Possible effects of Osteopathic treatment on anxiety, depression, quality of life and fatigue in a patient suffering from Multiple Sclerosis: a case report

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Design: prospective case report.

Background:

Multiple Sclerosis (MS) is an inflammatory neurodegenerative disease involving the Central Nervous System (CNS). Treatments for this condition tend to focus on the inflammatory component of the disease without considering associated symptoms such as depression, anxiety, fatigue and a decrease in quality of life that greatly affect the lives of those who suffer from MS. Currently, little is known regarding the effectiveness of Osteopathic care in MS sufferers.

Methods:

Patient: 24-year-old woman suffering from relapsing-remitting Multiple Sclerosis, diagnosed in 2018 and in treatment using beta interferons three times weekly.

Complaints before diagnosis: tingling sensation all over her body and positive Lhermitte's sign.

Present complaints: tingling sensation in the lower limbs, pain in the right thigh and buttock and pain in the cervical region.

Treatment plan: four treatments, once a week, over the course of four weeks and two additional weeks to assess follow-up to treatment.

Treatment: decided each session depending on present complaints. Treatment included articulatory, neuromuscular, myofascial release and manipulative techniques.

Outcomes: Modified Fatigue Impact Scale (MFIS), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI) and 12-item Short Form Health Survey (SF-12)

Results:

Outcomes	Baseline	Post treatment	Follow- up
SF-12 ¹²³ ¹pcs-12 ²mcs-12	¹51.88 ²44.28	¹47.06 ²39.89	¹51.05 ²51.88
BAI	10	12	3
BDI	5	5	2
MFIS total ¹²³	35	23	6
¹physical	¹17	¹10	15
² cognitive	²16	² 11	² 1
³psychological	³2	³2	³0

Table 1: outcomes changes.

Most noticeable is the worsening of anxiety and quality of life and an improvement in fatigue, post treament. All outcomes then showed important improvements at follow-up.

Discussion:

One of the possible limitations of this trial is that the reported outcomes are conditioned by subjective perception of this single patient, which could be considered a source of bias.

The restricted number of references regarding this specific topic posed a significant limit to the comparative analysis.

The results from this study should be interpreted with caution as it was a single patient case report.

Conclusion:

Continuing the research in this field is critical because treatments should address and enable patients suffering from MS to deal with the disease by taking care of both their physical health and psychological well-being.

