



MS Learn Online Feature Presentation

Mood Changes and MS: Managing Anxiety

Featuring: Sarah Minden, MD; David Rintell, PhD; Rosalind Kalb, PhD

Jay: She worries a lot about a lot of things, things that are out of her control

Jay and Cathy: Yeah, stress level kicks in and melancholy kicks in, and the "I should have" kicks in.

Cary: The possibility of a radical new therapy being at hand five or ten years down the road, you know, myelin reconstruction, all these wonderful things that the MS Society is working towards, they feel like intangible pipe dreams increasingly. Are any of these positive things going to happen in time sufficient to improve my life, to improve Chris's life

William: It's hard for me to focus. My attention span is very little.

Tracey: You've just heard people describing a variety of symptoms that are very common among people with MS. These are hallmarks of what is commonly known as "anxiety."

Tom: But like depression and other mood changes, there is seldom an obvious and distinct set of symptoms that clearly point to anxiety. Understanding anxiety, and what to do about it, can be a complex process that requires the help of a mental health professional and a certain amount of patience.

Tracey: This is particularly true if you have MS.

Tom: We continue our conversation about mood changes and MS with Dr. Sarah Minden, Dr. David Rintell and Dr. Rosalind Kalb.

Dr. David Rintell: Well, anxiety takes many forms, and people experience anxiety in different ways. Some people experience anxiety as a lot of worry, and they find themselves worrying about -- more and more, or things they took for granted, they feel like, "Oh, I'm not sure this is going to work out," or, "Will I get there on time?" Sort of worry applied to everyday life or things that people took for granted.

Anxiety is also experienced physically, and often people will say, well, I might feel like my heart is racing, or I'm sweating, and I think most of us recognize that the physical sensation that we associate with feeling uncomfortable, that we're not okay, that we're obviously not calm, as if we're ready for something to come out of the bushes and attack us, feeling like being uncomfortable, of being threatened. We wonder if anxiety amongst people with MS is related to worries about how MS is going to affect them in the future, and I don't think we really know whether the anxiety in MS is related to it.

I think that people are understandably anxious about what the future is going to bring, whether they'll be like many people living with MS and continue to do well and live and thrive and function, or like some people with MS who really -- whose ability to do the activities they treasure becomes limited.

Dr. Sarah Minden: People often might have episodes of panic, where they suddenly, out of the blue, start breathing quickly, get kind of light-headed and dizzy, their heart starts racing and go to an emergency room thinking they are having a heart attack. And what they are having is a panic attack.

So, there is a way in which anxiety and nervousness and worry and fear of uncertainty is so much a part of everyday life, stage fright, that people don't always make the distinction that it's a condition that is treatable, that causes a lot of pain and discomfort and doesn't need to be there. I think that's partly why it's so hard.

Dr. Rosalind Kalb: So, I think the other thing that may contribute to the challenge of getting anxiety appropriately diagnosed and treated is that there may be an assumption in the person who has the anxiety, or family members or even healthcare professionals, well, of course a person is anxious. He or she is living with a chronic, unpredictable illness, who wouldn't be? And I think the same happens with depression, this expectation that this is what people with chronic

illness need to get used to. But I think we're all in agreement that that is not the case, that anxiety is too painful, as is depression. We need to make sure that people are talking about it with the healthcare providers so they can get the treatment.

So, what is the treatment option, or what are the treatment options for somebody who has anxiety?

Dr. Sarah Minden: Treatment like treatment for depression is very effective, and it depends really on teasing apart the kinds of anxiety disorders, the formal diagnostic criteria for those things. Most important is talking, to talk at the beginning of describing your symptoms to help, to work with your clinician, to figure out what's going on and what the best treatment is. And then talking afterwards about the issues that you're struggling with in your life, because these aren't just fixed by medicine; these are fixed by a process of coming to terms and coping and adapting and sharing with family members.

The antidepressants are excellent treatments for anxiety, because depression and anxiety are very similar.

Dr. Rosalind Kalb: And your thoughts about some other strategies that people can use?

Dr. David Rintell: Well, in addition to using medication, and medication, I think, for anxiety can be very effective, as Sarah mentioned, and, really, people should be encouraged to consider that. But anxiety has content, that often they're feeling anxious, we're anxious about something, and talking about what we're worried about can be very helpful. And there are some specific kinds of therapies that are very effective for anxiety. Cognitive therapy or cognitive behavioral therapy, it really does focus in on the thoughts that are connected to the anxiety.

So, if someone thinks that if I go on the subway that I'm going to fall apart, and that kind of therapy addresses the thoughts that are connected to the anxiety and can be really very effective helping people who are experiencing anxiety improve.

