



MS Learn Online
Feature Presentation
Managing Your Symptoms: Fatigue
Featuring Dr. Patricia Coyle

Tracey Hi I'm Tracey Kimball

Tom And I'm Tom Kimball, welcome to MS Learn Online. This is the first of a two-part series on Managing Your Symptoms, featuring neurologist Dr. Patricia Coyle.

Tracey We begin this series with fatigue, which so many of us with MS experience. I, for one, never tire of learning more about what I can do to overcome my fatigue.

Tom One of the interesting things Dr. Coyle points out to medical correspondent Rick Somers, is that fatigue presents itself in a variety of ways.

>>Patricia Coyle: Well, I think the first thing to recognize is that there are several different types of fatigue associated with MS. I think the major type that you're speaking of is so-called primary MS fatigue. That's the extraordinary fatigue so characteristic of MS that doesn't take effort to precipitate it, that comes on unexpectedly, is overwhelming, often comes on in the early afternoon.

Often, and this is one of the very peculiar features to MS fatigue, may be temperature sensitive, maybe worsened by hot, humid weather. I don't think there's any other disease where that's true of fatigue, and really is completely divorced from duration of MS or severity of MS. In other words, you could have a very mildly affected MS patient and yet they could have such

overwhelming primary MS fatigue that literally they're unable to function because of it. That's an extraordinary primary MS fatigue.

Of course, there are also other sorts of fatigue that occur in MS. There's the fatigue of depression, there's the fatigue of sleep deprivation, there's the fatigue of overuse, where somebody may have significant disability and it takes great effort for them to do things or get around, and therefore they are going to expend greater amounts of energy and therefore be fatigued as well.

So, I think of fatigue as multifactorial, but obviously it's particularly the primary MS fatigue that we're interested in.

>>**Rick Somers:** Besides talking about pharmacology, which we'll address as we talk, there are -- if somebody presents to you as an MS patient who is dealing with fatigue, where do you go from there in helping them to cope and helping them to navigate?

>>**Patricia Coyle:** Well, I know, first of all, that I'm not going to be able to effectively treat fatigue if I don't think about certain co-morbidities. So, if the MS patient also has significant depression and pain, those are going to be very important symptoms to address and manage in order to get optimum control of a fatigue complaint.

In addition, I'm going to want to specifically interview the patient about their sleep hygiene. If they have poor sleep, it's going to cause fatigue during the day, and you can't ignore that and that needs to be addressed. I also want to look at what medication they're on. It may be MS specific or MS unrelated, but there are a number of medication that can have fatigue as a side effect, and you really don't want to miss that.

Very rarely there may be another medical cause of fatigue, so you may have thyroid disease that has been undetected, or anemia, and obviously you don't want to miss that because those are entities that can cause fatigue in and of themselves. And so I at least give some thought about that, and I do have that in the amount of workup that I do.

>>**Rick Somers:** Would you have to be looking for those things specifically? So, in other words, going through quarterly MS blood tests wouldn't necessarily point out something like that unless you were looking for it?

>>**Patricia Coyle:** I don't know that I would continue to do blood work, but we do know that there's an increased rate of thyroid dysfunction in MS. So, I think if I have an MS patient and I'm evaluating a major fatigue complaint, and they've never had thyroid functions assessed, personally, I probably would include that as part of the evaluation of their fatigue.

>>**Rick Somers:** In talking about fatigue, a lot has always been talked about, about the quick, 20-minute catnap, and I guess we call them power naps now. In their restorative value, especially during the day, is that something that you can talk to?

>>**Patricia Coyle:** I think that's very important. I think that when you talk about the treatment of MS fatigue, it really is a multi-modality approach. It's not simply writing a drug prescription or pushing pills. That obviously may be very helpful, but you have to think of it much more broadly than that.

So, I think rest periods can be extremely helpful, and an early afternoon nap can be extremely helpful in treating MS fatigue. And certainly that would be a component of what I talk to the patient about.

>>**Rick Somers:** You had mentioned climate before, and I find that interesting, because we both live in the New York metropolitan area, which notoriously is not only hot and sticky and uncomfortable, but that humidity, when that starts to sneak in, it's miserable.

I was in Arizona a couple of years ago in the heat of August, which is the worst thing an MS patient should do, but I did seemingly pretty well there at that time. And I came to the conclusion that -- and I think I'm in the minority -- but that I would rather it was 116 degrees with 4% humidity, than New York's 90 degrees with 96% humidity.

