

# Multiple Sclerosis Guideline Recommendations



Greater Manchester  
Neurorehabilitation & Integrated  
Stroke Delivery Network

**Definition:** Multiple Sclerosis (MS) is an acquired chronic immune-mediated inflammatory condition of the central nervous system, affecting both the brain and spinal cord. Patterns of the disease include Relapsing-Remitting MS, Secondary Progressive MS and Primary Progressive MS.

## Multidisciplinary Approach

- May involve: Consultant Neurologists, MS nurses, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Psychologists, Dietitians, Social Care, Continence Specialists, GPs, Palliative care services for symptom control and end of life care where appropriate.

## Information and Support

- Ensure people are offered oral and written information at the time of diagnosis. This should include what MS is; treatments, including disease modifying therapies; symptom management; how support groups, local services, social services and national charities are organised and how to get in touch with them; legal requirements such as notifying the Driver and Vehicle Licensing Agency (DVLA); legal rights including social care, employment rights and benefits. (Refer to NICE Guidelines for specific recommendations and management of these areas).
- Ensure people with MS and their family members or carers have a management plan that includes who to contact if their symptoms change significantly.

## Review Assessment

- Recommended at least once a year to assess for the following if indicated: mobility aids; wheelchair assessment; muscle spasms, stiffness and tremor; bladder, bowel and sexual function; sensory symptoms; pain; speech and swallowing; respiratory function; vision; relapses; general health; social activity and participation; care and carers needs.

## Fatigue

- Assess and offer treatment for anxiety, depression and difficulty in sleeping.
- Consider mindfulness based training, cognitive behavioural therapy and fatigue management.
- Aerobic, balance and stretching exercises including yoga may be helpful.
- Consider a comprehensive programme of aerobic and moderate progressive resistance activity combined with cognitive behavioural techniques.

## Mobility

- Refer people with mobility, balance problems or falls to a physiotherapist.
- Assess and establish individual goals and discuss ways to achieve them.
- Consider vestibular rehabilitation for fatigue or mobility problems associated with limited standing balance.
- Consider supervised exercise programmes involving moderate progressive resistance training and aerobic exercise.
- Encourage people to keep exercising after treatment programmes end for longer term benefits.
- Ensure people with MS and severely reduced mobility are regularly assessed and reviewed for risk of contractures.
- Check at every contact for areas at risk of pressure injury for those with severely reduced mobility.

## Spasticity

- Assess and offer treatment for factors that may aggravate spasticity such as constipation, urinary tract or other infections, inappropriately fitted mobility aids, pressure ulcers, posture and pain.
- Refer to NICE guideline for specific spasticity management and pharmacological management.

## Pain

- Assess for musculoskeletal pain, offer treatment and refer them as appropriate.
- Treat neuropathic pain in accordance with NICE Guideline and refer to pain services where necessary.

## Cognition

- Be aware that anxiety, depression, difficulty in sleeping and fatigue can impact on cognitive problems. If a person experiences these symptoms and has problems with memory and cognition, offer them an assessment and treatment.
- Consider referring people with persisting memory or cognitive problems to both an occupational therapist and a neuropsychologist to assess and manage these symptoms.