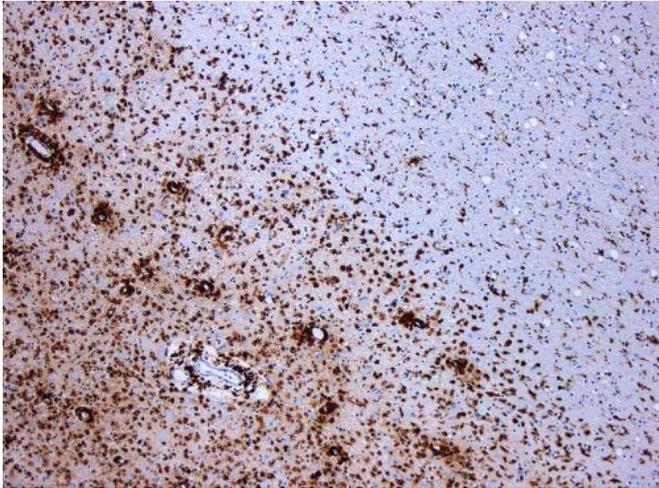


Shared decision-making is cornerstone of multiple sclerosis treatment

20 June 2017



Demyelination by MS. The CD68 colored tissue shows several macrophages in the area of the lesion. Original scale 1:100. Credit: Marvin 101/Wikipedia

One of the cornerstones of multiple sclerosis treatment is shared decision-making between patients and their doctors and nurses, according to a report in the journal *Practical Neurology*.

"Patients with MS are often very interested and involved in their own disease management and therefore should be empowered to play an active role in their care," wrote author Amy Perrin Ross, APN, MSN, CNRN, MSCN. "Shared decision-making is therefore essential to optimal treatment and quality of life for patients with MS."

Ms. Perrin Ross, a board-certified neuroscience nurse, is neuroscience program coordinator at Loyola University Medical Center and a member of the board of directors of the Consortium of Multiple Sclerosis Centers.

In shared decision-making, the clinician and patient work together to make decisions and select tests,

treatments and care plans. The process encompasses evidence-based treatments as well as lifestyle and environmental factors. The clinician educates the patient about the disease and makes recommendations based on risk factors, genetic factors, potential triggers and other elements.

"After reviewing and educating patients about the available options, clinicians should take time to listen to the patient and learn about their values and preferences, as these should be taken into account during consideration of optimal treatment," Ms. Perrin Ross wrote. "The more patients are involved in shared decision-making, the more likely they will be adherent to the therapy and lifestyle recommendations we might be making for them."

The five steps of shared decision-making are:

- Engage patient participation
- Explore and compare treatment options
- Assess patient values and preferences
- Reach a decision on [treatment](#) with the patient
- Evaluate the patient decision

A comprehensive team approach, like the one used at Loyola Medicine, often is needed to ensure patients are well informed about effective treatments and a healthy lifestyle. The team can include a neurologist, nurse, physician assistant, primary care provider, physical therapist, occupational therapist, speech therapist, podiatrist, psychiatrist, urologist, nutritionist and pharmacist. A nurse coordinator or [nurse](#) case manager can help coordinate care and guide patients through the process.

Shared [decision-making](#) can be time consuming, especially in the beginning. But the more [patients](#) feel they are supported, "the more comfortable they are to manage their own disease and feel empowered to make decisions about their care and their lives," Ms. Perrin Ross wrote.

The article is titled "Shared Decision-Making in Multiple Sclerosis Management."

Provided by Loyola University Health System

APA citation: Shared decision-making is cornerstone of multiple sclerosis treatment (2017, June 20) retrieved 24 June 2019 from <https://medicalxpress.com/news/2017-06-decision-making-cornerstone-multiple-sclerosis-treatment.html>

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