>>**Patricia Coyle:** Well, it's very interesting. I've heard from my MS patients that it's not just the heat, per se, but it's the humid heat, that they're much more able to bear dry heat than humid heat. And I think that we really don't fully understand this association of humid heat worsening fatigue, but clearly that's an observation that is noted by a fair number of patients.

It's important, because, number one, it is support that this is primary MS fatigue that you're dealing with. Number two, it also indicates a treatment

modality, because you can actually use environmental manipulation cooling techniques as a therapy to improve fatigue in the individual.

>>**Rick Somers:** As we like to say, it's not the heat, it's the stupidity, or the humidity, in this case. We alluded to pharmacology before, amantadine, Provigil. I'm sure there are countless other drugs. Talk about when it gets to a point where you feel that this is a good choice for your MS patients who are dealing with overwhelming fatigue.

>>**Patricia Coyle:** Well, I think if we've addressed any issues of co-morbidity of depression and pain, sleep is not an issue. We've programmed in rest periods, we've evaluated the patient very carefully to see if they need assistive devices to help them get around, and that's not an issue. And obviously I also recommend cooling if there is temperature sensitivity to the fatigue, and regular aerobic exercise. That has been shown to reduce MS fatigue.

So, if all of that is being done and it's still an issue, then certainly I think there can be relief with medications. And I think modafinil, Provigil, is probably my first line agent. Amantadine, obviously, is also an option. Sometimes using caffeine or NoDoz type of pills can be helpful.

I had been a big fan of pemoline, Cylert, actually. I think there were patients that that really helped. I will occasionally use amphetamine-like agents. Because of the addicting properties, I really like to feel very comfortable that I have objective improvement in the patient when I use that. But I think if you get that, then it's certainly justified to use.

>>**Rick Somers:** Society today, MS notwithstanding, is very tiring, and we have our tension here, there and everywhere, and life as we know it is exhausting. When you talk to patients about sleep habits and especially for somebody dealing with MS and all the ancillary stuff that goes with, what do you recommend as far as a good amount of sleep for a patient to be getting at night?

>>**Patricia Coyle:** I think that will vary on the individual, but generally a minimum of six hours, and sometimes as many as 10-plus hours may be needed. One of the appreciations we've had is that sleep disturbances, sleep

abnormalities are much more common than we had previously recognized. And so I think it's fairly simple to screen for things like sleep apnea with excessive snoring or stopping breathing during sleep, or unusual movements, etc., because those are specific entities that can be treated.

Short of not really having disturbed sleep, but if somebody says I'm having difficulty sleeping or I'm waking up, in the MS individual you really have to explore that a little bit further. Are they having disrupted sleep because of nocturia; they're going to the bathroom? Have they really got into a very bad habit where they're going to bed too early or going to the bedroom and using it for other reasons and really getting sort of up regulated and not prepared, really, to go to sleep? So, there are kind of hints about good sleep hygiene that can be used.

I think this is an important and sort of neglected area in MS, to a degree.

>>**Rick Somers:** We're talking about fatigue in MS, and one of the things that you may do is steer a patient towards sleep specialists or other people, literally creating an entire team of people to help manage this fatigue issue. Walk us through some of that.

>>**Patricia Coyle:** Well, there are several other health professionals that might get involved. If I think that the MS patient with fatigue would benefit from an aerobic exercise program, or would benefit from an assessment for assistive devices, or some guidance in how to adjust their daily activities, then I might very well get rehabilitation therapy involved in counseling and helping them.

If I think there is a significant sleep disorder, then I may very well get a sleep medicine specialist involved.

If I believe that a significant component of fatigue may be a manifestation of depression and it's a significant depression problem, something that I feel that I've tried to treat and I'm not getting satisfactory results, then I may very well get a psychologist or even a psychiatrist involved in those sort of cases. So, sometimes definitely I'm using other healthcare professionals.

>>**Rick Somers:** And working in concert with them, again, as we said, kind of as a team approach.

>>**Patricia Coyle:** Absolutely. The bottom line is to get the fatigue improved and the patient's daily living better.

>>**Rick Somers:** And with that, I think we're going to take a little siesta. We can put our heads down and take a nap. Thank you, Doctor. I appreciate your time.

>>**Patricia Coyle:** Thank you.

Tom I like the well –rounded approach that Dr. Coyle suggests ... that there are a number of ways to control fatigue.

Tracey I like it too. Fatigue is so common with those of us with MS, and it's good to know there are some common sense things that we can all do to manage our fatigue.

Tom Our series on Managing Your Symptoms continues with Dr. Patricia Coyle as she talks about numbness, dizziness and vertigo. We hope you check it out. Thanks to Dr. Coyle, and thank you for joining MS Learn Online.