



9-2022

## Multiple Sclerosis in Pakistan: Collaborative Working to Improve Care

Sarah Razaq

*Combined Military Hospital Mangla, Mangla Cantonment, Punjab, Pakistan*

Fahim Anwar

*Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom*

Follow this and additional works at: <https://ecommons.aku.edu/pjns>



Part of the [Neurology Commons](#)

### Recommended Citation

Razaq, Sarah and Anwar, Fahim (2022) "Multiple Sclerosis in Pakistan: Collaborative Working to Improve Care," *Pakistan Journal of Neurological Sciences (PJNS)*: Vol. 17: Iss. 3, Article 11.

Available at: <https://ecommons.aku.edu/pjns/vol17/iss3/11>



# MULTIPLE SCLEROSIS IN PAKISTAN: COLLABORATIVE WORKING TO IMPROVE CARE

Sarah Razaq<sup>1</sup>, Fahim Anwar<sup>2</sup>

<sup>1</sup>Combined Military Hospital Mangla, Mangla Cantonment, Punjab, Pakistan;

<sup>2</sup>Department of Rehabilitation Medicine, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom.

**Correspondence Author:** Sarah Razaq, FCPS Combined Military Hospital Mangla, Mangla Cantonment, Punjab, Pakistan **Email:** docsrazaq@gmail.com

**Date of submission:** December 7, 2022 Accepted without revisions after peer review **Date of acceptance:** January 30, 2023

## Respected Editor,

We read the recent article by Zara Shah et al with great interest.<sup>1</sup> We appreciate the effort to present and publish novel data on Multiple Sclerosis (MS) in Pakistan. Herein, we want to put some light on a very important aspect of management in MS, i.e., multidisciplinary neuro-rehabilitation, to be considered an integral part of treatment in MS to improve the quality of life. Neurological rehabilitation is considered to be a key component of treatment in MS but has largely been neglected in developing countries.

MS is a complex condition affecting almost every aspect of a patient's life and causing significant long-term disability burdens worldwide. It has an unpredictable disease course and varied patterns of presentation, which requires comprehensive, long-term management, including pharmacology and multidisciplinary neurological rehabilitation.<sup>2</sup> A comprehensive assessment of functional disturbances and personal needs is essential for an individualised, goal-oriented treatment programme. Realistic goals must be laid down in collaboration with patients and caregivers before multidisciplinary inpatient rehabilitation is started, which provides coordinated and structured programs with the aim of improving function, well-being, and quality of life in people with MS.<sup>3,4</sup>

The available rehabilitation management may include (but not limited to) physical therapeutic modalities (physical activity and exercise therapy, aerobic conditioning, gait training, balance and coordination, hippo therapy, hydrotherapy, hyperbaric oxygen therapy), occupational therapy (assistive technology to improve mobility and function), speech and swallowing therapy, cognitive and psychological interventions including cognitive behavioural therapy. Vocational rehabilitation and tele-rehabilitation may be indicated in some cases.<sup>3</sup> Pain, spasticity, bladder and bowel problems and musculoskeletal consequences of the long-term neurological disability are all important symptoms in patients with MS and may result from different causes. Comprehensive evaluation and continuous management of these symptoms are provided through the inpatient/outpatient input from the physical medicine and rehabilitation consultant through the multidisciplinary approach.<sup>4</sup> It has been shown that MS patients who receive rehabilitation differ significantly from those who do not in terms of their functional status the provision of neurological rehabilitation is also shown to ease the burden of the symptoms by improving self-performance and independence.<sup>4,5</sup>

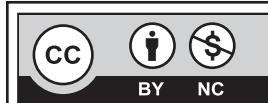
In short, we advocate the inclusion of neurological rehabilitation in MS management in Pakistan to give maximum benefit to the patient and provide lifelong support to the patients and relatives.

## REFERENCES

1. Shah Z, Majid H, Nishat S, Umer SR, Shafee SM, Wali A, et al. Multiple sclerosis care in Pakistan; analysis of data presented at first PAKTRIMS conference. *Pak J Neurol Sci.* 2022;17:1.
2. Ghezzi A. European and American Guidelines for Multiple Sclerosis Treatment. *Neurol Ther.* 2018;7:189–194.
3. Amatya\_B, Khan\_F, Galea\_M. Rehabilitation for people with multiple sclerosis: an overview of Cochrane Reviews. *Cochrane Database of Syst Rev.* 2019, Issue 1. Art. No.: CD012732.
4. Kesselring J, Beer S. Symptomatic therapy and neurorehabilitation in multiple sclerosis. *Lancet Neurol.* 2005;4(10):643-52.
5. Kubsik-Gidlewska AM, Klimkiewicz P, Klimkiewicz R, Janczewska K, Woldańska-Okońska M. Rehabilitation in multiple sclerosis. *Adv Clin Exp Med.* 2017;26(4):709-15.

Conflict of interest: Author declares no conflict of interest.

Funding disclosure: Nil



This is an Open Access article distributed under the terms of the Creative Commons Attribution-Non Commercial 2.0 Generic License.