



Exploring the Role of Nurses in the Management of Rare Autoimmune Diseases-An Updated Review

¹-Maha Mubarak Alamri,²-Huda Saed Alqahtani,³-Entesar Bakr Takroni Bahra Phc,⁴- Asmaa Salim Alsubhi,⁵-Salman Aboud Alharbi,⁶- Rwaida Hamed Yahya Sughayyi,⁷- Wejdan Hamed Saghir,⁸-Amal Hamed Sughayyir,⁹-Basil Mohammed Alsalamah,¹⁰-Fatimah Awaji Abdullah Bajawi,¹¹-Waleed Mohammed Hussien Tomehi,¹²-Faiz Ali Ahmed Kaabi,¹³-Nalah Mohammed Alshaeri,¹⁴-Mohammad Ahmad Kariri,¹⁵- Ahlam Muteb Almutairi

1. Ksa, Ministry Of Health, Laban2 Healht Center
2. Ksa, Ministry Of Health, First Health Cluster King Khalid Hospital In Al-Kharj
3. Ksa, Ministry Of Health, Altakhasosi Phc
4. Ksa, Ministry Of Health, Altakhasosi Phc
5. Ksa, Ministry Of Health, Western District Health Center
6. Ksa, Ministry Of Health, Tawaiq Health Center
7. Ksa, Ministry Of Health, Riyadh First Health Cluster
8. Ksa, Ministry Of Health, Imam Abdulrahman Alfaisal Hospital
9. Ksa, Ministry Of Health, Imam Abdulrahman Alfaisal Hospital
10. Ksa, Ministry Of Health, King Saud Medical City
11. Ksa, Ministry Of Health, Irada Mental Health Hospital In Jazan
12. Ksa, Ministry Of Health, Irada Mental Health Hospital In Jazan
13. Ksa, Ministry Of Health, Hadda Primary Health Care
14. Ksa, Ministry Of Health, Hadda Phc
15. Ksa, Ministry Of Health, Erada Complex For Mental Health

Abstract:

Background: Multiple sclerosis (MS) is an autoimmune disease that affects the central nervous system (CNS), leading to progressive disability. It is characterized by the destruction of myelin, a protective covering for nerve fibers, resulting in a range of neurological symptoms. MS is more prevalent in women and typically manifests in young adulthood. While there is no definitive cure, advances in treatment have significantly improved the quality of life for MS patients.

Aim: The aim of this review is to explore the role of nurses in the management of MS, focusing on symptom management, patient support, and the integration of new treatment strategies.

Methods: A comprehensive review of current literature was conducted, focusing on the pathophysiology, clinical manifestations, and advancements in the treatment of MS. Specific attention was given to the evolving role of nurses in supporting MS patients, from diagnosis to long-term management, with an emphasis on interdisciplinary collaboration.

Results: Nurses play a pivotal role in the multidisciplinary care of MS patients. They are involved in the assessment, diagnosis, treatment, and ongoing care of individuals with MS, helping manage symptoms, educate patients, and support emotional well-being. With the advent of more effective treatments, nurses also assist in monitoring disease progression and adjusting care plans accordingly.

Conclusion: Nurses are integral to the holistic care of MS patients. Their role extends beyond medical management to include emotional support, patient education, and care coordination. As MS treatments

continue to evolve, the need for skilled nursing care, particularly in symptom management and psychosocial support, will increase.

Keywords: Multiple Sclerosis, Nurses, Symptom Management, Autoimmune Disease, Neurological Disorders, Patient Support, Treatment Advancements, Care Coordination.

