



Multiple sclerosis information

for health and social care professionals

MS: an overview

Diagnosis

Types of MS

Prognosis

Clinical measures

A multidisciplinary approach to MS care

Self-management

Relapse and drug therapies

Relapse

Steroids

Disease modifying drug therapies

Symptoms, effects and management

Vision

Fatigue

Cognition

Depression

Women's health

Bladder

Bowel

Sexuality

Mobility

Spasticity

Tremor

Pain

Communication and swallowing

Pressure ulcers

Advanced MS

Complementary and alternative medicine

Index

Depression

Experience of living with MS - as with many other chronic conditions - can undoubtedly result in a low mood. This however should be clearly distinguished from clinical depression, which is common in people with MS¹.

Health professionals should be mindful of an individual's mental health as well as their physical health at all stages of clinical intervention. Health professionals will then be better placed to encourage their patients to work towards maintaining stable mood and preventing the likelihood of developing the disabling symptoms of low mood and anxiety alongside the already challenging symptoms associated with MS.

Depression and MS

It is estimated that about half of all people with MS will experience an episode of depression at some stage, regardless of their clinical presentation. This may be recurrent in some and persistent in others. In one study, 28% of people with MS could be described as depressed at any one time².

People who experience depression may not recognise it as such or may find it difficult to talk about how they feel. The stigma that is associated with mental health problems also acts as a barrier to discussion about the symptom.

In some cases, depression may not be experienced as a reaction to the complexities of living with MS but as a symptom due to lesions in certain parts of the brain that directly affect mood and cause depression.

Risk factors and prevention

As part of an initial assessment, most health professionals will obtain a good history of an individual's physical health. The same is not always true for mental health.

Health professionals can play an important role in preventing depression by being aware of risk factors and can help people think about protective strategies and introducing changes, where possible and acceptable, to minimise risk.

It is important to know if there is a relevant family or individual history, to understand any previous

triggers, relevant anniversaries as well as the cause of a person's episode, experience of treatment and final outcome.

Health professionals need to be explicit in their discussions with patients about any history of depression and risk of recurrence. Plans for monitoring and identifying any early warning signs should also be put in place. Health professionals who see a patient on a regular basis are well placed to notice changes in mood or personality between appointments.

Risk factors for clinical depression in the general population include a history of significant loss, a family history of mental illness, major trauma or significant health problems. Depression is thought to be more common in women. It is also more prevalent in the 20-50 age range and following retirement.

These factors are also relevant to people with MS, but there are other specific risk factors³. There seems to be an increased risk for people who have:

- shorter disease duration
- greater disease severity
- lower education
- lower age
- less social support.

Some people also experience alteration in their mood just before or after a relapse.

There appears to be no correlation between risk of depression and extent of disability.

Many of the drugs prescribed for other symptoms of MS can have low mood as a side effect. Drugs that can lower mood include steroids, beta interferons and muscle relaxants.

These factors need to be considered in the early part of a person's care and any relevant risk factors recorded in the notes and shared with the individual and their GP. Advice should be given on prevention. This is particularly important as depression can exacerbate and amplify many of the primary symptoms associated with MS.

Symptoms, effects and management

Depression

Anxiety disorders are also common in people with MS⁴, with an estimated 25% of people experiencing them, but these are often overlooked and undertreated.

Diagnosis

Diagnosis of depression is often missed by health professionals. It is an essential diagnosis to make and responds to treatment^{5,6}.

Individuals and their families play a key role in identification and diagnosis of depression. Health professionals rely on their descriptions of the symptoms experienced to identify the best way of managing or treating the condition.

Symptoms such as sleep or appetite disturbance, poor concentration, fatigue or weight loss are not particularly useful in the diagnosis of depression in people with MS. This is because they are common symptoms in people with MS who do not have depression.

Symptoms which can aid the diagnosis of depression in people with MS include pervasive low mood (low mood all the time and in every situation) for at least two weeks; mood particularly bad at a certain time of day (diurnal variation in mood); negative thoughts about self, the world and the future which are out of context with the level of disability; suicidal ideas and the lack of ability to take pleasure in routine things such as eating, talking, watching TV or walking; especially things that would have given pleasure in the past.

NICE recommends⁷ asking two key questions to identify those who might be depressed:

- during the last month, have you often been bothered by feeling down, depressed or hopeless?
- during the last month, have you often been bothered by having little interest or pleasure in doing things?

The mnemonic – DEPRESSION - below can be useful in determining the psychological needs of people with MS.

| | |
|----------------|--|
| D - Diagnosis | How are you dealing emotionally with the diagnosis of MS? |
| E - Expression | Observe mood and facial expression |
| P - Pleasure | What things do you enjoy most? |
| R - Remorse | Do you feel guilty about things you have or have not done? Do you feel a burden to your family/friends? |
| E - Explore | Past personal or family history or psychiatric illness? |
| S - Sadness | How would you best describe your mood? |
| S - Stress | Do you experience stress and/or anxiety? How do you deal with this? What activities do you avoid due to stress/anxiety? Has your concentration decreased? |
| I - Insomnia | How well do you sleep? Do you experience early morning wakening? Do you experience initial insomnia/inability to sleep? |
| O - Others | How is illness perceived in your family? How do others perceive your mood? |
| N - Nutrition | How is your appetite? Do you taste and enjoy food? Have you gained/lost weight? |

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Treatment

Various approaches have proven effective in treating depression and the individual should play a key role in deciding which treatment plan works best for them.

In addition to the NICE guideline for managing depression in long-term conditions⁷, a significant amount of research supports the use of low level interventions in the first instance. These include advice on sleep hygiene and exercise, ensuring better peer and social support and treating any pain and other physical symptoms.

If further treatment is required, the options are antidepressant medication and psychotherapy, which are often used in combination.

Selective serotonin reuptake inhibitors (for example, Prozac) can be useful and tricyclic antidepressants, such as imipramine and amitriptyline, are also sometimes prescribed.

The psychotherapeutic approach may involve identifying the cause of depression, and trying to alter negative patterns of thinking and behaviour into a more positive approach and may include cognitive behavioural therapy (CBT).

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MS Trust resources

Depression factsheet



Further resources

National Institute for Health and Clinical Excellence. Depression: the treatment and management of depression in adults. NICE Clinical Guideline 90. London: NICE; 2009.

Linde K, Berner MM, Kriston L. St John's wort for major depression. *Cochrane Database Syst Rev* 2008;(4):CD000448.

We hope you find the information in this book helpful. If you would like to speak with someone about any aspect of MS, contact the MS Trust information team and they will help find answers to your questions.

This book has been provided free by the Multiple Sclerosis Trust, a small UK charity which works to improve the lives of people affected by MS. We rely on donations, fundraising and gifts in wills to be able to fund our services and are extremely grateful for every donation received, no matter what size.

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