

Clinician's Commentary on Ploughman et al.¹

The article by Ploughman and colleagues¹ is an intriguing re-counting of the lives of 18 older people with multiple sclerosis (MS) that has great relevance for therapists in neuro-rehabilitation. This very worthwhile qualitative study depicts living with this chronic disabling disease as a process that evolves throughout the lifespan after symptom onset. The authors present the natural history of ageing with MS and, over time, the gradual development of self-management skills and the practice of health-promoting behaviours as key strategies for adapting to a life with MS. The question they pose to physiotherapists is how can we facilitate the development of these skills in our patients earlier in the disease course.

Health promotion and self-management are similar constructs in that both relate to emotional, cognitive, and behavioural strategies practised by the individual to nurture his or her overall physical, mental, and social health. Examples of health-promoting behaviours are exercise and physical activity, stress management to cope with the uncertainty and progression of the disease, and use of an appropriate walking aid to maximize home and community mobility. A recent study showed that involvement in health-promoting behaviours is associated with greater participation in life roles and health-related quality of life (QoL).² Stuijbergen, one of the leading proponents of health-promotion practices for women with MS, noted that health-promoting activity can enhance QoL for women with MS, regardless of incapacity status; although the trajectory of the illness may continue to decline, the practice of healthy behaviours mitigates the impact of disability on overall QoL.³

Ploughman and colleagues urge clinicians to facilitate the development of self-management skills in people with MS;¹ the question that arises is how to achieve this. Group health-promotion programmes aimed at increasing knowledge, skills, and confidence have been explored in the literature; studies have indicated that these programmes, which consist of, for example, 8 weekly sessions 1.5 hours in duration, are effective in increasing the frequency of health-promoting activities, self-efficacy for health behaviours, and selected aspects of QoL.^{4,5}

At Toronto Rehab, we have offered a similar group programme titled "Life with MS" since 2001. The programme is designed to promote behaviours and attitudes critical for self-management of MS on a day-to-day basis. The programme, which runs about 3 times per year, is facilitated by 2 clinicians from the inter-professional health care team, including a physiotherapist, with about 8–10 participants per group. The 10 weekly topics include fatigue management, benefits of exercise, intimacy and relationships, emotional adjustment, nutrition, and cognition.

We have found this programme very effective in supporting people with MS. Programme evaluation indicates statistically significant change in similar measures to those used in the studies mentioned above, including frequency of healthy behaviours, self-efficacy, and QoL. We attribute this success to the design of the programme, which is adapted from Stuijbergen's work,⁶ as well as to an intangible that the facilitators call "the power of the group." Group members provide mutual support and help to reduce feelings of isolation in coping with MS, as well as problem-solving together around issues that members of the group are facing. Ploughman and colleagues repeatedly mention the ability to problem-solve as a skill that aids in adaptation and coping.¹

They further suggest that those who have yet to develop problem-solving skills will require guidance from health professionals and peers in order to do so. Perhaps this process is best facilitated in a group setting such as the Life with MS programme.

Groups are also effective in building self-efficacy, primarily through "vicarious experience,"⁷ as participants learn how other group members are succeeding in performing positive health behaviours. As Brown and Kraft state, "It [MS] diminishes a person's self-efficacy, that is his or her confidence in coping with the challenges of everyday life."^{8(p.514)} Thus, another important role of the Life with MS programme is to reverse this process by enhancing self-efficacy—the person's belief in his or her capacity to successfully execute the behaviours required to promote his or her own health. The re-establishment of self-efficacy is also promoted by the participants' setting goals during the 10-week programme. Post-programme telephone follow-up by the facilitators further enables participants to overcome any barriers to progress and to accomplish their goals.

Several members of Ploughman and colleagues' study group appear to be quite different from the patients with whom I and other clinicians in our facility have interacted: interviews with the study group revealed less uncertainty and much less anger at their life situations. For many of our patients, problems with MS are a focus, negatively affecting their overall perception of their general health. Could these differences be partially explained by the educational level and socio-economic status of the study group, as tentatively suggested by the authors?¹ Could they also be related to the culture and the level of social support among Newfoundlanders (as exemplified by the well-publicized welcome of stranded 9/11 air passengers by residents of Gander)? Could this translate to greater social support of a family or community member with chronic disease than is typical in a large urban environment? Or could the differences be accounted for by fact that the members of the study group were older (mean age 66.7 y, range 56–81 y) than most we see, who are in their 30s, 40s, and 50s? If the latter is the case, this would lend support to Ploughman and colleagues' hypothesis that over time, and after years of problem-solving and positive health care interactions, people with MS effectively apply self-management skills, including the attitudes and behaviours required to optimize emotional, social, and physical wellness.¹

For clinicians, assisting patients in this constructive journey to self-management is a positive shift in the therapeutic approach to patients with MS. As Ploughman and colleagues suggest, our role as physiotherapists is to expedite this process, earlier in the disease course if possible.¹ Life with MS is one example of a self-management programme that promotes adjustment to MS and the skills required to live with this chronic, disabling disease.

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