

Does a Collaborative Care Program for Patients with Multiple Sclerosis Reduce Pain and Depression?

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What was the research about?

Multiple sclerosis, or MS, is a disease of the brain and spinal cord. There is no cure for MS, but people can live with the disease for many years. Two common health problems that people with MS may have are ongoing pain and depression.

In this study, the research team created a collaborative care program called MS Care. In the program, a care manager helped patients with MS learn how to manage their symptoms and treatments and coordinated patient care with different doctors and experts. Care managers also monitored patients' symptoms and worked with care teams to change patients' treatment plans if needed. The team wanted to learn if MS Care, compared with usual care, helped reduce pain and depression in people with MS.

What were the results?

At the end of the program, patients in MS Care and patients receiving usual care didn't differ in control of pain and depression. However, six months later, patients who took part in MS Care were more likely to have both their pain and depression under control than were patients who received usual care.

At the end of the program, compared with patients who received usual care, patients in MS Care reported

- Less intense pain
- Fewer problems caused by pain

- Less severe depression
- Feeling less disabled and less fatigued
- Being more satisfied with their care
- More improvement in pain

Six months later, these differences remained for problems caused by pain, depression, fatigue, and improvement in pain. Also, after six months, fewer patients who took part in MS Care were diagnosed with depression compared with patients who received usual care.

Patients in MS Care and patients who received usual care didn't differ in confidence in their abilities to manage MS or use of healthcare services, such as emergency room or physical therapy visits, at any time during the study.

Who was in the study?

The study included 173 patients with MS receiving care at one MS healthcare center in Seattle, Washington. Of these, 84 percent were white, and 10 percent were Hispanic. In addition, 72 percent had chronic pain, 5 percent had depression, and 23 percent had both. The average age was 50, and 78 percent were women.

What did the research team do?

The research team assigned patients, by chance, to receive either MS Care or usual care for MS.

In MS Care, patients met with care managers in person or by phone up to 12 times during four months. During meetings, patients and care managers talked about setting goals, meditation, relaxation training, and other ways to manage pain and mood. They also discussed taking medicines and treatments as instructed. In addition, care managers met weekly with pain and depression experts to talk about patients' progress and adjust treatment plans based on patient preferences and changes in their health.

Patients getting usual care received routine care for MS. Usual care didn't include services from a care manager. These patients also received a list of community and online resources for people with MS.

People with MS and staff from the MS healthcare center and the National MS Society gave input throughout this study.

What were the limits of the study?

Only 28 percent of patients had depression. Results might not apply to all patients with MS and depression. The study included one MS healthcare center. Results may differ for other centers. Most patients were white, non-Hispanic, and women; results might differ for patients from other backgrounds.

How can people use the results?

Healthcare centers could use these results when considering ways to help patients with MS control their pain and depression.

To learn more about this project, visit www.pcori.org/Ehde222.