Received: 10 october 2023 **Revised:** 24 November 2023 **Accepted:** 08 December 2023

Introduction:

Multiple sclerosis (MS) is the primary cause of neurologic disability unrelated to trauma in young adults [1]. Defined as an autoimmune demyelinating neurodegenerative disorder, MS is characterized by a progressive loss of myelin in the central nervous system (CNS). The prevalence of MS is increasing globally, with the highest rates observed in North America, Western Europe, and Australasia. In the United States alone, nearly 1 million individuals are affected. Women are nearly three times more likely to develop MS than men and typically experience the disease at a younger age, with an average onset at 30 years [2]. The pathophysiology of MS is complex, involving over 100 per 100,000 cases, with underlying immune dysregulation, inflammation, demyelination, neurodegeneration, and gliosis contributing to its development [2]. These intertwined processes culminate in the onset of clinical symptoms. MS primarily targets the CNS, initiating with inflammation and demyelination of nerve fibers. As the disease progresses, astroglial proliferation and neurodegeneration occur, leading to substantial tissue damage [3]. Clinical manifestations of MS can be classified into relapsing or progressive forms. Relapsing MS is more common in women, whereas progressive MS predominantly affects men in their 40s [2]. Patients may experience discrete episodes of neurologic dysfunction that are initially attributed to unrelated events. Over time, these episodes become more frequent, and patients may experience partial or total loss of neurologic function in a specific area. As the disease advances, remission periods shorten, and the progressive nature of MS results in continued functional decline [2].

Pathophysiological Breakdown of MS:

- **Autoimmune Response:** MS is an autoimmune disorder in which the immune system erroneously targets the myelin sheath, the protective covering of nerve fibers within the CNS. The precise trigger for this immune response remains unknown; however, it is believed to involve a combination of genetic predisposition and environmental factors such as infections or toxins.
- **Inflammation:** The immune response in MS leads to the infiltration of T cells and B cells into the CNS. These immune cells release proinflammatory cytokines and antibodies, initiating an inflammatory cascade that damages the myelin sheath and the underlying nerve fibers.
- **Demyelination:** In MS, inflammation causes destruction of myelin, a fatty substance crucial for the efficient transmission of nerve impulses. This disruption impairs neural communication and contributes to neurologic symptoms. Initially, some degree of myelin repair occurs; however, repeated cycles of inflammation and demyelination often result in irreversible damage.
- **Plaque Formation:** As the disease progresses, areas of demyelination develop into lesions or plaques within the CNS, particularly in the white matter of the brain, spinal cord, and optic nerves. These plaques vary in size, shape, and distribution, contributing to the diverse clinical manifestations observed in MS.
- **Neurodegeneration:** Chronic inflammation and demyelination eventually lead to neurodegeneration, characterized by the loss of neurons and their axons. This process contributes significantly to the accumulation of disability and irreversible neurologic deficits in the advanced stages of MS.
- **Reactive Gliosis:** In response to inflammation and tissue damage, the CNS activates a repair mechanism called gliosis, involving the proliferation of glial cells such as astrocytes and microglia. While

these cells play a protective role in limiting further damage, prolonged activation results in scar tissue formation, which impairs normal neuronal function.

- **Axonal Injury:** Axons, which transmit signals between neurons, may be damaged as a result of immune-mediated attacks or the loss of myelin support. Axonal injury disrupts neural communication and contributes to the long-term disability observed in MS.

Advances in treatment approaches are influencing the prognosis and expectations of MS patients. Controlling acute attacks remains a critical component of managing the disease. Symptom management is multifaceted, with targeted therapies focused on B cells and T-cell-mediated effects playing a crucial role in treatment development. The emergence of more efficacious treatments that require less frequent administration has greatly improved the quality of life for both patients and caregivers, significantly extending patients' functional lifespan. Previously, patients with MS had a median life expectancy of approximately 19 years post-diagnosis; however, with modern treatments, long-term management now allows patients to maintain functionality for at least double that time [1,2].

Pathophysiology:

A comprehensive understanding of the immune pathology of multiple sclerosis (MS) is crucial for healthcare providers to effectively manage and treat the disease [4]. Over time, the pathophysiological processes of MS contribute to the progressive accumulation of disability. Gaining insight into these mechanisms is essential for the development of effective therapeutic strategies aimed at modifying the disease course and enhancing the quality of life for individuals affected by MS [4].

