

Rehabilitation in MS



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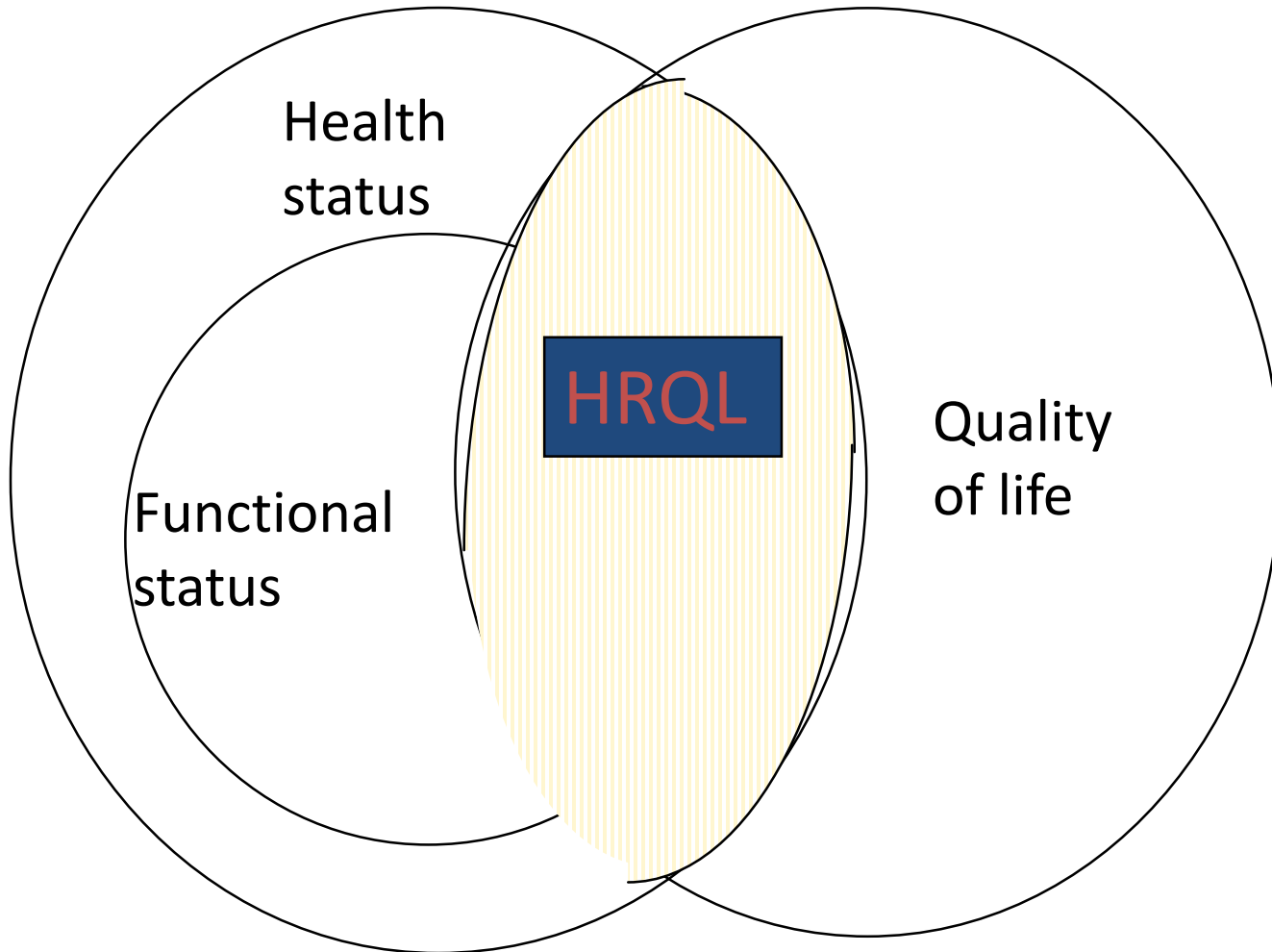
Overview

- The common goal in treatment of chronic diseases
- Statutory rights and definitions: HRQoL, Rehabilitation, Individual Plan (IP)
- Levels of rehabilitation
- Multiple Sclerosis Centre Hakadal (MSSH)
- Rehabilitation in Norwegian counties
- Conclusion and Future goals

