

also the specific contents of the booklet and the distribution of each chapter.

Schematically the contents of the booklet will be:

1. Introduction
2. What is communication?
3. How can communication in MS be affected?
4. What are the causes of these problems?
5. How often does all this happen?
6. What about fatigue?

7. When, where and from whom to get help?
8. What is included in the assessment of communication?
9. What helps efficient communication?
10. General conclusions

Our aim is to present the finished booklet at the next RIMS in Prague.

Report:
Rosa Terre

MEETING CALENDAR

For information about these and other professional conferences see
www.docguide.com

The 12th Annual Conference of RIMS will be a joint conference with ECTRIMS in 11th – 14th October 2007 in Prague, Czech Republic. RIMS focus will be on SIG Activities and workshops.

Special Interest Groups

All SIGs are planning to meet in the course of the ECTRIMS conference

For more information please contact the SIG group coordinator:
jlutz@multiplesklerose.ch or www.rims.be

RIMS Annual Membership Fees

Centre:	400 Euro
Individual:	130 Euro
Student:	25 Euro
Company:	750 Euro

Current members who have not yet paid their annual membership fee are kindly asked to do so: Bank: Fortis Mechelen-Centrum, 81105 Bruul 81, B2800 Mechelen, Belgium International Bank Account Number (IBAN) BE 32 0015 0445 0802 SWIFT (BIC) GEBABEBB

Join RIMS as a member

RIMS is a fruitful network for all professionals working in the field of MS. Therefore we encourage all MS Centres, MS Societies and individual professionals to join the network. If you want more information about RIMS or how to become a member you are welcome to contact Brita Loevendahl who is the "New Members Coordinator" for the RIMS Executive Board. She can be reached at 0045 27 11 78 81 or mail: brita.loevendahl@mail.dk. She will endeavour to get back to you as quickly as possible.

SIG Funding Opportunity

RIMS Special Interest Groups (SIG) may apply to the Executive Board for a maximum of 2,500 Euro for the purpose of organising interim meetings. For more information please contact: eija.luoto@ms-liitto.fi.

For more information visit our website: www.rims.be

NETWORK is published for RIMS at the Swiss Multiple Sclerosis Society, Zurich, Switzerland
August 2007

EDITORIAL STAFF: Judith Lutz and Brigitte Rüegg

Network

rehabilitation
in
multiple sclerosis

European
network of MS centres

Reports of the Special Interest Group (SIG) in- between meetings 2007

Joint SIG meeting Occupation, Bladder and Bowel, Participation and Autonomy in MS

Occupation

D.Kos (B), Chairman
Dr. S. Ilbroukx (B)

Bladder, Bowel and Sexual Disorders

Prof. D. De Ridder (B), Chairman
Co chair to be elected

Participation and Autonomy

R. Verdoodt (B), Chairman
An van Nunen (B), Co-chairman

May 9 – 11, 2007, Haslev, Denmark

Programme

In the programme, we focused on the following aspects related to employment:

1. Limiting factors in employment (fatigue, cognition, incontinence, physical problems)
2. Existing evidence on vocational rehabilitation
3. Assessment of working ability
4. Regulation and laws concerning employment
5. Reintegration programme
6. Ergonomic analysis of the work situation

Conclusions (formulated by the entire group)

1. Employment is part of rehabilitation, but it is necessary to start the reintegration process early– more common to go to the actual work site of the client.
2. Nurses, social workers and OT's can fruitfully work together on certain topics in employment like incontinence, energy management, technical aids, individualising employment reintegration solutions.
3. Follow-up of clients after reintegration process is needed. More follow-up when advising on environmental matters
4. Art of finding the right timing when to inform the environment (eg employer) about the diagnosis of MS → role of psychologist, timing depends on the needs and coping style of the client and atmosphere and philosophy of the work environment (incl. personal experiences of the employer)?
5. There are different laws and regulations in different countries, leading to a variety in reintegration solutions and success rates (e.g. in Finland: assessment to obtain retirement may lead to underperformance of clients who do not want to be employed (anymore).
6. The main problems encountered in remaining employed are fatigue and cognition, but incontinence certainly has a role (influence on sleep quality, side effects of medication...) and needs special attention when discussing barriers.
7. It is necessary to look at the motivation of the person involved and focus on the empo-