Assessment and Diagnosis:

The assessment and diagnosis of MS require a multifaceted approach, integrating clinical evaluations, medical history, neurologic examinations, and diagnostic tests. These steps, guided by specific tools, assist in confirming the diagnosis of MS [5]. The diagnostic process, however, is often intricate and demands the expertise of neurologists or healthcare professionals well-versed in MS. As new clinical manifestations or additional diagnostic information emerge, the diagnosis may evolve over time [5].

Clinical Manifestations

MS is a heterogeneous disease with a diverse array of clinical manifestations, which vary greatly among individuals in terms of type and severity. The disease's clinical course is categorized into distinct forms, including relapsing-remitting MS, primary progressive MS, secondary progressive MS, and progressive-relapsing MS [5-8]. Symptoms of MS may fluctuate over time, with periods of exacerbation (relapses) followed by partial or complete recovery (remissions) in cases of relapsing-remitting MS. Due to the individualized nature of MS, a multidisciplinary approach, involving neurologists, physiotherapists, occupational therapists, and other healthcare providers, is often required to manage the various symptoms and offer comprehensive care to those affected [5,6].

Treatment:

The overarching goal of MS treatment is to alleviate symptoms, slow disease progression, and enhance the quality of life. The specific treatment approach varies based on factors such as the type of MS, the severity and frequency of symptoms, and individual patient characteristics. Typically, treatment plans are devised and monitored by neurologists or healthcare professionals with expertise in MS [2]. Regular follow-up visits are essential for assessing treatment effectiveness, monitoring disease activity, and adjusting the treatment regimen accordingly. As the treatment landscape for MS continues to evolve, it is imperative for individuals to consult with specialists to receive the most up-to-date, personalized care [2].

Assessing and Diagnosing MS:

The diagnostic process for MS begins with a thorough evaluation of the patient's medical history, particularly focusing on neurologic symptoms, and assessing the presence and duration of any prior symptoms. MS-related symptoms may include visual disturbances, sensory abnormalities, motor deficits,

balance issues, and unexplained fatigue. A comprehensive neurologic examination is then performed to assess CNS function, evaluating motor strength, coordination, reflexes, sensation, gait, and eye movements, with specific tests like optic nerve and visual field examinations to detect signs of optic neuritis. Magnetic Resonance Imaging (MRI) plays a pivotal role in the diagnosis of MS, allowing the detection of characteristic lesions or plaques in the CNS, which indicate areas of inflammation, demyelination, or scar tissue. The size, location, and distribution of these lesions provide crucial diagnostic insights. Contrast agents are often used in MRI to enhance the visibility of active inflammation or recent damage.

Cerebrospinal fluid (CSF) analysis is another key diagnostic tool, performed through a lumbar puncture (spinal tap) to obtain a sample of CSF. The analysis helps detect specific biomarkers, such as an increase in lymphocytes and the presence of oligoclonal bands, which are indicative of MS. Additionally, evoked potential tests, such as visual, auditory, and somatosensory evoked potentials, assess the conduction of nerve signals along specific pathways. Delayed or abnormal responses in these tests may suggest demyelination or damage to those pathways. Differential diagnosis is crucial in MS, as other conditions, such as autoimmune disorders, infections, vitamin deficiencies, or structural CNS abnormalities, may mimic its symptoms. To rule out these alternatives, additional tests, including blood work, may be required. The McDonald criteria is a widely used guideline for MS diagnosis, incorporating clinical, imaging, and CSF findings. This criterion assesses the presence of characteristic symptoms, evidence of lesion dissemination across different locations, and the presence of new or enhancing lesions over time, further supporting the likelihood of MS.

Emotional Aspects and Support:

