

## HEALTH MANAGEMENT INSIGHTS

# Multiple sclerosis

Multiple sclerosis (MS) is probably the most common disabling neurological condition in the world. In the UK, there are around 120,000 sufferers - with roughly 5,000 new cases occurring each year.

MS affects the central nervous system (the brain and spinal cord) and its cause is unknown, but it is thought that a combination of genetic and environmental factors may trigger the immune system dysfunction which underpins the disorder.

It is most common among women - with new cases occurring most frequently in the 20 to 40-years-old age group.

## Key takeaways

- > Around 120,000 people in the UK suffer from MS
- > The cause is unknown, but it is an immune system dysfunction which leads to nerve message confusion
- > The main symptoms involve fatigue, vision issues, bladder and bowel problems, mobility issues and pain/spasms
- > Prognosis varies, but up to 15% of cases can decline rapidly
- > Treatment involves suppression of symptoms and slowing the progress of the disease
- > Painkillers, steroids, immune modifiers and physiotherapy can all be prescribed
- > MS falls under disability and equality at work legislation
- > Simple adjustments to equipment and routine can help many employees
- > Redeployment or ill-health retirement may need to be considered in some cases

## Condition overview

Our nerve cells have tendril-like structures called axons, along which the electrical impulses of nerve messages pass. These axons are surrounded by a sheath of a material called myelin, which acts as an insulator.

The immunological defect responsible for MS punches holes in this myelin sheath in a process known as demyelination. This breaks down the insulation, so nerve messages get mixed up - giving rise to the symptoms of this disorder.

**These symptoms be gathered into five main groups:**



**Generalised fatigue**, including disproportionate tiredness and protracted recovery time (a common feature of many other neurological disorders).



**Eyesight problems.** The retina – the light-sensitive membrane at the back of the eye - is basically an extension of the brain. MS can affect this, causing blurring of vision, or partial or complete loss of sight. Alternatively, the nerves which synchronise eye movement can be involved, giving rise to double vision.



**Bladder and bowel continence.** Impact on the nerves supplying these organs may cause loss of awareness of the need to empty them, producing embarrassing incontinence. Incomplete emptying may also occur, resulting in pooling of urine in the bladder and increasing susceptibility to urinary tract infections.



**Mobility.** Problems may arise because of muscle stiffness, or from damage to the parts of the brain which control balance and co-ordination.