Network is the official newsletter of RIMS, a non-profit organisation of multiple sclerosis centres in Europe, bringing together all health care professionals involved in the care of persons with MS.
<http://www.rims.be>

werment of employees in their contacts to employers. → possible role of psychologist?

8. Empowerment of the therapist and nurses to look for possibilities of clients and work situations (this is related to awareness).
9. Therapists are more accustomed to look at limitations, but should especially look for possibilities (capacities of the client and chances in the work situation).
10. There is a taboo about adaptations/assistive devices in the work situation.
11. Make a website to make clients AND therapists more aware of the possibilities of a reintegration programme.
12. Special attention to cognition and fatigue by the neurologist, in the perspective of employment and his role to inform the patient with MS about the possibility of vocational assistance
13. There is a great lack of scientific evidence on the effectiveness of vocational rehabilitation.
14. From the therapist's perspective: daily tasks and work in hospitals should be looked at in an ergonomic way, so we can be a "good example" (desk organisation, seating positions, etc.).

Report:
Stephan Ilsbrouckx / Daphne Kos

SIG Psychology and Neuropsychology

Dr. P. Hämäläinen (FI), Chairman
Dr. A. Jonsson (DK), Co. chairman

Masku, Finland 20-21 May 2007

Session on cognitive fatigue

Päivi Hämäläinen presented a review on cognitive fatigue as well as some initial study findings related to the project performed in Masku Neurological Rehabilitation Centre and the PET centre in Turku.

Elina Okker presented a case example of a woman with MS. Her cognitive test performances (SDMT, PASAT, Visual Vigilance test) showed deterioration towards the end of the tests.

Based on the literature review, the case example as well as participants' clinical experiences the phenomenon of fatigue was discussed. It was concluded that It is important to evaluate whether cognitive performances of MS patients deteriorate during a testing session or even during a single task. Furthermore, these kinds of changes should be reported in statements. However, it is difficult

to evaluate which factors may contribute this kind of deterioration, e.g. fatigue, depression, motivational problems etc. Thus, the deterioration cannot be automatically related to fatigue.

Mental Health Inventory (MHI)

Michelle Pirard presented a study on the effects of in-patient rehabilitation. MHI was used as the measure of the effectiveness of the rehabilitation. Michelle presented the questionnaire, the 18 questions divided into four subscales. The English version of the questionnaire was copied for the participants. Participants considered the questionnaire an interesting and potential tool to evaluate rehabilitation outcome.

The perception of cognitive ability in persons with multiple sclerosis and the impact upon caregiver strain

Anita Rose presented a research plan related to the evaluation of the impact of patients' metacognitive skills on caregiver strain. Participants considered the plan interesting and very important. Furthermore, the importance of evaluation of metacognitive skills in clinical neuropsychological assessments was discussed.

Session on cognitive rehabilitation

Agnete Jonsson presented a literature review on neuropsychological rehabilitation in MS. According to the review, the evidence of the effectiveness of interventions to help pwMS with cognitive impairments is inconclusive, firstly because of large number of outcome measures, secondly due to small sample sizes and thirdly due to lack of an intervention "manual".

Agnete also talked about compensatory mechanisms and presented a case related to neuropsychological assessment and counselling.

The participants discussed the research findings related to cognitive rehabilitation as well as clinical experiences about np rehabilitation.

Nelli Belt demonstrated a computerised cognitive rehabilitation program, the ForamenRehab, developed by two Finnish neuropsychologists Jaana Sarajuuri and Sanna Koskinen. In Masku Neurological Rehabilitation Centre, neuropsychologists use three modules related to the rehabilitation of memory and learning, different areas of attention as well as visuospatial functions. Nelli showed some examples of the program and the three modules.