The diagnosis of Multiple Sclerosis (MS) profoundly influences an individual's emotional well-being and overall quality of life. The emotional response to MS is highly individualized, and a variety of strategies are recommended to support patients through this process. A diagnosis of MS, a chronic and unpredictable condition, often triggers a wide range of emotions, including shock, disbelief, fear, sadness, anger, and anxiety. It is common for patients to undergo a period of emotional adjustment as they process the diagnosis. Recognizing and acknowledging these emotions is crucial to coping effectively with the condition [9]. Depression and anxiety are prevalent among individuals with MS, given the challenges associated with living with a chronic illness, the uncertainty regarding the future, and the impact of physical symptoms. These emotional responses often manifest as sadness, hopelessness, excessive worry, and fear. If these symptoms persist and impair daily functioning, seeking professional help is critical. Individuals with MS also experience grief due to various losses, including diminished physical abilities, loss of independence, alterations in relationships, and changes to life plans and goals. Grieving these losses and adjusting to the accompanying changes is a natural process. Support from family, healthcare teams, and peer support groups plays a vital role in helping individuals navigate these challenges. Social support is indispensable for individuals living with MS. Establishing a strong support network of friends, family, and loved ones provides emotional, practical, and psychological assistance. Moreover, connecting with others who share similar experiences, whether through support groups or online communities, can alleviate feelings of isolation and foster a sense of belonging.

Education and access to information about MS empower individuals to actively participate in their treatment and make informed decisions. Reliable sources of information, including healthcare professionals and reputable support organizations, can significantly reduce anxiety and provide individuals with a sense of control over their condition. Counseling and therapy are invaluable tools for managing the emotional toll of MS. Professional therapy, such as psychotherapy, offers a secure environment for exploring and processing emotions, developing coping mechanisms, and building resilience. Interventions like cognitive-behavioral therapy (CBT) and mindfulness-based practices are particularly effective in managing anxiety, depression, and stress. Self-care and stress management are critical to maintaining emotional well-being. Engaging in activities that promote joy, practicing relaxation techniques (such as deep breathing, meditation, or yoga), and maintaining a healthy lifestyle have been shown to positively influence mental health. Collaboration with healthcare teams, including neurologists, nurses, and MS specialists, is essential

for providing continuous support. Developing a trusting and communicative relationship with healthcare providers allows for regular assessment, clarification of concerns, and adjustment of treatment plans as necessary.

Clinical Manifestations of MS:

Individuals with MS experience a broad spectrum of clinical manifestations, which vary in type and severity. The primary symptoms include sensory disturbances, motor deficits, optic neuritis, fatigue, cognitive changes, balance and coordination problems, bowel and bladder dysfunction, and emotional and psychological alterations. Sensory disturbances, such as numbness, tingling, or a pins-and-needles sensation, may affect various parts of the body, including the face, limbs, trunk, or entire body. Motor deficits in MS often involve weakness and spasticity, which make movement challenging and lead to difficulties with coordination. Muscle cramps and tremors are also prevalent, affecting both mobility and fine motor skills. Optic neuritis, an inflammation of the optic nerve, is one of the most common early signs of MS. This condition can lead to blurred or complete loss of vision in one eye, often accompanied by pain during eye movement. While vision typically improves over time, some individuals may continue to experience residual visual impairments. Fatigue is one of the most disabling and pervasive symptoms of MS. It is an overwhelming sense of exhaustion, often unrelated to physical exertion, that significantly impacts daily functioning and overall quality of life.

Cognitive changes are also observed in some individuals with MS. These may include difficulties with memory, attention, concentration, information processing, and problem-solving, which can range from mild to severe and affect various aspects of work, relationships, and daily life. Balance and coordination problems arise due to disruptions in the cerebellum and other central nervous system (CNS) regions responsible for these functions. Individuals may experience dizziness, vertigo, difficulty maintaining balance, and an unsteady gait. Bowel and bladder dysfunction is common in MS, leading to symptoms such as urinary urgency, incontinence, frequency, constipation, or loss of bowel control. Emotional and psychological changes, including depression, anxiety, mood swings, and irritability, are prevalent in MS patients. These psychological alterations are often influenced by the physical burden of the disease as well as its impact on daily life and interpersonal relationships. Providing robust emotional support is essential for individuals living with MS. Proactive self-care practices and seeking assistance from mental health professionals with experience in chronic illness management are pivotal in addressing the emotional challenges associated with MS [9].

