



e-MS Experts' Summit Season 2020

Abstracts

Who cares? The role of nurses in the management of patients with MS

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The management of patients with MS has become a complex and multidisciplinary task due to the advent of new diagnostic and therapeutic options over recent decades. In parallel, the role of nurses has been growing steadily.

Today, nurses can effectively support MS physicians in many key areas of patient care.^{1,2} In the traditional area of organisational management, nurses' tasks now go far beyond scheduling and task management to include the supervision of pre-screening activities prior to disease-modifying and antibody therapies, specialised infusion management and long-term follow-up.³ In this context, nurses may provide technical support on how to use devices, diaries or new communication tools (e.g. mobile apps) and may even be the primary point of contact for adverse event reporting.³ This warrants a permanent contact with treating physicians. Specialised nurses may even be integrated into patient education and counselling programmes, helping to increase adherence and improve the psychological well-being of patients. A growing area of nurse activities in MS is patient testing, i.e. collecting patient-reported outcomes and performing basic neuro-psychological, symptom and mobility tests, providing doctors with additional information on disability progression.

Patient testing in MS care has gained importance not only due to study execution, but also because new drugs for the primary and secondary progressive forms of MS have entered the market recently, and regulatory and healthcare authorities require more post-approval 'objective' data based on real-world evidence. Therefore, nurses are indispensable for fulfilling the monitoring requirements of modern MS therapies.¹ Measures to more effectively use nurse resources that are introduced in countries, MS centres and hospitals are opportunities for specialisation and certification. Such measures increase motivation, enhance training in MS-specific testing procedures, and aid the implementation of collaborative working environments involving MS physicians and nurses (shared decision making). In this context, international models of MS physician–nurse collaboration will be addressed in the workshop.

References

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2. Corry M, McKenna M, Duggan M. Br J Nurs 2011; 20(2): 86–93.

3. Mynors G, Perman S, Morse M. Defining the value of MS Specialist Nurses. Multiple Sclerosis Trust. March 2012. Access from: <u>https://www.mstrust.org.uk/sites/default/files/defining-the-value-of-ms-specialist-nurses-2012.pdf</u>.

