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Review Article

Depression in patients with Multiple Sclerosis: A review study

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ABSTRACT

Introduction: Patients with multiple sclerosis have high levels of depression and anxiety that this need for intervention counseling, treatment and education targeted in these patients is necessary. This study aimed to evaluate the effectiveness of interventions for the treatment of depression in patients with multiple sclerosis took place. Methods: Electronic search of information using key words multiple sclerosis, depression and psychiatric interventions were. The databases were Iranian Medical Science Database [Iran Medex], Pub Med, Mag Iran Scientific Database [SID], Scopus. The search of the above mentioned database was carried out from July to September 1998. Results: 49 studies aimed to evaluate the effect of interventions in the treatment of depression in patients with MS. Finally, the interventions were classified into 6 areas. Interventions were, respectively, from the most used to the least applicable in the following areas: Cognitive-behavioral interventions, exercise and relaxation, education, group therapy, model-based interventions and psychological models, drug interventions. Conclusion: The results of studies indicate that interventions have a positive effect on reducing depression in patients with multiple sclerosis, but more attention is paid to the less costly and accessible interventions based on education and family-based research.

Keywords: Multiple Sclerosis, Depression, Psychiatric Interventions

Introduction

Multiple Sclerosis is a disease demyelinating central nervous system and the most common diseases that lead to disability in people, especially the youth is causing sensory disturbances, visual, cognitive, speech, as well as weakness and cramps, fatigue and trembling limbs, urination and defecation disorders, sexual dysfunction, numbness and diplopia in a patient [1].

Symptoms usually appear when patients are between the ages of twenty and forty when they are at the beginning of work and family formation. The cause of this disorder is lacking and there is no definitive cure for it [2], but studies show Factors such as a history of infectious diseases, immune deficiency, stress, and stress can all contribute to the disease [3].

Multiple sclerosis is the second most common cause of disability in young people, and women are three times more likely to develop it [4]. In the United States, more than 350,000 people have the disease, with more than 1,000 being added each year. It is estimated that at least 20,000 people in Iran also have the disease [5, 6].

Scientists and philosophers have long believed that there is a two-way relationship between physical illness and psychological trauma [7]. Researchers acknowledge that the de-myelination of nerve fibers not only affects the functioning of the sensory and motor systems but may also cause psychopathological symptoms and symptoms [8].

Studies show that depression is the most common symptom in MS patients and is usually present in between 50 and 60% of affected patients, and suicide rates are 7 times that of the control group [9, 10]. Therefore, the prevalence of depression and tenderness in the target group of this disease doubles the need for further research in this area. Therefore, this study aimed to

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systematically review interventions in the treatment of depression in patients with MS in order to maintain their health.

Analysis Method:

This systematic review was designed to identify and collect studies in which interventions for the treatment of depression in MS patients are available. The databases were Iranian Medical Science Database [Iran Medex], Scientific Database [SID], Pub Med.Mag Iran, Scopus.

Inclusion criteria were:

Experimental studies that intervene as the main framework for the treatment of depression in patients with MS and studies published between 2018 and 2010. Also excluded were descriptive studies and studies in which non-educational interventions were conducted.

Due to the inclusion criteria and study design, the articles were reviewed and articles that did not have the required quality were excluded from the study for the purpose of the study. The following is a summary of the details of the studies reviewed.

All ethical considerations regarding the correct use of the extracted articles and the standards for publication of the work were respected.

Findings:

After searching the databases and extracting a large number of articles by title and abstract, 215 articles [88 articles from Persian sources and 127 articles from English sources] were reviewed, 93 of which were due to educational intervention. 123 articles were examined more closely, of which 74 articles did not consider therapeutic interventions as the main intervention in the study. Finally, 49 articles were included in this review.

Finally, interventions were carried out in 6 areas. The interventions were, respectively, the most applicable to the least applicable in the following areas:

Cognitive-behavioral interventions, exercise and relaxation, education, group therapy, pattern-based interventions and psychological models, drug interventions.

Discussion

17studies performed cognitive-behavioral intervention in patients with multiple sclerosis. In this study, the samples were divided into control and experimental groups and cognitive behavioral intervention was performed only in the experimental group. Data collection tools included Beck and Cattell Anxiety Inventory, Mental Health, MISS and GHQ. After determining the level of anxiety in both groups, cognitive behavioral intervention was performed only in the experimental group. Intervention content included explanation of thinking and feeling and identification of cognitive theories, depression, anxiety and self-thoughts. The most important coping strategies in cognitive-behavioral intervention were techniques of injecting thought, turning attention, coping with negative emotions, alternative thoughts, continuity of thought, time machine and acceptance training. After intervention and reassessment of anxiety level in both groups, data showed that cognitive behavioral intervention had a very positive effect on depression in patients with MS [11-27].