Treatment of MS:

1. **Disease-Modifying Therapies (DMTs):** Disease-modifying therapies (DMTs) serve as the cornerstone of treatment for multiple sclerosis (MS), particularly in its relapsing forms. These therapies function by modifying the immune response, thus reducing both the frequency and severity of relapses, slowing the progression of the disease, and limiting the formation of new lesions. Available DMT options include injectable medications such as interferons and glatiramer acetate, oral medications like fingolimod and dimethyl fumarate, and infusions such as natalizumab and ocrelizumab. The selection of a DMT is influenced by factors including disease activity, patient preferences, and the potential for adverse reactions.
2. **Symptom Management:** The diverse array of symptoms experienced by individuals with MS necessitates tailored treatments aimed at effective symptom management. Medications are employed to address specific issues such as muscle spasticity, fatigue, bladder or bowel dysfunction, and pain. In addition, physical and occupational therapies are vital in aiding patients to maintain or improve their mobility, strength, and coordination.
3. **Relapse Management:** During MS relapses or exacerbations, corticosteroids, such as intravenous methylprednisolone, are commonly prescribed to reduce inflammation and expedite symptom recovery. While these medications can shorten the duration of symptoms, they do not alter the long-term trajectory of the disease.
4. **Symptom-Specific Interventions:** Interventions targeting specific symptoms of MS are crucial in improving quality of life. For instance, medications like fampridine may be used to enhance walking ability,

while modafinil is utilized to alleviate fatigue. In addition, physical, occupational, and speech therapies may be indicated to address mobility challenges, improve fine motor skills, and manage difficulties related to speech and swallowing.

5. **Rehabilitation and Support:** Rehabilitation programs, which encompass physical therapy, occupational therapy, and cognitive rehabilitation, are designed to help individuals with MS retain or enhance their functional capabilities. Supportive treatments, such as counseling, support groups, and vocational rehabilitation, are integral in addressing the emotional and psychosocial challenges associated with living with MS.

6. **Lifestyle Modifications:** Adopting a healthy lifestyle is critical for managing MS. Modifications such as engaging in regular physical activity, maintaining a well-balanced diet, implementing stress reduction techniques, and ensuring adequate rest have a positive impact on disease management. Smoking cessation is particularly important, as smoking has been linked to more severe disease progression in MS.

7. **Indications for Nursing Care:** Nursing care plays a vital role in supporting individuals with MS throughout their illness. A comprehensive and holistic approach to nursing care is essential in helping these individuals manage symptoms, adapt to the challenges posed by the disease, and optimize their overall health and well-being.

8. **A Joint Effort:** The diagnosis and treatment of MS are multifaceted, significantly influencing an individual's quality of life. Effective management requires the collaboration of healthcare providers, including neurologists, nurses, and mental health professionals. The evolution of treatment options, informed by advancements in the understanding of MS pathophysiology and clinical manifestations, has led to more effective therapies that control relapsing forms of the disease. However, there remains a need for therapies aimed at controlling progressive MS. Nurses play a crucial role in enhancing patient care and must be well-versed in current treatments and interventions to provide comprehensive care for individuals with MS.

Caring for a Patient with MS

1. **Education and Counseling:** Nurses are instrumental in providing education to individuals newly diagnosed with MS and their families. They offer explanations about the disease process, available treatment options, and strategies for self-management. Additionally, nurses provide emotional support, addressing patient concerns and aiding them in coping with the challenges of living with MS.

2. **Symptom Management:** Nurses are pivotal in assessing and managing a wide range of MS symptoms, including pain, spasticity, fatigue, bladder and bowel dysfunction, sensory disturbances, and mobility issues. They work collaboratively with the healthcare team to develop personalized care plans, administer appropriate medications, and teach patients self-care techniques.

3. **Rehabilitation and Practical Support:** Nurses collaborate with physical therapists, occupational therapists, and other rehabilitation specialists to implement rehabilitation programs tailored to the unique needs of individuals with MS. These programs aim to maintain or improve mobility, promote independence in daily activities, and maximize quality of life. Nurses assist patients with exercises, provide mobility aids, and teach energy conservation techniques to enhance daily functioning.

4. **Psychosocial Support:** In addition to physical care, nurses offer psychosocial support, providing empathetic listening, addressing concerns related to self-image, relationships, and emotional well-being. They may refer patients to support groups, counseling services, or community resources for additional assistance, helping to reduce feelings of isolation and promoting mental health.