And this points to something that I think is under-appreciated, is that anxiety can be very disabling. That often when someone has anxiety and doesn't get help for it, doesn't get treatment, they tend to limit their activities in life to avoid the situations that they believe will be most -- that will provoke their anxiety and live a much more limited life. So, they may say I really can't go to the MS Center because

when I go there, I just feel -- my heart starts to beat and I feel I'm sweating and I feel afraid, so then they won't keep their appointment.

Dr. Rosalind Kalb: You know I'm really glad that you brought up the part about anxiety keeping people from getting out and doing things. Because I think if you think about a lot of things that are going on in MS, whether it's anxiety or increased physical symptoms of the disease, or even depression, there are so many things that are sort of combining to restrict people's engagement with everyday life. And I get very concerned when I see somebody whose life space has gone from being this large, open, involved space shrinking down to nothing, and that as mental health professionals we really can help people tease out what is it that is restricting that space? Is it the physical symptoms or is it some of these important emotional challenges that we're talking about.

Dr. Sarah Minden: And that is part of the process of psychotherapy and counseling, to be able to look at that limitation, that shrinkage. Because people can live full and rich and meaningful lives, but sometimes just need a little help to get beyond what the current obstacle is and get back to doing --

Dr. David Rintell: In the end, what causes disability in MS is not necessarily related to physical changes. Disability really is the lack of ability to engage in the activities and relationships of life, and depression, anxiety and other mood changes can really contribute to disability regardless of the person's physical status.

Dr. Rosalind Kalb: I think that people also find that exercise, whatever kind fits their level of ability, can help with this mood change just the way it helps with depression.

Dr. Sarah Minden: And meditation, relaxation are enormously important parts of treating anxiety.

Dr. Rosalind Kalb: The other thing that I think is important is that when people start to feel overwhelmed by these anxieties, that's the time or that should be a trigger to really reach out for all the resources that are available to help. So, whether it's the National MS Society or any of the other MS organizations, or just community agencies, they can provide all kinds of information, support, assistance that can offer very practical remedies when you're feeling so anxious and out of control.

Dr. David Rintell: Also, support groups can be very effective for anxiety and other problems of life with MS. Because many people who don't have MS don't understand the worries and concerns that people who have MS experience. And to be in a group of people and when you say, "I'm really worried about what's going to happen to me in the future, and they really know what it's like to experience those kind of worries. They know it from their own lives. It's not because they've thought about it or they read about it; they know it from the inside. The satisfaction of being heard by someone who really understands in that way can be very healing to a person with MS experiencing anxiety or experiencing any kind of trouble about adapting to life with MS.

Dr. Sarah Minden: And who have found something that has worked for them, that they can share, and that other people can take up as something that might be helpful to them.

Dr. Rosalind Kalb: I think that's really important, because sometimes people envision self-help groups as people just sitting around complaining, or just sitting around being down in the dumps. But I think what goes on there, in addition to sharing of the feelings and sometimes very painful feelings, is very constructive, creative problem-solving, and a sharing of resources so that people leave with tools and steps planned for how they're going to move forward.

Dr. Sarah Minden: You know, sometimes people are afraid to go to self-help groups because they might see someone who is more disabled than they are. I don't want to see people in a wheelchair, and it is understandable, but that is the reality of MS, that some people are in wheelchairs and some people aren't. And that the ability to, or the opportunity to talk with other people so overrides that initial anxious moment, that nervous moment given the opportunities that you described, it's very important not to be frightened off or turned off.

Dr. Rosalind Kalb: Well, and I have had people say to me, "You know, I went in so scared of what I was going to see, but once I started talking to that person who was using a wheelchair or a scooter, it took five minutes and suddenly I'm connecting with that person who has something warm or wonderful to say to me, and suddenly the equipment just sort of disappears. I'm not focused on the equipment anymore."

Dr. Sarah Minden: "And I don't need to be afraid of it."

Dr. Rosalind Kalb: "And I don't need to be afraid of it." So then that's one thing they don't have to be anxious about it any longer.

Dr. David Rintell: Right, right.

Dr. Sarah Minden: And, in fact, if it's time to use a cane, it might help them get over that hurdle and start using the cane that would help them get going.

William Sr.: So I go to support groups, and I really know how important support groups are.

Chris: There was a general group that met at Littleton Hospital for a while. It was interesting to be able to share who is going through what and what works for you and what works for that.

William: I work out, when I'm aggravated or something, I just work out, and that helps tremendously. Laughter - that's the best medicine.

Cathy: Yes, I am taking medication.

Jay: If you don't have the right medication, it could actually lead you further down the road.

Tracey: Remember, if you have MS, it doesn't mean that you have to live with these painful mood changes. These problems deserve to be diagnosed and treated so that you can get on with life.

Tom: Thank you for joining us for this special edition of MS Learn Online. Be sure to check out the other programs in this series on Mood Changes in MS.

Tracey: If you would like more information on mood changes, or other issues relating to MS, go to NationalMSSociety.org. I'm Tracey Kimball.

Tom: And I'm Tom Kimball. Thank you for joining us!