

10 years of FACETS! A service evaluation and user experience of group fatigue management

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Context

Fatigue is one of the most reported symptoms affecting 75%–86% of people living with Multiple Sclerosis (MS) (Minden et al, 2006). It is one of three most troubling symptoms (Debouverie et al, 2009), impacting upon individuals' participation in everyday activities.

Evidence states approaches involving therapeutic education have proved more effective at reducing fatigue than pharmacological treatments (Asano and Finlayson, 2014). This led to the development of the FACETS programme, Fatigue: Applying Cognitive Behavioural Energy Effectiveness to LifeStyle which **combines cognitive behavioural approaches with energy effectiveness techniques** (Thomas et al, 2013). The programme gives those living with MS a greater understanding of fatigue, so they can incorporate strategies into their daily life and alter their thinking patterns.

At the National Hospital for Neurology and Neurosurgery, 2024 marks 10 years since we implemented FACETS initially delivered as a face-to-face programme and now a solely virtual programme. As Occupational Therapists carrying out the programme, we have seen the meaningful impact our interactions have had, with patients reporting "FACETS changed my life".

FACETS: Fatigue: Applying Cognitive Behavioral Energy Effectiveness Techniques to LifeStyle

FACETS is a self-management programme that aims to give people with MS tools and strategies to manage their fatigue and explore different, more helpful ways of thinking about their energy levels as well as the opportunity for peer support. It is based on a conceptual framework integrating cognitive behavioural, social-cognitive, and self-efficacy theories. It was developed at Bournemouth & Poole Hospitals and research was funded by the MS Society.

Outline:

Patients are referred by their MS Consultant and MS team for our fatigue management group, they are then screened by an Occupational Therapist working in this service and invited to participate in the group.

- Group based programme with 15 participants
- Online 6 weekly sessions delivered via Zoom (1 ¼ hours)
- Presented by two Occupational Therapists
- Scripted and structured intervention to ensure consistency (Thomas S et al, 2010 and 2013)

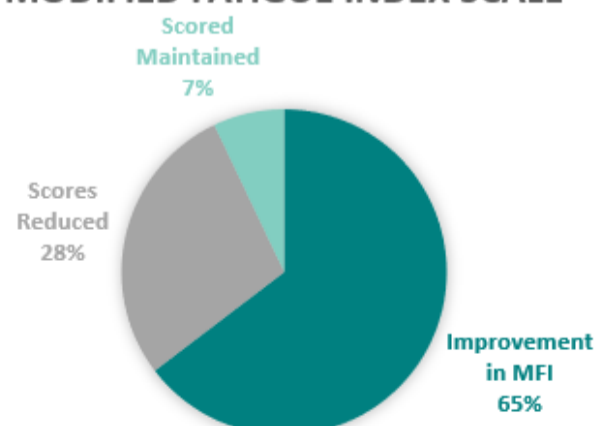
Objective, Design and Method

To better understand the experiences of those who have participated in FACETS, we completed a service evaluation to analyse the effectiveness of the group intervention. We did this by reviewing quantitative outcome measures (Modified Fatigue Index Scale) and direct qualitative data from online survey feedback that participants were sent before starting and after completion of the course via e-mail or by the UCLH MyCare App.

We reviewed data from 8 group cohorts, this included 120 patients. Of the 120 that attended, 40% completed quantitative and qualitative outcome measures.

Results

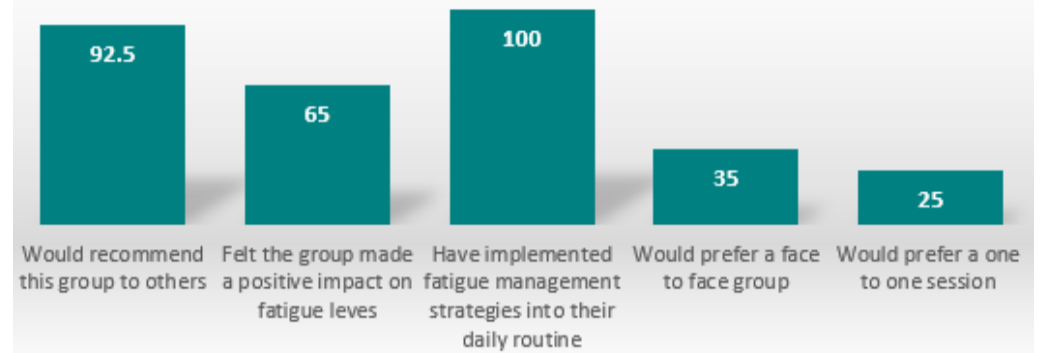
MODIFIED FATIGUE INDEX SCALE



References

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Patient Feedback (%)



Virtual meetings save time getting there, especially during the workday, but face to face is always better in terms of communications/building relationships.

Great course, full of info, creates autonomy for MS patients and a sense of assertion over daily life.

It would be nice to have a one-to-one session at end of course to focus on the future.

A hybrid model would have been good even if only 1st and final session are face to face.

I absolutely loved the sessions. It was brilliant to learn about new strategies to improve fatigue management. It shows there is always a way to manage symptoms. It was inspiring and a lot of fun.

Discussion

Our findings demonstrate the implementation of FACETS at NHNN has shown itself to be a worthwhile and therefore an effective therapeutic intervention for participants. A virtual group is an effective use of time and resources for both participants and therapists. It is promising to see such high percentages of participants implement strategies into their daily life. There is positive feedback on the design and content of the group, including a virtual programme being more accessible. However, a large proportion of participants feel it would be beneficial to have a more personalised intervention and increased social opportunities. Although we offer the opportunity for peer communication after the group by sharing email contacts, we could do more to signpost participants local peer support groups.

Upon analysing both qualitative survey feedback and quantitative outcome measures, there is a low completion rate. The Multiple Sclerosis Fatigue Self-Efficacy Scale (MS-FSE) was rarely completed on discharge therefore we were unable to yield sufficient data.

As well as the feedback we have analysed, recent evidence by Gay et al (2023) found a FACETS+ programme, which included booster sessions, to be more effective than stand-alone care.

On reflection, we plan to offer 1:1 follow up sessions within 6 months of completion from the programme, and we will review the feasibility of this within our practice. This service evaluation has provided further direction for us to review the adherence to completion of outcome measures and how this can be increased. We have also considered adaptations to the programme content in line with feedback given.

Conclusion

Whilst the programme has shown to be effective through improvement in participants fatigue scores (MFIS) as well as positive qualitative data, new research combined with patient feedback suggests the need for follow up sessions to be implemented as part of a group fatigue management course.