5. **Lifestyle Counseling and Health Promotion:** Nurses play a crucial role in promoting healthy lifestyles for individuals with MS. They advise patients on maintaining a balanced diet, engaging in regular exercise, managing stress, and adopting self-care strategies. Nurses also stress the importance of preventive measures, such as vaccinations and regular health screenings, in preventing complications related to MS.

6. **Continuity of Care and Care Coordination:** Nurses ensure continuity of care by coordinating communication among healthcare providers, assisting with appointment scheduling, and managing referrals to specialists, diagnostic tests, and follow-up visits. They advocate for the needs of individuals with MS, facilitating their navigation of the healthcare system to ensure comprehensive care.

7. **Patient and Caregiver Education:** Nurses educate both individuals with MS and their caregivers, offering guidance on caregiving strategies, assistive devices, and respite care options. By equipping caregivers with the necessary knowledge and skills, nurses contribute significantly to the well-being and quality of life of both patients and their support systems.

Types of MS

1. **Relapsing-Remitting MS (RRMS):** Relapsing-Remitting MS (RRMS) is characterized by periods of exacerbation, where symptoms worsen, followed by remission phases. During remission, symptoms may subside entirely, provided they are not permanent.
2. **Primary Progressive MS (PPMS):** Primary Progressive MS (PPMS) is distinguished by the absence of relapses. In this form, there is a gradual, continuous progression of disability without periods of acute attacks, with a steady decline in neurologic function as symptoms progressively emerge.
3. **Secondary Progressive MS (SPMS):** Secondary Progressive MS (SPMS) typically follows an initial phase of Relapsing-Remitting MS. Over time, individuals experience a continuous deterioration in neurologic function, with a decline in remission phases and a steady worsening of symptoms.
4. **Progressive-Relapsing MS (PRMS):** Progressive-Relapsing MS (PRMS) involves ongoing neurologic decline, accompanied by relapses. In this form, individuals experience a continuous deterioration of neurologic function alongside periodic attacks [7, 8].

Conclusion:

The management of multiple sclerosis (MS) requires a holistic approach that goes beyond medical treatment. Nurses, as integral members of the healthcare team, play a crucial role in supporting patients with MS throughout their journey, from diagnosis to long-term management. Given the complexity of MS and its impact on various aspects of a patient's life, nurses are central to the coordination of care and the delivery of personalized care plans. First and foremost, nurses assist in the accurate diagnosis of MS by working alongside neurologists and other specialists. They help gather essential patient history, conduct neurological assessments, and support diagnostic testing, including MRI and cerebrospinal fluid analysis. Their expertise in recognizing the clinical manifestations of MS, such as sensory disturbances, motor deficits, optic neuritis, and cognitive changes, is vital in ensuring timely intervention. Symptom management is one of the core responsibilities of nurses in MS care. Nurses assist in managing a wide range of symptoms, including fatigue, pain, spasticity, and mobility issues. They educate patients on how to manage symptoms effectively, provide support with medication administration, and monitor for side effects. Additionally, nurses guide patients through lifestyle adjustments and the implementation of strategies to maintain independence for as long as possible. Moreover, nurses have an essential role in addressing the emotional and psychological needs of MS patients. The diagnosis of MS often triggers significant emotional responses, including anxiety, depression, and grief. Nurses are trained to identify these symptoms and provide supportive counseling or refer patients to mental health professionals as necessary. They also foster a supportive environment, helping patients cope with the social and psychological challenges that come with a chronic illness. In conclusion, nurses' involvement in the care of MS patients is indispensable. Their comprehensive role, encompassing both medical and psychosocial support, is essential in improving patient outcomes and enhancing their quality of life. As the landscape of MS treatment continues to evolve, the role of nursing care will become even more crucial, highlighting the need for ongoing training and adaptation to new therapeutic developments.

