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Recognizing the Full Spectrum of MS Symptoms: Multidisciplinary Pathways to Better Care

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, Dr. Marisa McGinley, a neurologist at the Cleveland Clinic, will discuss multidisciplinary care in multiple sclerosis. Here's Dr. McGinley now.

Dr. McGinley:

So because our MS patients have a huge host of symptoms to manage as a neurologist, we can quarterback symptom management. And we may initiate treatments for depression or urinary urgency, but many times, we need to engage other team members. And ultimately, I think the best care is done in a team fashion because we're bringing all of our expertise to the patients and making sure that we're maximizing the interventions that we offer them.

I think this includes rehabilitation colleagues. We frequently engage our physical therapists, occupational therapists, speech therapists, and PM&R colleagues. These specialties can help both with gait dysfunction but also with spasticity. Our speech therapists are very helpful. We think of them classically for rehabbing dysarthria. But they also can be excellent partners for cognitive function. And so just like we would recommend a physical therapy regimen if someone is having gait problems, if they're starting to notice some problems with their processing speed or their memory, we really like to send patients to speech therapy early and often so they can build a home regimen to augment their memory skills.

And then a separate issue is bladder function. I think this is a huge thing that we don't address in all of our patients, and I think a large proportion of patients have urinary symptoms. Oftentimes, our MS patients have a mixed symptom issue with their bladder where they have some urgency and they have some retention. They may also have some pelvic floor dysfunction. And really, they need a multifaceted approach—things that our urologist can do from a urodynamics standpoint to give us a better handle on what we as neurologists can't do in the office are hugely beneficial to make sure we're providing targeted interventions. And that's helpful both for symptom management for the patient, but also for preventing complications like UTIs, which can lead to sepsis and hospital admissions.

We also frequently engage our mental health providers. Patients with MS have a very high proportion of depression and anxiety—more than the general population. And so this really takes a multidisciplinary approach. Every patient needs a unique treatment approach, which can sometimes be working with health psychology more around counseling, biofeedback, and stress management. But we also have our psychiatrist colleagues who think more about medication management—that can really dovetail with everything that our health psychologists are doing.

And so this is something the neurologist might initiate. We love to involve our other colleagues to provide that full circle care. We at times engage our GI colleagues if we're having a lot of constipation issues or bowel urgency issues. We also involve our ophthalmology colleagues if we're having vision problems that are secondary to an optic neuritis where, again, they didn't have full vision recovery. If they have ongoing diplopia, we may involve them to get different types of prescriptions, prisms, or rehab from that standpoint. And so really, we do think that by bringing all these different specialists with us and being the main point of contact for our patient, we can give them way more options and stay on top of their symptoms in a more meaningful way.

Announcer:

That was Dr. Marisa McGinley talking about multidisciplinary care in multiple sclerosis. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!