15studies performed relaxation and stretching techniques to reduce depression in patients with multiple sclerosis. Depression techniques in these patients included progressive muscle relaxation, Jacobson, Betson [28-39] techniques, and yoga [40, 41] and reflexology [42]. The main content of these techniques included contraction and relaxation of muscle groups and mental imagery and appropriate focusing techniques. The data gathering tool in this study was DASS questionnaire that was completed before and after the intervention by patients with multiple sclerosis. Data analysis showed that physical exercise and yoga can significantly reduce the feeling of depression in these patients.

Ten studies identified education as an effective strategy to reduce depression in patients with MS. Four studies from this group transferred their educational content to the intervention group through peer group [43-46]. In these studies, information transfer and awareness were provided by knowledgeable and involved individuals under the auspices of the peer group. Consequently, peer constructive experiences were used as a model to improve the disease process in the intervention group. The main donor was assigned to the intervention group [47-52]. Educational content in both groups included symptoms and problems such as muscle cramps, urinary disorders and drug side effects, and suggested strategies for reducing fatigue and methods of gradual relaxation and deep abdominal breathing and reducing sadness through written daily emotions and negative emotions. Data collection tools were self-descriptive data and DASS questionnaire. Data analysis showed that patients with multiple sclerosis had better control over their symptoms of depression due to their knowledge and information.

Two studies tested the efficacy of group therapy on the reduction of psychological symptoms in MS patients with depression. Intervention in these studies was based on hope-based group therapy [53] and emotion expression [54] in group interactions that took place during several sessions on the experimental group. And they were Schneider's Hope Scale. Data analysis indicated that group therapy sessions could have a significant effect on reducing depression symptoms and improving hope in the intervention group by enhancing team spirit and sharing experiences.

Three studies performed their interventions based on psychological models and models. The Lazarus model, the Orem model, and immunization were the main interventions to reduce the symptoms of depression in patients with MS. Seven dimensions of treatment [behavior, affect, sensory perceptions, imaging, cognition, interpersonal relationships, biological medicine] were evaluated separately but interactively; self-training and assertiveness techniques and Empty chairs to relieve uncomfortable sensations, gradual muscle relaxation to relieve

sleep and fatigue problems, proper nutrition training, and anger control were the main contents of the therapeutic sessions [55].

Also, the Orem model was one of the interventions for self care of patients with MS to reduce psychological symptoms. In this study, several sessions were designed and implemented based on Orem pattern based on patient needs and using checklists. Self-reporting, patient utilization programs were evaluated. Before and 3 months after intervention, anxiety, stress, depression, sleep quality and hope were measured using DASS21, Petersberg Sleep Quality Questionnaire and Schneider Hope Assessment Questionnaire. They had depression and anxiety scores after treatment sessions [56].

An immunization-based intervention study was used in patients with multiple sclerosis to reduce the symptoms of depression. In these meetings to explain the role of inoculation training against stress, manage stress and reduce relapses and disease progression, relaxation training, speech, cognitive errors, challenge negative thoughts stress test negative thoughts, familiar with the negotiations inner of inner speech My little ones and my little ones sometimes have them instead of my little ones. Constantine, by virtue of being a legend, was also a legendary figure [57].

Two studies examined the effects of drug therapy on the treatment of depression in patients with multiple sclerosis. These studies used pharmacological strategies to intervene to measure the level of depression in patients using the Extended Disability Status Scale [EDSS] and Beck Depression Inventory [BDI]. BDI] was measured and sertraline-based drug intervention was administered in multiple follow-up in the samples. Subjects reported signs of improvement after several sessions of drug use [58, 59].

Conclusion:

Depression is the most common disorder and reaction to the course of multiple sclerosis, which in turn affects much of patients' lives with their symptoms. Review of these studies shows that all interventions are effective in treating or alleviating depression in patients, but interventions such as yoga, intricate stretching and exercise, reflexology exercises, drug therapy and psychological interventions require constant supervision and supervised care. Specialists in the field of interventions, which are far from being accessible with the costs associated with them, are a major obstacle to using health services in the field, while training-based interventions that are much less cost-effective and effective. Be less welcomed Also, family-based interventions have been virtually neglected by researchers. Simple and low-cost therapeutic interventions, a sense of relaxation and a positive attitude to depressive symptoms that many patients find uncontrollable in patients Therefore, family-centered interventions based on training and convenience of the above mentioned interventions in health centers are suggested by the researcher.

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