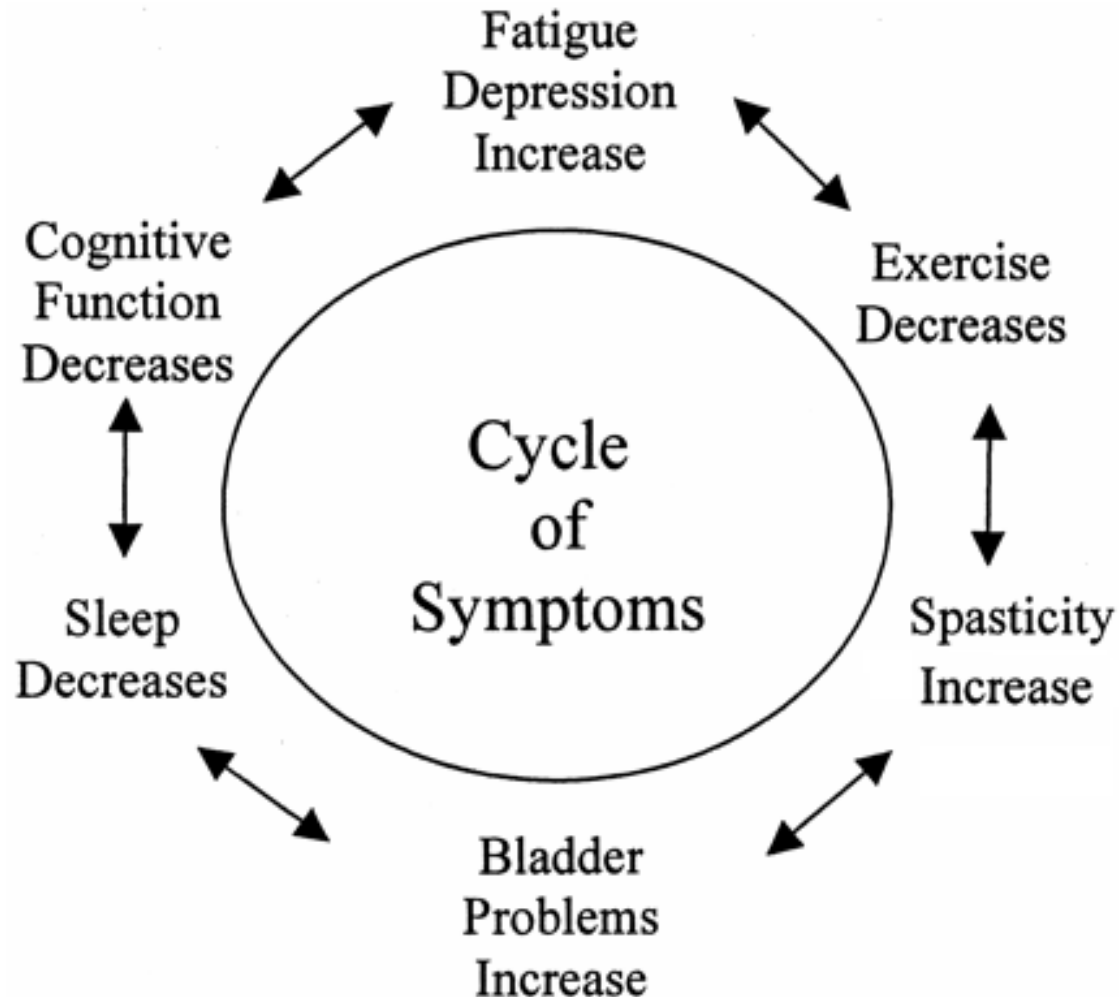
What is HRQoL?

- more restrictive than Quality of Life (QoL)
- subset of QoL affecting health and health related services
- subjective experience
- different from functional status, often used synonymously

Health-related quality of life



Symptoms amplify each other



Symptoms most negatively influencing

HRQoL

- Fatigue
- Sleep
- Pain
- Walking

Employment

- Fatigue
- Anxiety and depression
- Cognitive disability

Rehabilitation as defined by the Norwegian Parliament

“Timely restricted, planned processes with defined goals and means where **a number of professionals cooperate providing necessary assistance to the clients own efforts** in order to achieve the best possible level of functionality, coping, independence and social interaction with the community”

(Stortingsmelding 21, 1998-99)

The needs of pwMS are changing

As newly diagnosed the needs are primarily:

- information and education
- support and counselling

Later on more focus on personal needs:

- help the user to function optimally in regard to their disability at home and in relation to their family, work and community

We need to agree upon



Each level with different responsibilities and areas of care:

- Primary healthcare, locally, out-patient rehab, IP
- Specialized health care
- Highly specialized health care:
 - for pwMS in Norway: MSSH, EDSS ≤ 8
 - for pwMS in Helse Sør-Øst: Eiksåsen, EDSS ≥ 8

Do you want and do you have the right to an Individual Plan (IP)?

- Since 2001: a statutory right and tool for cooperation
- An IP will contain an outline of your objectives, your resources and the services you require.
- You have the right to participate throughout the planning process.
- You know your situation best, and professional personnel know which solutions and assistance are available to you.

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MS Centre, Hakadal (MSSH)



Founded 1976, owned by the Norwegian MS Association.
Non-profit and without costs for in-patients.