References:

1. Dobson R, Giovannoni G. Multiple sclerosis—a review. *Eur J Neurol*. 2019;26(1):27–40.
2. Hauser SL, Cree BAC. Treatment of multiple sclerosis: a review. *Am J Med*. 2020;133(12):1380–1390.e2.
3. McGinley MP, Goldschmidt CH, Rae-Grant AD. Diagnosis and treatment of multiple sclerosis: a review [published correction appears in *JAMA*. 2021 Jun 1;325(21):2211]. *JAMA*. 2021;325(8):765–779.

4. Stys PK, Tsutsui S. Recent advances in understanding multiple sclerosis. *F1000Res*. 2019;8:F1000 Faculty Rev-2100.
5. McDonald WI, Compston A, Edan G, et al. Recommended diagnostic criteria for multiple sclerosis: guidelines from the International Panel on the diagnosis of multiple sclerosis. *Ann Neurol*. 2001;50(1):121-127.
6. Macías Islas MÁ, Ciampi E. Assessment and impact of cognitive impairment in multiple sclerosis: an overview. *Biomedicines*. 2019;7(1):22.
7. National Multiple Sclerosis Society. Types of multiple sclerosis. 2023. www.nationalmssociety.org/What-is-MS/Types-of-MS.
8. Mitchell AJ, Benito-León J, González JM, Rivera-Navarro J. Quality of life and its assessment in multiple sclerosis: integrating physical and psychological components of wellbeing. *Lancet Neurol*. 2005;4(9):556-566.
9. Marks SF, Millard RW. Nursing assessment of positive adjustment for individuals with multiple sclerosis. *Rehabil Nurs*. 1990;15(3):147-151.

ستكشاف دور الممرضين في إدارة الأمراض المناعية النادرة - مراجعة محدثة

المخلص:

الخلفية: التصلب المتعدد (MS) هو مرض مناعي ذاتي يؤثر على الجهاز العصبي المركزي (CNS) ، مما يؤدي إلى إعاقة تدريجية. يتميز بتدمير المايلين، وهو الغلاف الواقي للأعصاب، مما يؤدي إلى مجموعة من الأعراض العصبية. يكون التصلب المتعدد أكثر شيوعاً في النساء وعادة ما يظهر في سن الشباب. وعلى الرغم من عدم وجود علاج نهائي، فقد أدت التقدمات في العلاج إلى تحسين كبير في نوعية حياة مرضى التصلب المتعدد.

الهدف: الهدف من هذه المراجعة هو استكشاف دور الممرضين في إدارة مرض التصلب المتعدد، مع التركيز على إدارة الأعراض، ودعم المرضى، ودمج استراتيجيات العلاج الجديدة.

الطرق: تم إجراء مراجعة شاملة للأدبيات الحالية، مع التركيز على الفسيولوجيا المرضية، والتظاهرات السريرية، والتطورات في علاج التصلب المتعدد. تم إيلاء اهتمام خاص لدور الممرضين المتطور في دعم مرضى التصلب المتعدد، من التشخيص إلى الإدارة طويلة الأجل، مع التركيز على التعاون بين التخصصات.

النتائج: يلعب الممرضون دوراً محورياً في الرعاية متعددة التخصصات لمرضى التصلب المتعدد. فهم يشاركون في التقييم، والتشخيص، والعلاج، والرعاية المستمرة للأفراد المصابين بالتصلب المتعدد، ويساعدون في إدارة الأعراض، وتعليم المرضى، ودعم الرفاهية العاطفية. مع ظهور علاجات أكثر فعالية، يساعد الممرضون أيضاً في مراقبة تقدم المرض وتعديل خطط الرعاية وفقاً لذلك .

الاستنتاج: يعتبر الممرضون جزءاً لا يتجزأ من الرعاية الشاملة لمرضى التصلب المتعدد. يمتد دورهم إلى ما بعد الإدارة الطبية ليشمل الدعم العاطفي، وتعليم المرضى، وتنسيق الرعاية. مع استمرار تطور علاجات التصلب المتعدد، سيزداد الحاجة إلى الرعاية التمريضية المتخصصة، خاصة في إدارة الأعراض والدعم النفسي الاجتماعي.