Living with multiple sclerosis

The onset of multiple sclerosis is often frightening. Frequently it induces a feeling of loss, like bereavement; ‘the old self has to go and a new self grow in its place.’ This search for new ways of coping was discussed by Dr Alexander Burnfield at a study day held recently by the Multiple Sclerosis Society. Much of what he said could be applied to any disabling condition of adult life. Patients’ needs should ideally be the concern of their general practitioners, who can at least open the way to other sources of help. Sadly, once the patient is in the hands of a consultant the family doctor’s responsibility often seems to decline, or else he may feel too busy or unequipped to probe wider problems. At all events, many patients evidently do not feel they have support from their GPs.

Counselling may make all the difference between adjustment and serious psychological problems later on. Perhaps eventually it will become standard practice for all patients with multiple sclerosis; but meanwhile family doctors (for there may be no one else to whom the patient can easily turn) should ensure that some counsellor is available to the patient for as long as necessary. Such a person need not be a professional, so long as he or she has the time to listen and a capacity for empathy and knows where expert help may be found. The Multiple Sclerosis Society often helps in this way. Sometimes the initial “mourning” process goes wrong and severe depression or even paranoid fantasies or a manic state may result; again, Dr Burnfield said, the family doctor should be aware of what is going on and consider psychotherapy and not just prescribe tranquillisers. The vulnerable personality calls for particular watchfulness: the happy-go-lucky person tends to fare best, whereas someone who has coped badly with minor problems, or the obsessional, controlled type of person, may need special help—as do those who have no supporting relationships in their life.

Many marriages break up because of multiple sclerosis. Here again the doctor needs to be watchful so that the couple can receive help at an early stage. Specifically sexual difficulties, even if permanent, may also be capable of some remedy. In some cases the family itself becomes sick, perhaps with intense guilt and hostility, and sometimes serious manipulation by the patient; early counselling may help to reduce such engulfing problems.

For all of us the quality of life is influenced also by simple practical things, and Mr Roger Jefcoate showed some of the technical aids that can improve the lives of those handicapped by multiple sclerosis or other disabilities. The needs of the severely handicapped are not likely to go unnoticed, but people with moderate disablement may struggle on with restrictions that could be lightened by simple gadgets. Health workers should bear in mind devices such as sonar torches for remote control of electrical equipment, modified switches, and two-way intercom units, which can increase both independence and peace of mind. As a general principle, we must always ask what the patient can still do and in what ways technology (or other help) can compensate for lost abilities.

Central to the patient’s adjustment is the extent to which he develops a new identity and inner security and learns to live comfortably with himself and others. Quite simple ideas may help develop new forms of fulfillment. Work is important to the self-image, but a full-time job may be too taxing. Employers could help by offering part-time work, even when this is not usual, for it can save patients from the degradation of unemployment (though with a little imagination work at home often becomes possible). Sick or disabled people may also be demoralised by being so often “on the receiving end.” They can often be helped by helping others.

Chenic acid for gall stones

Chenic (or chenodeoxycholic) acid has recently become generally available by prescription for treating cholesterol gall stones medically. First isolated from goose bile (Greek chên, goose), chenic acid makes up about 40% of the bile acids present in normal human bile. During successful treatment the proportion of chenic acid in bile rises to over 70%. This reduces cholesterol secretion into bile, probably by inhibiting cholesterol synthesis in the liver. As a result gall-bladder bile becomes unsaturated with cholesterol and can then dissolve cholesterol from the gall-stone surface. By contrast, untreated patients with gall stones have fasting gall-bladder bile that is supersaturated with cholesterol—the cholesterol concentration exceeds the solubilising capacity of the bile acids and phospholipid present in bile, so that the cholesterol precipitates to form gall stones. Certain conditions must be met for treatment with chenic acid to be widely accepted by doctors. Firstly, its use must be limited to patients likely to benefit from it, so that treatment failures do not bring it into disrepute. From the mechanism of its action treatment can be effective only for cholesterol gall stones, and it can dissolve these only if unsaturated bile can enter the gall bladder. These two requirements can be predicted from an oral cholecystogram that shows radiolucent

1 De Wys, N D, and Walters, K, Cancer, 1975, 36, 1888.
7 Jurin, M, and Tannock, I F, Immunology, 1972, 23, 283.