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KAZIMIERA ADAMCZYK

*Health education of multiple sclerosis  
patients and their families*

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Edukacja prozdrowotna pacjentów ze stwardnieniem rozsianym i ich rodzin

Multiple sclerosis is one of the most common central nervous system diseases. It consists in the dissemination of pathologic demyelination lesion and degradation to myelin sheaths mainly in the brain and spinal cord. The lesion to the myelin sheath disturbs propagation of nerve impulses.

It is characteristic of multiple sclerosis that symptoms are multifocal and tend to regress and relapse. The typical symptoms are dyskinesia, dysopia, dysuria, dyschezia, sexual disorders and lability or emotional instableness. The disease often attacks young people who are able to work, disabling them in the prime of life.

The prognosis is rather favourable, but patients often die because of complications – not of the disease itself. Whereas treatment effects are not completely satisfying, the course of the disease can be changed, the relapses reduced and remissions prolonged by a proper healthy life style (1, 2, 3, 5).

The following discussion seeks to examine the knowledge level present in the patients and their families. The goal is to prepare a more efficient way of measuring the level of information about the disease available to them, to discern the life-style of the patients and their families and to systematically itemize what is necessary in order to implement corrections of life-style.

In the hospital, the neurological department is equipped with brochures and posters showing particular rules at relapses and remissions and questionnaires to evaluate the knowledge and skills of the healthy behaviour of particular patients included in the health education process.

1. With the help of these standards, the neurological nurse examines the state of knowledge and skills and the patient's and his family's habits.

2. The nurse plans educational activity to complete the patient's and his family's knowledge on the proper behaviour of the treatment of multiple sclerosis.

3. The nurse teaches and motivates patients and their families to take part in healthy and self dependent activity.

4. The nurse evaluates the knowledge level of the patient and his family after the health education has taken place.

5. The nurse indicates all the obtained data in the below card of the multiple sclerosis procedure.

**Multiple Sclerosis Procedure Card**  
at an attack of the disease (1, 4, 5, 6)

**Educational task category**

1. Disease case:
  - reasons,
  - pathomechanism,
  - symptoms,
  - risk factors.
2. Procedure at an attack of the disease:
  - position,
  - breath exercises,
  - antidecubital action,
  - prophylaxis measures against lungs and circulatory complications
  - procedure at dysuria:
    - to hold urine,
    - to urinate,
  - constipations:
    - the diet,
    - medicines,
  - faecal incontinence:
    - pharmacological treatment,
    - carrying a faecal vessel,
    - operative treatment,
  - spasticity:
    - pharmacological treatment,
    - physiotherapy,
    - kinesitherapy,
  - ataxia and intention tremor:
    - rehabilitation,
    - occupational therapy,
    - sexual disorders (mental and physical factor loads to a patient).

**Multiple sclerosis procedure card**  
art remission (1, 2, 5, 6)

**Educational task category**

1. Personal hygiene:
  - cleaning of teeth,
  - genitourinary system,
  - body hygiene,
  - baths.
2. Life style:
  - sparing life style,
  - professional work, housework organisation,
  - sleep and waking state,
  - movement, walks,
  - physical fatigue,
  - mental tiredness.
3. Therapeutic exercise:
  - position exercise and muscle relaxation,
  - breath exercise,
  - spasticity reduction exercise,
  - passive self-dependent exercise,
  - passive not-self-reliant exercise,
  - slight strength-requiring exercise and exercise in suspension,
  - rehabilitation exercise with the equipment.
4. Self-dependence:
  - turning on the side,

- sitting up in bed,
  - sitting in bed, position of legs,
  - standing up from bed,
  - moving from the bed to a wheelchair or an armchair,
  - getting dressed,
  - personal hygiene,
  - preparation of meals,
  - eating,
  - cleaning, housework and other everyday activity.
5. Facilities:
- facilities enabling a patient to move around at home,
  - facilities enabling a patient to do his housework and enhancing his self-dependence,
  - facilities enabling therapeutic rehabilitation.
6. Orthopaedic equipment operation:
- operation of a wheelchair,
  - various supports (walking aids, tripods, auxiliary crutches, elbow crutches, etc.)
7. Food:
- qualitative and quantitative content and calorificity,
  - meal hours and esthetic,
  - advised food,
  - forbidden food,
  - food components of particular importance in this disease (vitamins, minerals, salts, especially magnesium and calcium),
  - condiments,
  - alcohol,
  - nicotine,
  - weight and how to properly calculate it,
  - how to prevent weight increases or extreme reductions.
8. Psychological and physical support:
- family,
  - friends,
  - job environment,
9. Environment attitudes
- desired and correct (family, distant environment),
  - undesired and incorrect (too caring, isolating, punishing,
  - family and distant environment).

Table 1. Performance card (an example)

item	Evaluation of health education level			Planning for education activity		
	knowledge level	motivation	performance	knowledge level	motivation	performance
1 a	2	1	0	-	+	++

item	Realisation of the activity plan			Health education results		
	knowledge level	motivation	performance	knowledge level	motivation	performance
1 a	-	+	++	2	2	2

+ needs intensification, ++ needs great intensification, - no need to intensify,  
0 - lack of knowledge, skills, motivation and performance, 1 - partial, 2 - sufficient

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## STRESZCZENIE

Stwardnienie rozsiane jest chorobą centralnego układu nerwowego o charakterze przewlekłym i zwyrodnieniowym, charakteryzującą się rzutami i remisjami. Do typowych objawów należą: zaburzenia ruchu (niedowłady, ataksja), widzenia, wydalania (zatrzymanie lub nietrzymanie moczu) oraz chwiejność emocjonalna. Do zadań pielęgniarzkich należy edukacja chorego i jego rodziny, jak sobie radzić z chorobą i kalectwem. Przedstawiona karta edukacji prozdrowotnej zawiera elementy: wiedzę i umiejętności dotyczące zachowań w stwardnieniu rozsianym, motywację oraz stosowanie się do zasad prozdrowotnego stylu życia. Tam, gdzie pacjent ma wiedzę i jest umotywowany, należy okazać mu tylko wsparcie psychiczne. Jeśli ma wiedzę i umiejętności (w przykładowej karcie zaznaczono to cyframi lub plusami, minusami), ale nie ma motywacji, należy go zachęcać i egzekwować postawy prozdrowotne, w odwrotnej sytuacji natomiast wyposażać chorego w wiedzę. Najtrudniejsza jest sytuacja, gdy chory nie posiada ani wiedzy, ani motywacji, wówczas trzeba go uczyć, wspierać psychicznie i stymulować do przyjęcia aktywnej postawy prozdrowotnej.