Multiple sclerosis

Oral communications

CO20-001-e
Urinary disorders in multiple sclerosis: Algorithm and guidelines, the FLUE-MS
G. Amarenco*, P. Denys
AP–HP, Paris, France
*Corresponding author.

Keywords: Multiple sclerosis; Bladder; Incontinence; Guidelines

Background.– Urinary disorders are frequent in multiple sclerosis and can lead to urological complications and decreased quality of life. Urinary management guidelines are scarce and targeted to neuro-urology specialists.

Objective.– We present a validated algorithm dedicated to neurologists, PMR and general practitioners to facilitate first-line evaluation and treatment of urinary disorders associated with multiple sclerosis: the FLUE-MS algorithm (First-Line Urological Evaluation in Multiple Sclerosis).

Methods.– This algorithm was derived from literature analysis, evaluated by an expert panel and validated by means a Delphi method. Urinary bothersome Questionnaire in Multiple Sclerosis is also presented. This algorithm is compared with the other available guidelines.

Discussion.– The FLUE-MS algorithm is designed for neurologists, PMR and general practitioners, enabling identification of ‘red flags’, timely patient referral to specialist neuro-urology units, and appropriate first-line therapy.

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CO20-002-e
Therapeutic management of urinary disorders in MS
P. Denys*, A. Even†, V. Phé‡, E. Chartier-Kastler

* Service de MPR, Hôpital Raymond-Poincaré, Garches, France
† Centre Calvé, Fondation Hopale, Berck-sur-Mer, France
‡ Service d’Urologie, Hôpital de la Pitié, AP–HP, France
*Corresponding author.

Keywords: Neurogenic bladder; Multiple sclerosis; Botulinum toxin

Background.– Therapeutic management of urinary disorders in MS is a challenge for the teams in charge because symptoms, pathophysiology, complications and therapeutic options may vary with time and deficiencies associated with the evolution of the disease. Early diagnostic tools, prevention of complications, symptomatic improvement are the goals of treatment.

Objective.– We review the different medical and surgical options that are validated for the treatment of Urinary disorders in MS. Recent advances such as botulinum toxin detrusor injections, sacral or tibial neuromodulation are presented.

Methods.– This lecture derived from an extensive review of the literature.

Discussion.– Therapeutic management of urinary disorders is important in term of quality of life improvement. Access to medical treatment is actually limited despite numerous innovative treatments at each stage of the disease. Early diagnostic, appropriate follow-up and multidisciplinary approach guaranty the best management.

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CO20-003-e
Sexual disorders in multiple sclerosis: Evaluation and management
J.-G. Prévinaire*, G. Lecourt, J.-M. Soler

* Centre Calvé, Fondation Hopale, Berck-sur-Mer, France
† Centre Bouffard-Vercelli, 66290 Cerbere, France
*Corresponding author.

Background.– Sexual dysfunction (SD) is highly prevalent in patients with multiple sclerosis (MS), affecting 50% to 80% of both male and female patients, and has a major impact on quality of life. Men present with erectile and ejaculatory dysfunctions (retarded, premature or anejaculation), and partial loss of libido. This leads to decreased frequency of intercourse, difficulty with achieving orgasm, and dissatisfaction with sexual performance.

Results.– Women commonly report reduced genital sensation, reduced vaginal lubrication, difficulty with arousal, and difficulty reaching orgasm. In both sexes, fatigue, spasticity, hand tremors, neuropathic pain, and anxiety about incontinence contribute to SD. Psychosocial and cultural issues also need evaluating, and include depression, performance anxiety, changes in family roles, lowered self-esteem, loss of confidence. In men, treatments are similar to that of other neurological diseases: erectile dysfunction can be treated with phosphodiesterase inhibitors and intracavernous injections, though with limited efficacy. Ejaculatory dysfunction is managed through penile vibratory stimulation and midodrine. In women, vaginal dryness can be treated with adequate amount of water-based lubricants. Sex therapy has a prominent role.

Discussion.– A comprehensive assessment of all these aspects must be taken into account. The treatment of SD requires multidisciplinary teamwork and cooperation among specialists, individual patients and partners.

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CO20-004-e
Prevalence of stress urinary incontinence (SUI) in women with multiple sclerosis (MS)
A. Guinet-Lacoste*, D. Verollet, F. Le Breton, L. Peyrat, G. Amarenco

Service de Neuro-Urologie, AP–HP, Hôpital Tenon, 4, rue de la Chine, 75020 Paris, France
*Corresponding author.

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Multiple sclerosis (MS) is a chronic immune mediated disease affecting the central nervous system, and characterized by demyelination and axonal damage. The estimated prevalence of MS is approximately 2.5 million cases worldwide and the disease is the first most common cause of neurological disability in young adults. If untreated, MS typically leads to substantial accumulation of disability. SUI is correlated with the age and the MUCP. Our results do not support the SUI prevalence data described[2].

**Discussion.**—The prevalence of SUI in MS women is 45.5%, independent of the degree of disability. SUI is correlated with the age and the MUCP. Our results do not support the SUI prevalence data described[2].

**References**


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Physical training and muscle strengthening in multiple sclerosis


*Corresponding author.

**Keywords:** Multiple sclerosis; Physical training; Muscle strengthening

During a long time physical activity was not recommended for patients with multiple sclerosis for fear of worsening neurological symptoms. The practice of physical activity depends on the possibilities of adaptation to stress, and disability. For high EDSS scores cardiovascular abnormalities adaptation and impaired respiratory function may be observed with perturbations of exercise testing as consequences. Muscle deficits, coordination disorders can also be an obstacle to physical activity increasing the deconditioning consecutive to the restriction of physical activity. Various studies have shown the benefit of physical training with an improvement in VO2 max, gait parameters and fatigue. A real impact on quality of life is also observed. Regular physical activity is necessary for maintaining the benefit of rehabilitation training programs. The combination of muscle strengthening potentiates the benefit obtained. Sports should be recommended depending on the clinical feature and adapted to the fatigue in his practice and this all along the disease course.

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