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MS Helpline  
1850 233 233

# Information Sheet: Fatigue

Fatigue may be the most disabling symptom experienced by a person with MS. Everyone involved in the treatment of MS must be aware of the problems that fatigue can create, including both poor physical ability and increased cognitive difficulties. Dealing with fatigue may be as simple as doing more in the morning when energy level is high, or it may involve detailed testing and individualized planning.

**Fatigue is one of the most common symptoms in MS, but it is paid far too little attention because it is invisible to a casual observer. This leads to frustration for the person, as others often conclude that s/he is either seeking attention or being lazy.**

## Types of Fatigue

### Primary fatigue

Primary fatigue is experienced as a direct result of damage to the central nervous system. The body responds to this damage by slowing down reactions and thus causing fatigue. People with MS experience different types of fatigue including:

**Lassitude:** an overwhelming tiredness not directly related to participation in activity or exercise.

**'Short circuiting' fatigue:** occurs in specific muscle groups e.g. the hand, after writing for a short time.

**Heat sensitivity fatigue:** a rise in body temperature can cause fatigue. This kind of fatigue can occur due to the seasonal changes in the weather but may also be triggered by other things e.g. taking hot baths or eating hot meals. Effects are not permanent.

### Secondary fatigue

Fatigue can be experienced as a result of other factors that are not necessarily directly related to your MS. These can include:

**Sleep disturbance:** this is often due to symptoms that can be alleviated or lessened, for example spasms, pain, urinary urgency at night, depression or anxiety.

**Infection:** may cause a number of symptoms that can bring on specific MS fatigue e.g. having a cold or flu may raise your body temperature.

**Exertion:** the increased effort required by the body, if mobility or coordination is affected, can cause fatigue.

**Medication:** there are many medications that may cause tiredness or drowsiness as a side-effect. It is important to be aware of this. If you notice that there is a correlation between a change in fatigue levels and a change in medication, tell your GP.

**Depression:** may be due to nerve damage or because of the emotional impact of adjusting to MS.

**Local Environment:** Lighting and temperature within a work area is crucial, as poor lighting increases visual effort and heat frequently exacerbates fatigue.

## Fatigue Management

The neurologist may recommend medication. The physiotherapist may try to build endurance or increase the efficiency of walking and other activities. The occupational therapist often will take special interest in how individuals plan the day and function with the activities of daily living. The dietician and speech therapist may suggest that the person eat foods with a specific consistency to decrease fatigue produced by eating. Other professionals may suggest different treatments.

# Fatigue Management

Fatigue requires a co-ordinated approach that involves active participation and involvement from family and colleagues, as well as health professionals. You may feel that your personal relationships are affected because people do not understand how fatigue affects you.

## **Drug treatments**

Primary fatigue management will probably involve the use of drugs. It may take several attempts to find the most suitable drug and dose for you. Because MS fatigue is caused by damage to the nerves, standard fatigue medications are not effective.

It is common for someone with MS fatigue to be treated with drugs that are also used in the treatment of Parkinson's disease, flu or narcolepsy (excessive daytime sleepiness). This is because they have been shown to have an effect on MS fatigue, not because your doctor thinks you have any of these conditions. Because these drugs are not specifically licensed for MS, your doctor will have to prescribe them on a 'named patient' basis.

<b>Amantadine</b> (Symmetrel)	Side-effects experienced may include dizziness, headache and difficulty sleeping.
<b>Modafinil</b> (Provigil)	This is a new treatment still undergoing clinical trials. Small-scale studies have supported its use for MS fatigue. Side-effects can include headaches, weakness and nausea.

## **Non-drug treatments**

Changes to your daily routine can help manage your fatigue. These changes are best achieved with the support of occupational therapists, physiotherapists, your GP, neurologist and MS Nurse.

### **Occupational Therapy and Physiotherapy**

The occupational therapist's role is to adapt tasks and develop strategies that allow daily activities to be carried out in the most efficient, energy-effective way.

