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and time since diagnosis. The percentages of Internet users were 75% and 82% respectively. The majority of Internet users performed searches related to MS (84% and 76% respectively). This abstract focuses on the 2009 results and a comparison between the two groups will be presented at the conference. The most viewed topics were: "understanding the disease", "searching for treatments" and "research news". Patients reported as outcomes of the search "coping better with the disease" and "security in the treatment received" (53% and 57% respectively). The most common health service used was "getting lab results". Sites browsed were mainly patient associations and academic sites. Participants stated they would like to read about the coping of other patients (64%) and would like to communicate with their healthcare team through the Internet (67%). Most of the patients affirmed the healthcare team is willing to discuss with them new information, and that they feel part of the medical decision making. They don't feel encouraged by their physicians to search for information. Of those who search for information on MS, 79% affirmed that "information on the disease helps cope better" while 39% among those who browse but do not search for information on MS affirmed so.

Conclusion: The majority of the participants browse the Internet for information on MS, and reports browsing helps cope with the disease. Web-based health services are well accepted by our patients. The availability of well curated medical information on MS in the Internet, as well as medical services, can empower patients and promote better healthcare management.

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A prospective survey of patients' satisfaction with services and information supporting their commencement of disease-modifying treatment in a tertiary multiple sclerosis clinic in North West England

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Objective: To assess patients' satisfaction with the variety and source of information provided to patients prior to commencing Disease Modifying Treatments (DMTs) in MS and the support received in their early treatment.

Methods: Between May and November 2008, consecutive patients with MS referred to our weekly DMT assessment clinic, were prospectively identified. Patients were interviewed in clinic with a questionnaire after their initial assessment to gauge the source of, and their degree of satisfaction with, information provided. Six months after assessment patients who were offered DMTs were mailed a questionnaire with one reminder, to assess their experience and degree of satisfaction with the support received when commencing therapy, where applicable.

Results: Fifty one patients (36 females) were identified with a mean age of 39 years standard deviation 10 years (range 22 to 65). Forty-six patients (90%) had relapsing-remitting MS. The majority of EDSS scores were between 0 and 3.5 (range 0-6.5). Twenty nine patients (57%) were referred by their local neurologist and the remainder by their MS nurse. Of the 41 patients who were initially offered DMT treatment, 22 (54%) were given a choice of the ABCR drugs. Initially 48% of patients had read about DMTs before attending clinic, which was more likely if the MS nurse had referred them. After preliminary analysis, a letter was sent to all local neurologists, after which 80% of patients received prior DMT information. Patient most commonly received this information from their MS nurse or the MS Society or MS Trust. Levels of satisfaction with the neurologist's assessment and explanations and MS nurse's support were high. Three-quarters of those commencing DMTs, had made a choice before attending clinic or after discussion with their neurologist. Most patients felt their neurologist was the most important influence upon their decision. Forty-percent of patients arranged to meet their MS nurse for a second time to discuss DMTs. Preliminary analysis six months after their initial clinic visit suggests all patients were taught injection technique and 84% were "very satisfied". Half were offered additional telephone support and 42% required contact with their MS nurse within 4 weeks of commencing

DMTs. Fifty-eight percent of patients said they never missed an injection.

Conclusions: With dedicated DMT assessment and follow up, patients reported high levels of satisfaction.

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Interdisciplinary rehabilitative approach in multiple sclerosis

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We followed over a period of three years (2005-2008) a group of twenty-three SM patients (9 with the RR type, 14 with the SP type; age 23 -70.) They all underwent an out-patient rehabilitation protocol (physiotherapy and hydrotherapy where needed) together with regular neurological and rehabilitative examinations, psychological support to them and their families; self-help groups; educational meetings on issues related to the disease. We choose not to address the drug therapy issue, following the prescriptions of the referring centres, and focused on the efficacy of a specific rehabilitation protocol, proposed three times a week. It consisted of different groups of specific exercises (i.e.: balance, gait) alternated to rest, tailored on patients time by time, according to their perceived level of fatigue. In the observation period, we administered regularly (at least every six months) a group of rating scales of different type (the EDSS; the modified Barthel Index, more sensitive than EDSS in evaluating autonomy; the SF-36 scale for quality of life and well-being measurement; the STAY for anxiety and the CDQ for depression). In both groups of patients, except for EDSS, worsened of about half point per year, all other scales ameliorated in most instances. The SF-36 improved in several items, especially those for social functioning and mental health, with a score reaching the normal range.

The positive trend in the SF-36 is probably due to the interdisciplinary management we proposed, who gave patients more complete information on this disease and its different aspects and favoured a more conscious approach to its problems.

Furthermore the costs for this multifaceted protocol resulted very convenient for the Public Health Service: 500 per month per patient. These data indicate that our interdisciplinary rehabilitative approach was successful in preventing the worsening of motor abilities in our patients by teaching them more efficient strategies to maintain autonomy in ADL and how to use alternative abilities.

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Impact of neurorehabilitation on immune parameters in multiple sclerosis

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There are new possibilities of physiotherapy to influence psycho - neuro - endocrine - immune response that follow from new neuro-physiological knowledge about addition of cerebellum to the Papez's circuit - limbic system. Actually, the results of Heesen et al. (1) and Castellano et al. (2) might be indicators of an immunomodulatory effect of physical training.

In this study, we were interested in the impact of facilitation physiotherapy on immune parameters.

In 21 stable patients with multiple sclerosis, immune parameters (IgG and IgG subclasses, IgA, IgM, IgE, immune cell population membrane markers - CD3, CD4, CD8, CD19, cytokines IL-2, IL-6 and IL-10) were measured. Plasma immunoglobulins were measured by laser nephelometry, cytokines by ELISA systems and membrane markers were stained by monoclonal antibody conjugated with fluorochromes and analyzed by flow cytometry.

12 patients in experimental group underwent facilitation physiotherapy (stimuli of sensory-motor learning in sitting, standing up, sitting down, standing, and walking were applied) twice a week for one hour during 2 months. 9 patients in control group did not undergo any