CBT for MS Fatigue in Occupational Therapy Practice: Development Module Insights

NHS Central London Community Healthcare NHS Trust
Emma Tyrell, Occupational Therapist, emma.tyrell@nhs.net

Context and Key findings (1-4)

1

- **Application of professional development activity to occupational therapy (OT) practice.**
- **MS Trust Development Module** 20 credit Level 7 award accredited by Birmingham City University
- Funded via MS Trust education grant and CLCH external learning process.
- **Assignment:** synthesise recent evidence on topic (CBT for MS Fatigue) and develop action plan.

2

- ✓ **Fatigue in MS is prevalent** and is independent of disease severity or time since diagnosis (Kobelt et al 2017).
- ✓ Research highlights **MS fatigue as a key area of intervention for OT** (Quinn and Hynes 2021; Salome et al 2019; Van Denend et al 2023).
- ✓ Fatigue management is the **primary reason** People with MS (PwMS) are **referred to OT** in the author's service.

3

- ✓ **Cognitive behavioural techniques for MS Fatigue** are evidence based and **recommended by NICE to support the day-to-day activities of PwMS** (NICE 2022).
- ✓ The **model of CBT for MS Fatigue** theorises that **disease-specific factors** like axonal demyelination and inflammation **trigger primary fatigue symptoms** (van Kessel and Moss-Morris 2006).
- ✓ Behavioural patterns like **under, and over-activity** discussed in the model could have **significant impact on daily living.**
- ✓ CBT for MS Fatigue is specifically **targeted to unhelpful cognitive and behavioural responses associated with primary fatigue symptoms** (Harrison et al 2021).
- ✓ **CBT for common mental illnesses** like anxiety and depression **target different cognitive and behavioural responses** than CBT for MS Fatigue (Moss-Morris et al 2019).

4

- **Systematic review**: **CBT most effective in behavioural category based on post-treatment effect sizes** (Harrison et al 2021).
- Trial underway - blended app method (CBT and exercise) completion 2028 (NIHR 2022).
- **Recent RCTs of CBT for MS Fatigue**: moderate effect sizes, **evidence for longer-term effect (12 months+) stronger in group studies** (Thomas et al 2013; Thomas et al 2014; Gay et al 2024) than individual studies (Van den Akker et al 2017; De Gier et al 2023; De Gier et al 2024).
- Individual studies psychology professionals, **FACETS group studies multi-professional.**
- Blended non-inferior to face to face - role for healthcare professionals to support navigation (de Gier et al 2023).
- **FACETS** remains **pragmatic and evidence-based** (online self-study course available via MS society).

5 Application of evidence to OT practice

Evidence:	Application to OT practice (Figures 1, 2 and 3 visual representations of practice change):
Preference of PwMS and support from a healthcare professional to navigate digital methods linked to outcomes (De Gier et al 2023; De Gier et al 2024).	Treatment choices led by PwMS (Group or 1:1; Digital or face to face). Offer support to navigate digital methods in line with preference of PwMS (email, virtual, face to face).
No RCTs with PwMS with Expanded Disability Status Scale (EDSS) ≥6 (evidence gap).	EDSS considered in screening. FACETS EDSS ≤6. Options for EDSS ≥6: standard care (education, energy conservation), long-term conditions (LTC) fatigue course, explore 3rd wave CBT options with psychology team.
Clinically significant fatigue inclusion criteria in all studies but different measures used.	Add fatigue specific measure to assessment and evaluation process: Modified Fatigue Impact Scale (MFIS) used in most recent group study (Gay et al 2024) = Score of ≥45 required.
Common mental illness (CMI) an exclusion criteria in majority of studies.	Screen using service standard mood measures (PHQ-9 and GAD-7). Clinical judgement and service CMI protocol.
Cognitive changes identified as possible mediating factor for response to CBT (van den Akker et al 2018), but more research needed.	Clinical judgement determines suitability for intervention. Cognition already considered as part of standard OT practice.

Figure 1: Author's interpretation of criteria

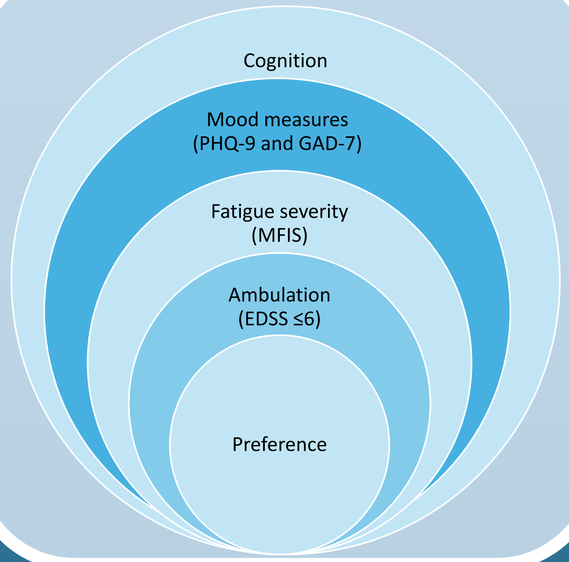


Figure 2: Proposed Individual treatment pathway

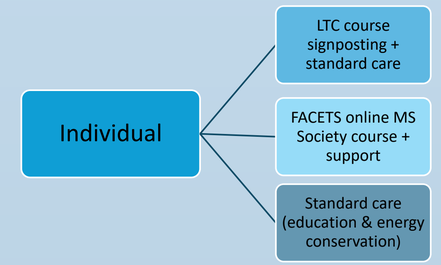
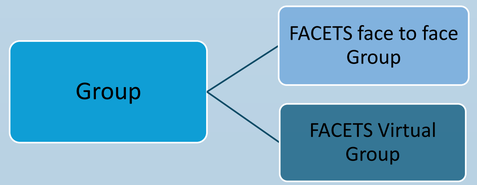


Figure : 3 Proposed Group treatment pathway



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