- Renewed and expanded 2005:
- 28 in-patients
- Implementations of nationale guidelines
- Evidence based knowledge

Tailor-made rehabilitation depending on individual needs

Years of experience (40) has developed our interdisciplinary team to include

- Neurologist
- Neuropsychologist
- Psychologist
- Physiotherapist
- Occupational therapist
- Social worker
- MS-nursing team
- Urologist/Uroterapeut
- Specialist in diet and nutrition
- Speech-language therapist

Problems solved by interdisciplinary teams

- Fatigue
- Cognitive difficulties
- (Pain....), Insomnia, sleep apnoe
- Urinary and bowel problems
- Employment difficulties
- Delivery of premises for an Individual Plan

Offers at MSSH for non-pwMS

- Health care professionals at other rehabilitation centers are invited to visit us and participate in courses promoting cooperation between different centers
- Courses for caregivers and family members
- Professionals at MSSH are often invited speakers and teachers at congresses and at courses arranged by the Norwegian MS association

Have a look at our homepage
www.mssenteret.no

MSSH exclusively for pwMS

- The interplay among 28 pmMS during the in-stay is priceless
- Fellowship for weeks with others sharing the same diagnosis is an experience no professionals are able to deliver
- Many pwMS form longlasting friendships after a stay in Hakadal

Research at MSSH

PhD: Rehabilitation with an Cognitive focus

Master in Pharmacy: Polypharmacy and interaction of medications in MS

Ongoing:

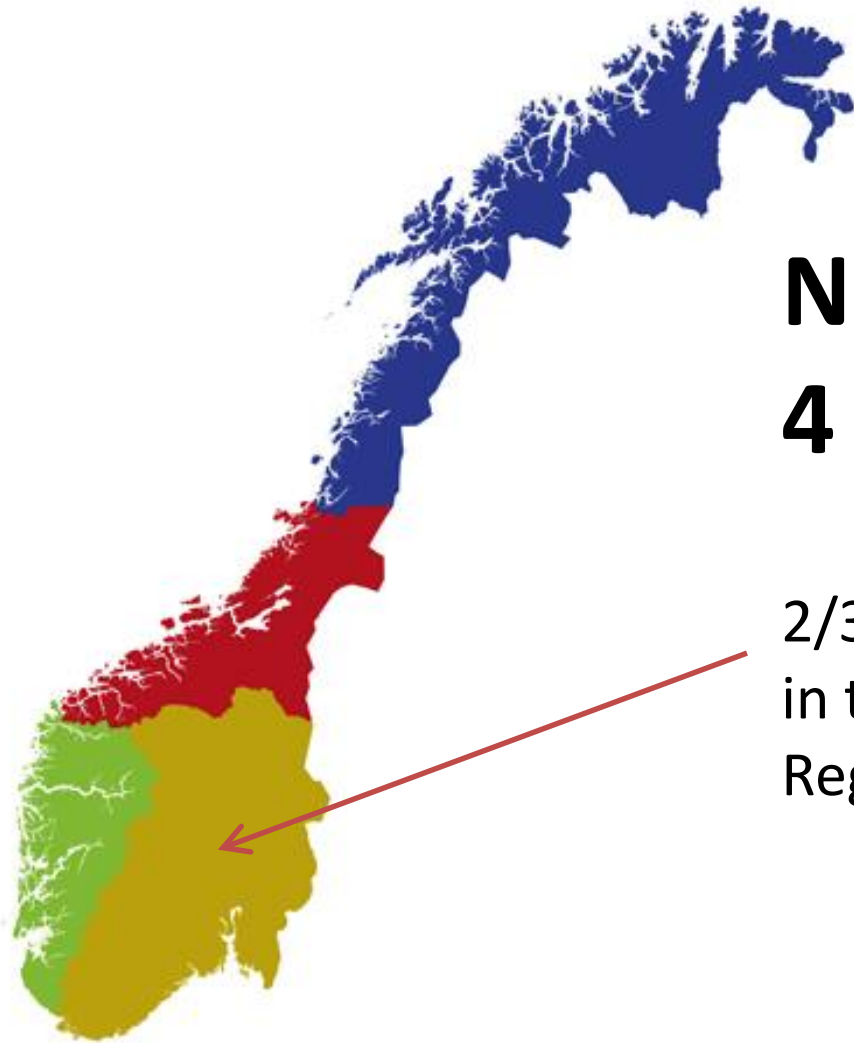
Fatigue and Sleep apnoe: 300 registrations

Master grade: Occupational therapist, physical therapist...

The possibility for Highly specialized rehabilitation (HSR) depends on where in Norway you live

- Norwegian Health Regions prioritize HSR differently
- Institutions offering rehabilitation to patients suffering from different diagnosis will not be able to give the same HSR often necessary for pwMS





Norway has 4 Health Regions

2/3 of the population live
in the South-East Health
Region.

Conclusion (1)

- Rehab is the only way to improve physical impairment
- PwMS should have the possibility to decide themselves **what is most important for me?**
- Research and continuous quality evaluations are necessary for giving pwMS the best follow up, treatment and rehabilitation
- Research is the best way to encourage enthusiasm among employees, and an effective measure to recruit qualified staff to work and focus on rehabilitation

Wishes for the future

- PwMS should be offered the necessary level of both treatment and rehabilitation due to their needs
- ... through all countries in Europe
- ... in all the regions in Norway

Thank you
– for your time and attention

Antonie Giæver Beiske