



Welcome to today's webinar:

New Year's Resolution – Beat the Blues

Your Presenter is Dr Sally Shaw
Your Facilitator is Andrea Salmon

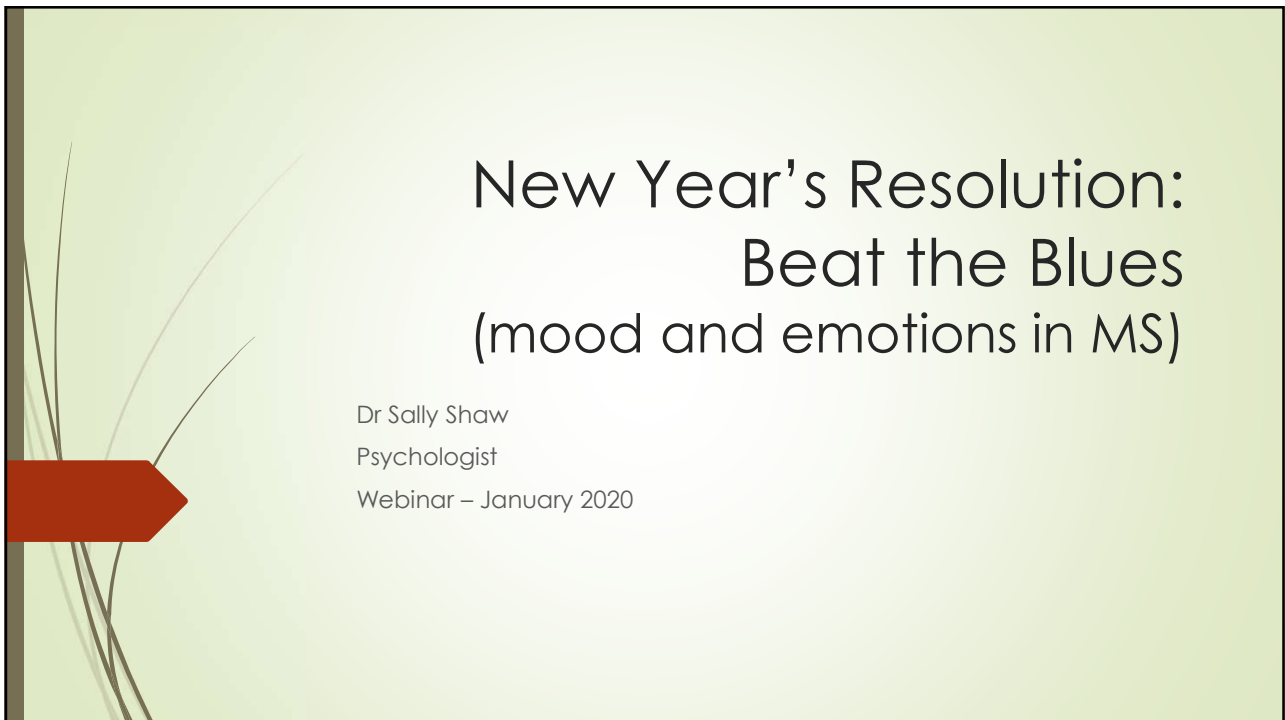
Introduction to Presenter



Dr. Sally Shaw BSc., Grad Dip Psych., DPsych (Health).

Dr. Sally Shaw is a Melbourne based psychologist who has worked within both clinical and health promotion settings. Currently working as a psychologist at the Eastern Health MS Service and in private practice, Sally holds a particular focus on the provision of information, education and support to people with chronic illness and the health professionals that work with them. Based firmly within a positive psychology framework, and drawing largely on cognitive behavioural therapy, acceptance and commitment therapy, and through the use of mindfulness techniques, Sally works with clients to increase their ability to be strategic while moving forward in life. Her doctoral thesis examined the need to take control while attempting to adapt to a diagnosis of multiple sclerosis.

Multiple Sclerosis Limited



New Year's Resolution: Beat the Blues (mood and emotions in MS)

Dr Sally Shaw
Psychologist
Webinar – January 2020



GOOD LUCK WITH YOUR NEW

IT'S ALMOST TIME TO REPEAT

UNSURE IF GENUINE
CHANGE IN MEN

OR RUSH OF
NEW YEAR OPTIMISM

Knowledge
is not power
but applied knowledge
is power.

ME' THING.