A physiotherapist helps strengthen, stretch and relax muscles. This increases joint movements and improves circulation. They may structure an aerobic exercise programme for you.

# Guidelines for A Good Night's Sleep

**The following guidelines are recommended to help you improve both the quality and amount of your sleep. A better nights sleep will improve your general well-being and improve your day.**

Exercise every day, preferably in the late afternoon before dinner.

Avoid napping during the day.

Keep your room temperature between 60 and 70 degrees. Too warm or cold a room tends to interfere with sleep.

If pain is causing sleeplessness, analgesics are more appropriate than sleeping pills.

Avoid heavy alcohol consumption before bedtime (for some people a small glass of wine before bed may help).

Reduce caffeine and nicotine consumption as much as possible. If you must have coffee, have it only in the morning.

For relaxing tense muscles or a racing mind, use deep relaxation techniques such as progressive muscle relaxation or guided visualization. Get an auto-reverse recorder that can play a tape in a continuous loop.

Sex (when physically and emotionally satisfying) helps sleep.

Instead of prescription drugs, try natural supplements that foster sleep e.g. Kalms or Quiet life, taken before bedtime may induce sleep for many people. Herbal tinctures containing Valerian, Hops, Passionflower, or skullcap may also be of help. As with any drugs or medicinal herbs, it's important to consult a knowledgeable practitioner to make sure that a given supplement or herb is safe and appropriate for you. This is especially important if you take other medications.

If your partner snores, kicks, or tosses and turns, have separate beds at whatever distance is mutually acceptable.

Avoid heavy meals before bedtime, or going to bed hungry (a small snack before bedtime may be helpful).

Don't try to make yourself sleep. If you are unable to fall asleep after 20-30 minutes in bed, leave your bed, engage in some relaxing activity (such as watching TV, sitting in a chair and listening to a relaxing tape, or having a cup of herb tea), and do not return to bed until you feel sleepy.

Develop a sleep ritual before bedtime. This is some activity you do every night before you go to bed. A shower or bath before bed time may help you relax.

Reduce noise through the use of ear plugs.

Try varying the firmness of your mattress by buying a new one or adding a board underneath, a feather bed, or an "egg-box" foam mattress overlay

Turn yourself down during the last hour or two of the day. Avoid vigorous physical or mental activity, emotional upsets, and so on.

Go to bed and get up at regular times, even if you're not tired in the morning. Don't vary your time of going to bed or getting up. Getting up half an hour earlier in the morning may help you sleep that night.

Eliminate non-sleep activities in bed (such as work or reading) to strengthen the association between bed and sleeping-unless these activities are part of your sleep ritual.

Don't let yourself be afraid of insomnia. Work on accepting those nights when you don't sleep as well. You can still function the next day, even if you had only a couple of hours of sleep.

If you suspect that emotional problems are causing sleeplessness, consult a competent psychotherapist. Depression and anxiety disorders commonly produce insomnia. Getting more emotional support and expressing your feelings often will help your sleep.

## For Further Information

### Regional Services

Each Region has a designated team that will be able to offer a range of services and facilities that may complement the information in this Information Sheet. Working from many locations around the Country, these trained professionals are experienced in the area of MS. Contact the national help line number for details of your local Regional Office.

### Other Literature

www.mssociety.ca  
 Krupp, L. *Fatigue in MS*, Demos, 2004  
 MS In Focus, Vol 1 2003  
 Or contact you local office or the National Help line on 1850 233 233 for more information.

### Other Information Leaflets Available

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| <p><b>Available now:</b></p> <ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Diet</li> <li>• Stress</li> </ul> | <ul style="list-style-type: none"> <li>• Aids and Appliances</li> <li>• Pain</li> <li>• Exercise</li> <li>• Work and Benefits</li> <li>• Transport</li> </ul> |
| <p><b>Available in 2005</b></p> <ul style="list-style-type: none"> <li>• Insurance</li> <li>• Treatments</li> </ul>        |   |

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