosis>

(5) <https://www.mssociety.org.uk/what-we-do/our-work/our-evidence/ms-in-the-uk>



## MS, and its severity, can present itself in different ways:

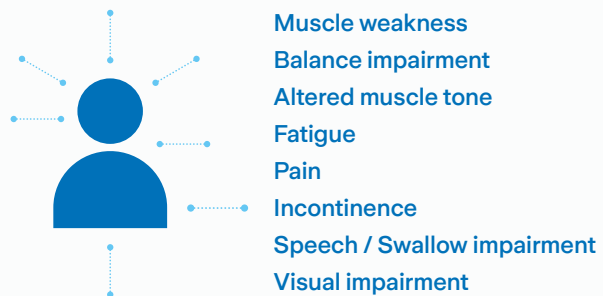
Relapsing Remitting	Primary Progressive	Secondary Progressive
<ul style="list-style-type: none"> <li>• 85% of cases</li> <li>• Distinct flare ups of symptoms (old and new) then symptoms fade</li> <li>• Nervous system Damaged</li> </ul>	<ul style="list-style-type: none"> <li>• A progressive form of MS</li> <li>• Subtle and will worsen over time</li> <li>• May appear to have long periods without deterioration</li> <li>• Usually diagnosed in 40-50 age group</li> </ul>	<ul style="list-style-type: none"> <li>• No obvious improvement</li> <li>• Changes in condition can develop slowly</li> <li>• Fewer people develop SPMS now</li> </ul>



## What happens if a GP suspects a patient may have MS?

- The GP refers the patient to a neurologist
- The Neurologist reviews the medical history and orders further investigations
- If MS is the diagnosis, the patient is referred to the hospital based MS specialist multidisciplinary team
- A notification is sent to the GP

## What are the physical signs and symptoms of MS?



## What are the cognitive and psychological effects of MS?

We are all aware of the physical effects, whereas the cognitive and psychological are just as important and can affect the ability to learn, remember information and to plan and organise.

Some of the most commonly experienced cognitive difficulties include:

- Learning and memory
- Attention, concentration and mental speed
- Problem solving
- Word finding

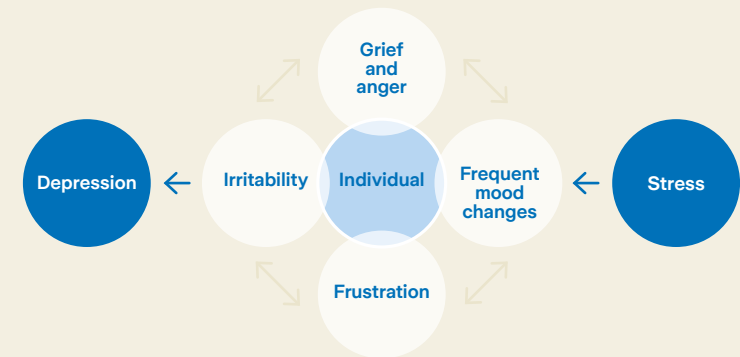
This can lead to frustration which impacts on work, can cause fear and even mean that the individual stops working.

Therapy for cognitive and psychological symptoms can be extremely useful.

It can help challenge negative thought processes and assist in developing coping mechanisms to regain a sense of control.

Counselling can help MS sufferers manage the uncertainty, anger, grief and frustration they experience at different stages of their illness.

Other types of therapy include cognitive behavioural therapy, cognitive rehabilitation and neuropsychological assessment.





## Drug Management

There are disease modifying drugs which may be prescribed by a Neurologist in specific types of MS.

Medications may also be prescribed to help manage pain and spasticity in people with MS as well as managing and treating relapses of the condition.

## How can you manage physical impairments as a result of MS?

An independent physiotherapy assessment may be required which may result in:

### Exercise programme

- progressive resistance exercises
- aerobic exercise
- stretches
- postural re-education

### Splinting/Orthotics

### Gait re-education

### Mobility Aids



## Multiple Sclerosis in the work place

MS is defined as a disability under equality law and employers have a duty to put in place reasonable adjustments, which can include moving work stations, flexible work hours, working from home or equipment to aid computer use.

It is important to establish open communication with the employee, avoiding making any assumptions as not everyone will need the extra support at work. This means normal 1:2:1 meetings and performance reviews should continue as normal.

A referral to Occupational Health should be considered if there are concerns about the capacity to do the job role and adjustments need to be made. Alternatively seek advice from the employee's GP (subject to consent).

### Other forms of support include:

**Access to work** This must be instigated by the employee. It depends on the employee's needs and can help with things like specialist equipment or taxi fares to and from work.

**EAP** Employers should make their employees fully aware of the Employee Assistance Programme (EAP), if they have this.

**MS Society** This is a resource for employers and employees to use. You can find out more by visiting [www.mssociety.org.uk](http://www.mssociety.org.uk)



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