OBLIGATION TO FULFILL



Overview of Presentation

- ▶ Mood and emotions
- ▶ Depression – what it looks like
- ▶ Important considerations in Multiple Sclerosis
- ▶ Screening for depression in PwMS
- ▶ 'Goldman Consensus': Treating depression in MS
- ▶ Borrowing some strategies from Acceptance and Commitment Therapy (a type of CBT) to be more aware of our moods and emotions, and to 'beat the blues'!



Mood and emotions

- ▶ What do we mean by mood?
- ▶ What do we mean by emotions?
- ▶ Why do we want to 'manage' them?
- ▶ What about depression?

Depression – general population

- Leading cause of disability worldwide.
 - 1 in 5 women in Australia will experience depression.
 - 1 in 8 men in Australia will experience depression.
- Types of Depression:
 - Major Depressive Disorder (MDD)/Clinical Depression
 - Melancholia (movements slow down/loss of pleasure in everything)
 - Psychotic Depression (will include hallucinations/paranoia/delusions)
 - Antenatal and Postnatal Depression
 - Bipolar Disorder (Manic Depression)

Australian Bureau of Statistics. (2008)
National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Cat. no. (4326.0). Canberra: ABS.
Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. (2013)



Identifying as Depressed

- ▶ Can be liberating
'I know what the problem is now, and that it can be treated!'
- ▶ Can be devastating
'I don't want to be depressed'

Causes of Depressive Symptoms in MS

- ▶ Syndrome
 - ▶ 'Major Depressive Disorder', must meet 5 of 9 predetermined criteria, including poor concentration and impaired memory, fatigue and altered sleep patterns
- ▶ Mood disorder
 - ▶ 'Adjustment Disorder' – observes symptoms of depression as a result of reacting to the diagnosis or subsequent challenges (contributing factors include level of disability, social support)
- ▶ Biological Impact of MS
 - ▶ 'Depressive Disorder due to a Medical Condition' – Mechanistic view that depression could be an expression of underlying damage caused to the brain by MS

Feinstein, A., Magalhaes, S., Richard, J., Audet, B. & Moore, C. (2014)
The link between multiple sclerosis and depression. *Neurology*, 10, 507-517.

Cause of Depression in MS?

Multifactorial –

- ▶ psychological, social and neurobiological.
 - ▶ ?immunologic & genetic factors also. ?Gut influence also

What Else Contributes?

- ▶ Perceptions of present state of illness
- ▶ Level of uncertainty about new symptoms and the future
- ▶ Poor coping skills, resilience, personal resources

Depression in MS

- ▶ Lifetime prevalence of depression in PwMS is around 50%
- ▶ Women more likely to be diagnosed with depression than men
- ▶ Largest contributor to decrease in QOL among PwMS
- ▶ Increase risk of suicide in PwMS
- ▶ Increase the severity of some symptoms of MS
 - ▶ Fatigue
 - ▶ Cognitive impairment
- ▶ Decrease adherence to medication regimes, incl DMT adherence
- ▶ 226 women with MS, 40% had moderate to severe depression. Two thirds of women were NOT being treated (Mohammadi et al., 2015)

Simple Screening for depression in PwMS

2 Questions;

“during the past two weeks, have you often been bothered by feeling down, depressed or hopeless?” (mood)

“during the past two weeks, have you often been bothered by little interest or pleasure in doing things?” (anhedonia)

Mohr, D.C., Hart, S.L., Julian, J. & Tasch, E.S. (2007). Screening for depression among patients with multiple sclerosis: two questions may be enough. *Multiple Sclerosis*, 13; 215-219.


Psychologists tend to use:

- HADS (Hospital Anxiety and Depression Scale)
- Beck Depression Scale
- DASS (Depression Anxiety Stress Scale)

2 question approach – Effective?

- Affirmative answers identified 98.5% patients meeting criteria for MDD (DSM-IV)
- However, only 71.7% of those screening positive had MDD
- 27.3% did not meet diagnostic criteria for MDD (but 2/3 of these had subthreshold depression)
- Inclusion of a screen for anhedonia very important for atypical depression that can be seen in MS

Mohr, D.C., Hart, S.L., Julian, J. & Tasch, E.S. (2007). Screening for depression among patients with multiple sclerosis: two questions may be enough. *Multiple Sclerosis*, 13; 215-219



Goldman Consensus re Treatment

- ▶ Integrated psychopharmacological & psychotherapeutic approach is best
- ▶ Combination of antidepressant medication and cognitive behavioural therapy (CBT) are superior to either in isolation

DO NOT UNDERESTIMATE IMPORTANCE OF

- ▶ Exercise
- ▶ Sense of purpose and achievement
- ▶ Effective coping strategies (problem focussed)



