Understanding MS Mood Changes

Care Partner Conference Call
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So you live with this?

- Mood changes
  - Depression
  - Anxiety
  - Irritability
  - Pseudobulbar affect or PBA
  - All the above

- “You are in it together-end of story”
Mood Influences Living

- Self-care
- Role performance at home and at work
- Relationships
- Quality of life
How Do You Respond to Mood?

- Hold your breath
- Step quietly
- Let ‘em sleep
- Avoidance
- Confrontation that’s usually negative
- Getting “sucked in”
- Backlash irritability
- Frustration…crying..sadness
Anxiety/Paranoia

- Hard to understand
- Excessive worry
- Physical symptoms
  - Sleeplessness
  - Eating problems
  - Jumpy/nervous
- Panic
- Uncertainty
- Tendency to limit activities
- Prolonged anxiety can become depression

Good News.
Treatment is very effective and requires both pharmacological and non-pharmacological therapy.
Mood Swings

- May be the hardest to understand and respond to effectively
- May be extreme or even bipolar
- May look like euphoria and depression
- May be irritability, flying off the handle, escalated emotions
- Most common of mood disorders in MS
- Triggers: stress, steroids, fatigue, uncertainty
Depression

- Recognizing it
  - Little interest or pleasure in doing things
  - Flat affect
  - Gaining or loosing weight
  - Feeling down, depressed or hopeless
  - Leaking feelings...may lead to alcoholism

- Comes in waves

- Confronting it
  - Replace the emptiness- break the cycle
  - Burden: Feeling useless; noncontributing......suicide
Pseudobulbar Affect - PBA

- Disconnect between parts of the brain that express emotion and parts of the brain that control emotion
- Disease of disinhibition
- Uncontrollable laughing and crying
- Occurs in 10%
- May be mild, moderate, severe
- Treatment with medication
  - Nuedexta (dextromethorphan/quinidine)
  - Dopamine
  - Anti-depressants
Grief

- Loss of the future; loss of hope
- Comes with transitions
  - diagnosis
  - relapses
- Normal and healthy expression of loss
- Symptoms
  - anger, anxiety, loneliness, fatigue; sleep; poor appetite; social withdrawal
### Grief and Depression...What’s What

<table>
<thead>
<tr>
<th>Grief</th>
<th>Depression</th>
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<tbody>
<tr>
<td>Experienced in waves</td>
<td>Moods and feelings are static</td>
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<tr>
<td>Diminishes in intensity over time</td>
<td>Consistent sense of depletion</td>
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<tr>
<td>Healthy self-image</td>
<td>Sense of worthlessness and disturbed self-image</td>
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<tr>
<td>Overt expression of anger</td>
<td>Little anger expressed</td>
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<tr>
<td>Transient hopelessness</td>
<td>Pervasive hopelessness</td>
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<tr>
<td>Difficulty experiencing pleasure</td>
<td>Difficulty experiencing pleasure</td>
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<tr>
<td>Responsive to support</td>
<td>Unresponsive to support</td>
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</tbody>
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What About Your Emotions

- You are experiencing losses; you grieve
- You are to adapt to chronic illness likewise
- You may feel shame at your responses or survival guilt
- Care partners of PwMS are six times more likely to experience depression
- “For better or worse”
  - It’s OK if it stays this way, I can handle it and then there is a relapse and after a while I think...It’s OK, I’ve got this...but when is it going to stop"
  - Feelings of guilt and remorse
  - Feelings of anger, frustration, disappointment
Talk About it

- Pick a time when you are feeling especially close
- Maybe don’t talk - just act
- Get active
- Join
Care Partner Care

- Take care of yourself
- Exercise
- Meditate
- Relax
- Get out of the house together
- Set aside some “me” time
What can be Done
Release, Respite, Repair, Rekindle

- Break the cycle
- Seek professional help
- Look at your symptoms
- Increase help at home - support physically and mentally
- Schedule respite
- Increase socialization