The participants discussed the problems related to the

use of computerised programs. Many of the exercises use the same ideas as different neuropsychological tests (scanning etc.) which might be a confounding factor when a re-evaluation of cognitive abilities is performed. Positive changes may be explained by exercise, not by true improvement of the performance. This should be taken into account especially when planning studies on the effects of cognitive rehabilitation on cognitive performances. However, these kind of computerised programs and tasks can serve as an aid to give feedback about patient's performances and try to find appropriate compensatory strategies to cope better in every day life.

Session on anticholinesterases in the treatment of cognitive impairment in MS

Maria Arevalo presented an excellent review of the studies evaluating the effects of anticholinesterases on cognition in PwMS. She also presented the findings of a study performed in her centre. According to the previous studies, AD medications may have a minor positive effect on cognition. However, the findings are partly contradictory and the study samples have been small. The conclusions of their own study were that rivastigmine did not show statistical efficacy over placebo in demented patients with MS. However, a trend towards a positive effect on the global cognitive score in treated patients but not in the patients with placebo was observed. They suggest that useful outcome measures should be identified more carefully.

The participants discussed the study findings as well as their clinical experiences. There might be a subgroup of MS patients who benefit from the anticholinesterases. In group studies, the effects might not be found if there both patients who benefit as well as those who do not.

Report:
Päivi Hämäläinen

SIG Mobility

Dr. C. Vaney (CH), Chairman
Dr. H. Albrecht (D), Co-chairman

Genoa, Italy. February 16-17, 2007

33 participants from 7 different European countries accepted the kind invitation of Claudio Solaro to meet at the headquarters of the Italian MS society in Genoa this winter.

After a short and very warm welcome by Professor Mario Battaglia, the President of the Italian MS Society, the participants had the opportunity to visit the very modern

rehabilitation facilities the MS Centre in Genoa offers their patients.

In his initial speech Professor Sanguinetti from Genoa brilliantly introduced the main topic of the meeting by illustrating the many ways electronic devices and robots might be used either to help the disabled patient to perform a particular task or by offering the rehabilitation specialist handy tools to measure complex performances. This presentation was followed by a thrilling novelty. Tobias Nef from the University Hospital of Balgrist introduced us to ARMin, an exoskeleton structure capable of enhancing recovery of a paretic arm by guiding and assisting a lame extremity. Facilitated by a visual feedback mechanism transforming the patient's movement as active elements of a video game the patient motivation is boosted to move even more.

This stimulating morning session was completed by Peter Feys from Belgium who proposed an interesting method to quantify and differentiate tremor in MS Patient by asking them do draw spirals with the aid of a computer.

In the afternoon session Dr de Groot from the Netherlands showed how a combined EMG and video recording of spastic gait problems can be assessed precisely and used to guide a more specific treatment.

In Mrs Aschbacher's physiotherapy unit in Valens the newly acquired Locomat®, a robotor assisted gait trainer, helps the patients to achieve slightly better walking performances compared to traditional walking training but that these gains were lost again after 6 months.

The afternoon closed with a nicely presented overview on the different walking devices the rehabilitation team of the Guttmann institute can offer to improve the mobility of their patients.

Words are insufficient to describe all the savours the wonderful evening meal offered to us in a typical Genova trattoria.

Report:
Claude Vaney

SIG Communication and Swallowing

Dr. R.Terre (E), Chairman
A Nota (B)/ M. Renom (E); Co. chairmen

Guttmann Institute, Barcelona, Spain. February 7, 2007,

The objective of the meeting was to work in the elaboration of a booklet in communication, that will be addressed to PwMS and relatives and caregivers, with the aim to inform and orientate in the management of these difficulties.

During a hard working day we decided the exact title of the booklet: "Talking about communication in MS", and