Managing Moods and Emotions

- ▶ Be proactive
- ▶ Develop habits and routines (boring but essential to wellbeing)
- ▶ Actively build resilience now because difficult moments in life will happen



Managing Moods and Emotions

- Be sure to include:
 - Exercise (seriously)
 - Review of Diet, and Vitamin D, Iron, Vit B12, Magnesium
 - Healthy sleep habits
 - Spend time outside
 - Good social connectedness
 - Practicing gratitude and kindness
 - Recording thoughts and emotions



Cognitive Behavioural Therapy

- Introducing ACT: Acceptance and Commitment Therapy
- Existential Humanistic Cognitive Behavioural Therapy
- Effective form of therapy for Chronic Health Conditions
 - “accept what is out of your personal control, and commit to action that improves and enriches your life” (Harris, 2019)
 - Emphasis on 6 core therapeutic processes –
 - Focus for this webinar on #2 = Defusion



ACT - Defusion

- ▶ Learning to step back or detach from unhelpful thoughts, worries and memories
- ▶ Instead of getting caught up in your thoughts, or pushed around by them, or struggling to get rid of them, you learn how to let them come and go
- ▶ Step back and watch your thinking, so you can respond effectively – instead of getting tangled up or lost inside your thinking
- ▶ Getting 'fused' with your thoughts can have a big impact on mood.
- ▶ Use mindfulness skills to separate the thinking self from the observing self.



“

SAY TO YOUR MIND:
GET AS MUCH DEPRESSED
AS YOU WANT TO.
I AM GOING TO
OBSERVE YOU BUT...
I AM NOT GOING TO
JOIN YOU.

References

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Questions



MS Connect
1800 042 138

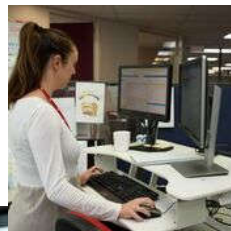
msconnect@ms.org.au

MS Connect



10 reasons to call us:

1. Up-to-date, evidence based information about multiple sclerosis
2. Expert advice on managing symptoms
3. Information about minimising the impact of multiple sclerosis
4. Support for people who are newly diagnosed
5. Information about treatment options
6. Education programs
7. Connections to other people living with multiple sclerosis
8. Referrals to appropriate services in your area
9. Extra support for you and your family
10. Respite options to give families short-term breaks



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Peer Support



- ❖ 1:1 Phone Support
- ❖ Face to Face groups
 - 2 in the ACT,
 - 9 in Tasmania,
 - 17 in NSW and
 - 40 in Vic
- ❖ Telegroups
 - Currently running 12 telegroups
- ❖ Facebook groups
 - 3 groups – for people living with MS
 - for carers
 - for young carers – up to 25 years of age



Multiple Sclerosis Limited

Get Your Act Together



- Online Tool – designed to help you better manage your multiple sclerosis symptoms
- Focuses on some of the common symptoms of MS – emotions, fatigue, continence, cognition, pain and heat sensitivity
- Designed for people living in the ACT but includes useful information for all people living with MS
- Complete the tool to receive a personalized report (listing services, resources, tips etc)

Visit www.ms.org.au and search **Get Your Act Together**

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Employment Support Services



The MS Employment Support Service (ESS) is the only MS specialist employment service for people living with multiple sclerosis in Australia that can help you succeed at work, whether that is staying in your current job or finding new employment.

MS Connect PH 1800 042 138

Watch this video:

<https://youtu.be/G5eRBnYvkw0>



Multiple Sclerosis Limited

Registered NDIS Provider



MS is a registered NDIS provider in NSW, ACT, Vic and Tas and is approved to provide:

- Assistance with 'Access Request Forms', Access rejections and pre-planning
- Support Coordination – assistance to help make your plan active
- Plan Management
- Short term accommodation (Vic)
- Group activities – yoga, dance for health, exercise (NSW)
- Exercise Physiology (NSW)
- Specialist Continence Assessment (Vic)
- Occupational Therapy (NSW and Vic)
- Physiotherapy (NSW)

Want to learn more?
Please call
MS Connect
1800 042 138

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My Aged Care



My Aged Care is an Australian Government initiative, website and phone line to help you find about aged care services.

Available to people who are 65 years of age and over.

Why Contact My Aged Care?

- ✓ Information
- ✓ Assistance in mapping out your needs
- ✓ An assessment for further supports

Phone: 1800 200 422 Free call Australia wide

Website: <https://www.myagedcare.gov.au>

Thank you



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short survey.

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