

Patty's PT Tips

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Bouncing Back-How We Recover

What is an MS exacerbation/relapse?

An exacerbation of multiple sclerosis (MS), also known as a relapse, attack, or flare-up, is a period when disease activity increases. It's characterized by new or worsening symptoms, such as numbness, tingling, pins and needles, itching, bowel/bladder changes, or restless legs syndrome. Exacerbations can last from several days to several months, but the latter is rare.

To be a true relapse, all of the following must be true:

- The relapse must last at least 24 hours
- The current relapse must be separated from the previous one by at least 30 days
- The flare-up may occur in the absence of an infection or other cause

Some treatments for a severe flare-up that doesn't get better with steroids include plasma exchange. This involves taking some of your blood, replacing the liquid part (plasma) with a substitute plasma fluid or with plasma from a donor, and then returning the blood to your body. Good article to explore for more reader friendly descriptions:

www.medicalnewstoday.com/articles/311427

What is a pseudo-exacerbation?

A pseudo-exacerbation is a temporary increase in symptoms (such as fatigue or tingling sensations) that last less than 24 hours and are separated from a prior exacerbation by

at least 30 days. Symptoms usually subside when the outside trigger is removed i.e. getting out of the heat and drinking cold water.

Good reader friendly article on pseudo-exacerbations: www.verywellhealth.com/what-is-a-ms-pseudo-exacerbation/4588928

Here's where it gets tricky:

Will a UTI cause an acute exacerbation where new lesions are found on MRI or can you have no new brain lesions but MS symptoms rear their ugly head? Will simple antibiotic treatment of the UTI resolve everything or is it time to undergo more aggressive treatment for the MS exacerbation? Will a prolonged period of depression or situational stressors trigger an exacerbation or is it a pseudo-exacerbation? Depression has now been recognized as a possible first sign of an acute onset of MS.

The research is ongoing regarding these types of triggers and their ultimate outcomes or expression of symptoms. Totally new symptoms are a major red flag for needing a neurological evaluation and probably an MRI to assess the need for interventions such as another round of steroids.

For all these reasons, this may be why, even with discussions with your neurologist, a quick, conclusive diagnosis doesn't always occur. As with many manifestations of MS it can be clear as mud....

But what do we do about it? Often the self-care interventions are similar for exacerbation and pseudo exacerbation episodes. The need for the duration of treatments may vary based on the duration of the symptoms. My thoughts: some action is better than no action and the subsequent wallowing in your misery. That is the recipe for more prolonged discomfort, frustration and possible short or long-term negative emotional and cognitive fall-out.

Take it in small steps. Remember our discussion of Tiny Habits and refer to work done by BJ Fogg, PhD from Stanford University. See www.tinyhabits.com for more information. Setting reasonable expectations as to how quickly you may recover can be a crucial aspect of avoiding frustration.

Recovery timelines will vary from one exacerbation or pseudo-exacerbation to the next. There is no predictable timeline. Keep in mind this is a snowflake disease.

Potential viable interventions-Take it one bite at a time:

- Test and treat the UTI if that seems to be a possible factor
- Take time to recover from a flu, a cold, a surgery
- Rest, but not too much rest
- Gradually resume an exercise routine after an acute exacerbation-you may need to switch it up a bit
- Stress Reduction techniques-meditation, yoga, breath work
- Cooling devices/intervention-cool environments, ice vests, cold water
- Healthier, mediterranean style diet and avoidance of sugar
- Maintain healthy Vitamin D levels
- Avoid/cease smoking
- Assess and manage alcohol intake
- Counseling/lifestyle modifications/job counseling or ADA modifications
- Actively recruit support from friends, family, support group

- Take extra time to recover from a lifestyle change such as a vacation, a move or even something fun like the birth of a grandchild
- Seek gynecological support if hormonal fluctuations influence symptoms Sleep study with sleep modifications-sleep is a KEY component Urology consultation if recurrent UTI's are problematic

And for those with the Progressive MS form of the disease:

All of the above are valid interventions for managing symptoms. Symptom management at any stage or type of MS can be life changing. You are not an afterthought in the world of the MS family.