



## **MS Learn Online Feature Presentation**

### **Aging and MS Featuring: Dr. George Kraft**

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**>>Kate Milliken:** Hello. I'm Kate Milliken, and welcome to MS Learn Online. Considering the evidence that life expectancy of people with MS is essentially normal and that the number of older individuals in the general population is growing, it is likely we will see increasing numbers of older individuals with MS. So, what are some common issues and traits that are seen in the senior MS population? To discuss aging with MS, we have Dr. George Kraft.

Dr. Kraft is the Alvord professor of MS Research and the director of the Western Multiple Sclerosis Center at the University of Washington Medical Center in Seattle. Welcome to MS Learn Online, Dr. Kraft.

**>>Dr. George Kraft:** Thank you very much. I'm pleased to be here.

**>>Kate Milliken:** Thank you. Well, we know that relapsing-remitting MS often turns into secondary-progressive MS as people get older. So, are there some assumptions we can make about older people who have MS?

**>>Dr. George Kraft:** I'd first of all say about 85% of people with MS have relapsing-remitting disease when it starts. There is another category, primary-progressive MS, and maybe we'll have a chance to talk about that later. But relapsing-remitting patients invariably, invariably turn into secondary-progressive if given enough time. And you might ask what that time is. Well, it's roughly 15 years if

they're not treated. But we are so fortunate because we are now 18 years after the first disease-modifying treatment, which came out in 1993, October. I remember the month.

>>**Kate Milliken:** Very exciting moment.

>>**Dr. George Kraft:** Yeah, yeah. And so we're gaining experience in patients who have now been on a disease treatment for maybe almost 20 years. And we think that it's taking a little longer for them to convert to secondary-progressive MS, but invariably they will convert.

>>**Kate Milliken:** Is there more physical disability in older patients?

>>**Dr. George Kraft:** Well, I will ask you, is there more physical disability in older people? And, of course, there is, and MS produces disability. So, you have the situation where you have the age plus the MS, and so MS patients, yes, are probably more disabled as they are older than people without MS.

>>**Kate Milliken:** Are there more common symptoms that you see in older patients with MS?

>>**Dr. George Kraft:** I think the thing that we worry about most is falls, because falls can be detrimental, you can do damage, you can break bones, you can hit your head, you can do very major damage to yourself. And so we like to use walking aids, canes, walkers, wheelchairs, electric scooters for MS patients who need that rather than have them struggle and fall.

>>**Kate Milliken:** Does age make a difference, in your mind, when choosing a disease-modifying therapy?

>>**Dr. George Kraft:** We take more into account the age of the disease, when the disease hit and how long has the person had the disease.

>>**Kate Milliken:** When you're treating an older MS patient, how much are you thinking about incorporating assistive devices into their lives?

>>**Dr. George Kraft:** As I kind of said earlier, we don't want patients to fall, that's maybe our number one worry as patients get older and disabled. And let me define a fall. A fall is defined as going from one level to a lower level, and it could be a patient

in a wheelchair who is trying to transfer to a bed and falls on the floor. That's a fall, and you can do damage then. So, yes, we want to provide the patient with the appropriate devices, and it probably needs a health professional that knows this to tell them what it is. The worst thing is to just go in a store and buy something because they like the looks of it. It may not be the right thing.

**>>Kate Milliken:** I feel like in the world of MS, because of these disease-modifying therapies, this is a completely new population to be working with. So, for you, what is that like to kind of be forging new ground with older MS patients?

**>>Dr. George Kraft:** The factor is they are better shape at different ages as they get older. That's really very gratifying.

**>>Kate Milliken:** Do you find that you are actually working with patients in middle age to kind of prepare them for as they get older in terms of their skill set, the way they run their finances, the way they use assistive devices, stuff like that?

**>>Dr. George Kraft:** We have had a big research and interest in this for a long time. In fact, fatigue is the most common symptom of MS, and we wrote the first paper on fatigue. It was published in mid-1980s. And so fatigue is a problem, and we now know that MS patients in the afternoons, for example, might just do very badly in things they could do okay in the morning in. So, we need to take all of this into account and be sure that they plan their life and their day and their week to maximize their capacity.

The other area of interest is cognitive. Memory problems are a very serious problem with MS, and judgment problems and the ability to multi-task and planning and so forth are -- the higher cognitive tasks are much more difficult in MS patients. We need to work with them on that. And I would say that a very important thing to do is if a patient is not functioning well, consider that they may have some cognitive problems. They should be seen by a neuropsychologist and probably be tested to determine what their deficits are. Because we have techniques to improve them if we can identify what they are.

**>>Kate Milliken:** What's amazing is you hear that as everybody gets older that they end up losing their memory. So, how is it possible for you to determine what is MS-related and what isn't?

>>**Dr. George Kraft:** That's a very good question, but our nurse psychologists who work for the MS Center, they are very good, and they can identify MS. It's a somewhat specific pattern. It's very different than the Alzheimer's kind of dementia. It's pretty technical, but there are ways to separate it out.

>>**Kate Milliken:** And depression, is that something that comes into play a lot?

>>**Dr. George Kraft:** Oh, yes. You know, in the general population in North America, depression is maybe, lifetime depression maybe about 15%. In MS it's three times that, it's about 45%. So, we are very concerned about that, too. One of the things we see is that some patients, because the disease-modifying treatments are not more ambulatory, they look good and they can talk well, and they don't appear to be disabled but they have fatigue and they have cognitive impairment, and they have depression, and these three diseases -- and sometimes they have pain. So, these four problems can really feed on each other. And the patient could be really quite miserable, and somebody would say you look so good and they will just be depressed even more because they don't think people appreciate how badly they are doing.

>>**Kate Milliken:** And I think that it's fair to say that no matter how old or how young you are, "you look good is" one of the kind of most bittersweet comments that you can have in the world of MS.

>>**Dr. George Kraft:** It certainly is, and maybe in the world.

>>**Kate Milliken:** Right. So, you recently conducted a workshop about the whole idea of aging in MS, and I'm wondering if you could give us any other points that we haven't covered kind of in this domain?

>>**Dr. George Kraft:** We had a tremendous turnout. I was really pleased with this. The first time any major program had been given on aging and MS, and I think we are going to be doing it again. I think the people want to attend it.

One of the things that is very important is your job as you get older, and I think the people without MS may struggle with employment, especially in today's economy as they get older, and especially if they maybe lose their job or the company closes and they have to find new work. So, you can imagine the patient with MS who looks good and talks well, who really can't multi-task. And what is in today's competitive employment something you've got to do? You've got to be able to answer the phone,

do the computer, greet the customer and so forth. So, major, major problems. We talked a lot about the employment and management of life problems.

>>**Kate Milliken:** Wonderful. Dr. Kraft, thank you so much for being here.

>>**Dr. George Kraft:** My pleasure.

>>**Kate Milliken:** If you would like to get more information on multiple sclerosis, go to [nationalmssociety.org](http://nationalmssociety.org). This is Kate Milliken for MS Learn Online. Thanks for joining us.