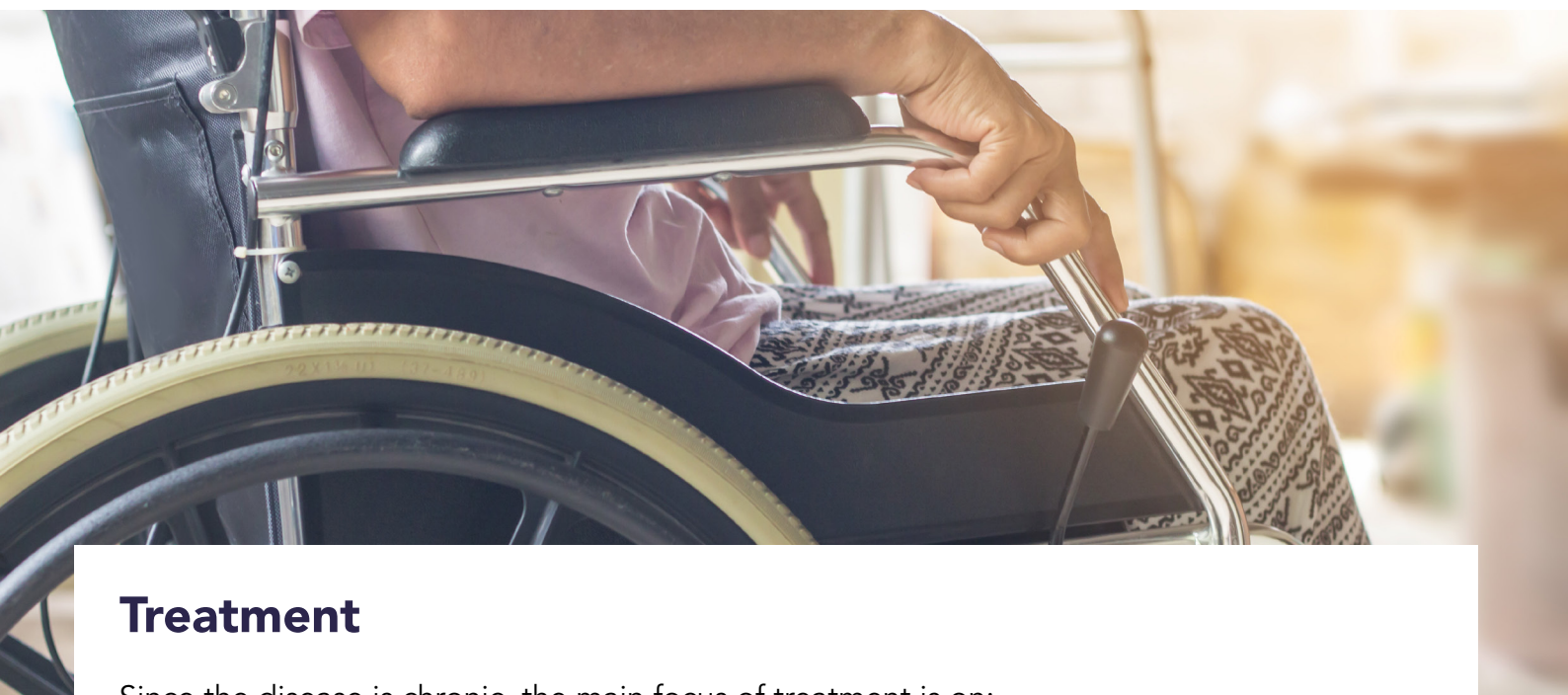


**Pain and spasms.** Due to defective nerve conduction.

## Prognosis

MS is a chronic disorder and its course is typically characterised by a series of relapses and remissions over the years, with a tendency for deterioration to occur faster than from the normal aging process.

- > At worst, around 10 to 15% of cases decline very rapidly
- > At the other extreme, about 25% do very well - with lengthy remissions, short relapses and good recovery to previous functioning



## Treatment

Since the disease is chronic, the main focus of treatment is on:

- > Suppression of symptoms, and/or
- > Slowing of progress of the disease.

Pain can often be usefully tackled if its cause can be identified. Thus, non-steroidal anti-inflammatories or paracetamol can be useful for mild-to-moderate pain, or codeine-based painkillers if more potent pain relief is required.

For neuropathic (nerve-related) pains, then drugs like gabapentin or a tricyclic anti-depressant, like amitriptyline, may help.

Short courses of steroids may also help in some cases.

As the involvement of the immune system has become clearer in recent years, a new class of drugs - immune modulators, or biologics – have come to the fore.

These target various steps in the activation of the immune cascade - and are mainly successful for patients whose disease is rapidly progressing.

While this is a welcome improvement in the outlook for many, the progress of the disease is still only slowed - rather than seeing a dramatic improvement.

Physiotherapy may be a valuable adjunct - to help maintain mobility, stamina and co-ordination.





## MS and work

The disorder has numerous potential implications in the workplace, and there is much that employers can do to help staff with MS – as well as certain legal responsibilities.

### Fatigue

This is probably the most widespread implication - with associated problems of reduced concentration and heat intolerance. This will reduce work rates and output.

If the sufferer is one of the fortunate group whose longer term prognosis is good, then it is likely that productivity will return to more normal levels as remission occurs.

However, if the outlook is less good, it may be necessary to consider breaking the task down into more manageable chunks, perhaps reallocating parts of the job to others or introducing appropriate adaptations to equipment or the working environment.

### Vision

This is particularly relevant in jobs which require driving, or occupations such as seafaring, HM Forces or other roles which specify minimum standards for eyesight.

Drivers with MS must inform the DVLA - and be prepared to possibly stop driving. The DVLA will likely make enquiries about the driver's health, and the driver's licence may be reviewed earlier than is standard.

### Continence issues

To reduce the likelihood of social embarrassment, easy access to toilet facilities is important. Some MS sufferers practice self-catheterisation to help drain urine from poorly functioning bladders. This may be time-consuming and it requires scrupulously clean facilities.

### Co-ordination

Co-ordination issues are likely to pose problems for roles which require manual dexterity – which could cover jobs as diverse as computer work and carpentry.

These issues might slow output, and could have further implications for driving.

### Redeployment or retirement

If it is clear that an individual with MS is no longer capable of their role, or adjustments required are too extensive, then redeployment or ill health retirement may need to be considered.

## Mobility

Sufferers may experience problems getting to and from work, or moving around at work if their role involves changes of location.

If the employee struggles with travelling from home to the workplace because of (for example) surrender of driving licence or difficulty using public transport, e.g. access to station platforms, then the 'Access to work' scheme may contribute to taxi fares.

When in the workplace, if the employee needs to be able to move from their workspace to other locations (e.g. other offices, meeting rooms, toilets, canteen), then it is important that they can easily make

their way around - particularly if they need to use aids such as wheelchairs, walking frames or crutches.

This means there must be clear routes, with plenty of space to manoeuvre. This is equally relevant to those with mobility issues due to other illnesses or injuries.

If a mobility scooter is used, it is helpful to have charging points available – along with a secure, weatherproof place for storage.

These employees may also merit special consideration from the point of view of workplace evacuation in case of emergencies.

## Legal responsibilities

For MS sufferers, disability/equality legislation automatically applies from the date of diagnosis.

However, the extent of workplace adjustment required can vary greatly. These may be very simple and cost effective - especially when placed against the costs of lost output, or even replacing an employee.

Simple changes include considering home working or more frequent breaks, and ensuring that workstations comply with the most recent version of the Display Screen Equipment Regulations.

If more extensive modifications are required, financial assistance may be available via the UK Government Access to Work scheme.



Remember, your occupational health team can provide you with detailed, bespoke advice on individual case management.

## Useful resources

The government's [Access to work](#) scheme can provide help with adjustments.

Contact us to find out more.



info@healthmanltd.com



healthmanagement.co.uk

