

Multiple Sclerosis Patient Managed by Primary Provider

A 48 year old male living in northern Maryland (Cecil County) has been managed for his relapsing-progressive multiple sclerosis for ten years, most routinely by his primary care provider with intermittent visits to a neurologist. He is being treated with a monthly monoclonal antibody infusion and intravenous muscle relaxant via an intrathecal pump. Prior to his illness, he was physically active, enjoying many water sports. He worked as a project supervisor for a local electrical company and provided oversight for many projects in the region. Since his diagnosis he has become more secluded as he is unable to participate in the outdoor activities he enjoyed. He was fired approximately 5 years ago and has not held any other employment because of the difficulties he has driving.

He has experienced some vision changes in the last 5 years as well as an increase in pain. He is intermittently depressed but is on no medications for these problems.

His motor skills have progressively declined and he is now nearly wheel-chair dependent although he can occasionally maneuver with a walker. His muscle strength is limited, his left foot has a drop and he is able to only bend his left knee to a 45 degree angle at best and that is with added manual manipulation. He is able to perform gross muscle movements with his upper extremities including feeding himself, and using a phone. More fine motor movements such as tying shoes or a necktie, using a fork and knife for food preparation are not possible. He has been referred to occupational and physical therapy services in the past but he is now not able to drive himself and has limited resources.

He has expressed concerns over his fatigue, he presents with a depressed affect and is very negative with regard to rehabilitative services and the use of Baclofen.

DISCUSSION THOUGHTS

1. This patient appears to have an increased health care requirement. Are home based services able to meet this patient's needs and if so, which areas specifically can home based services address?
 - rehab services
 - psychologic support
 - ADL's???
2. What types of services should be requested or initiated?
3. How can a primary care provider initiate these sorts of requests?