DON'T CRY….
A MULTIPLE SCLEROSIS CLINICAL CASE STUDY

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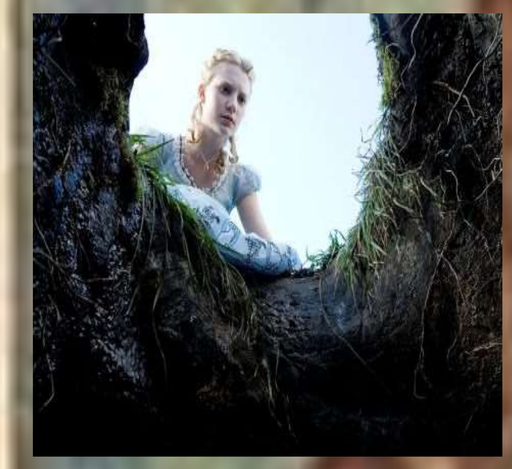
Marina Farinelli *°, Laura Gestieri*, Gabriella Lupi*, Carla Augusta Fossi*, Giovanni Caputo*, Artur Aqaqi*, Maria Rosaria Leo*, Carmelina Trocino, Anna Baldrati**, Barbara Magnani°**
*°Department of Psychology - University of Bologna – Italy *Rehabilitation Hospital Villa Bellombra - Bologna – Italy **Operative Unit of Neurology - Maggiore Hospital Bologna – Italy*



MULTIPLE SCLEROSIS: INTRODUCTION

MS is an autoimmune mediated inflammatory disorder that affects the central nervous system (Feinstein et al, 1999), It is an illness of young women, there are some evidences that MS in thought to be acquired before puberty, althoght clinical symptoms occur in early adulthood. The two phases in MS are inflammatory demyelination and degeneration with axonal loss (Ben-Zacharia and Lublin, 2001). The nature of the condition and why its symptoms manifest in anyone person remains unknown. Anyway, a complex interaction of genetic, environmental, immunologic factors and psychological aspects are involved in onset, maintaining and remission of MS (Aniskiewicz, A.S., 2007). For example, the effective coping to deal with stress and positive or negative life-events are taken in consideration for the onset and the activity of the disease. (Mohr et al, 2002)

Physical symptoms: sensory and motor dysfunction, visual disturbance, dysarthria, dysphagia, fatigue, pain, spasticity/decreased coordination, loss of bladder and bowel control and sexual dysfunction.

Cognitive challenges: disruptions in the attention and concentration, reduction in processing speed, interruptions to the flow of speech, visuoperceptual processing difficulties, problems in memory processing and with executive functions.

Psychological and emotional challenges: depression, anxiety, emotional dyscontrol (Ziemssen, 2009; Arnett et al., 2008; Chwastiak, Ehde, 2007)

CLINICAL CASE: TANIA

In early 20, only child, her parents divorced when she was 3. She has been living in Italy for 2 years coming from her East Europe country of origin interrupting university law studies against the wish of her mother to follow her mother and her boyfriend who lives and works in Italy. She was working as carer of an elder woman when MS symptoms occurred. During infancy she passes most of time with her grandmother (she was bored) and with her male younger cousin which was very familiar and her dearly.

LIFE-EVENTS: in the past, abandonment of the father when she was 3, moving to Italy for 1 year, death of her twin cousin 6 months prior to the onset of the disease

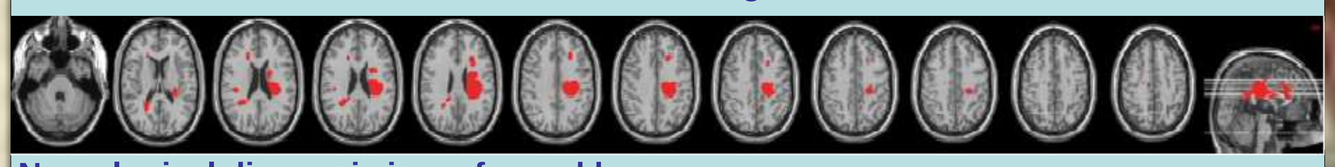
SIGNIFICANT OTHERS

MOTHER: comprehensive, but sometimes hyperprotective with severe control. Their relationship is yet symbiotical ("Bisogna fare quello che vuole lei e non le va mai bene niente").

BOYFRIEND: sometimes devaluating, he is very attached to her, but he is very gealous. "Ti ha guardato quello, perché ti ha guardato.. mi chiamava uno davanti a lui che aveva sbagliato numero ah!, perché ti ha chiamato, perché ti vesti così"

MALE COUSIN: coetaneous, lived as attached and allied. He dies in a car accident after Tania's coming to Italy 6 months before the onset of her conclamate illness.

MRIcro reconstruction and neurological-clinical assessment



Neurological diagnosis is performed by

-**EON** and clinical manifestations. ONSET: episodic paresthesia, ipostenia, diplopia with spontaneus remission precede the onset characterized by disturbo dell'equilibrio, emiparesi sinistra completa e dysmetria at left limbs. Fatigue is a very praecox manifestation since she was a little child.

-**MRI:** Several lesions involving subcortical and cortical structures, in the left and in the right hemisphere. In the left emisphere lesions involve periventricular temporo-parietal areas and ventral fronto-parietal areas. In the right emisphere lesions involve basal ganglia and fronto-temporo-parietal areas

-**Evoked potentials**: trunk = altereted left, somatic = altereted left

-**Liquor:** link positive and positive oligoclonal bands.

-**EDSS** (expanded disability status scale): 4

PSYCHOLOGICAL ASSESSMENT

SUBJECTIVE PERSPECTIVE: psychometric evaluations (Self-report questionnaires)

- HAD (Zigmond, Snaith, 1983). **Anxiety and depression**: mild anxiety**,** absent depression

-**RQ**(Bartholomew, Horowitz, 1991): **Secure attachment style**

-**ASQ** (Feeney, Noller, Hanrahan, 1994) in addiction with security is prevalent **discomfort with closeness** (Insecure attachment style)

- ANPS (Davis, Panksepp, Normansell, 2003). **Basic emotions** making part of personality structure: negative emotions are prevalent, especially **Anger** and **Sadness in separation distress.**

-**DSQ** (Bond MP, 1995). **Defense mechanisms** : resulting in abnormally high **Acting-out, Denial, Reaction Formation, Undoing, Affiliation, Suppression and Humor.**

-**NPI** (Raskin, Terry, 1988): low scores of **narcissism** (12/40)

OBJECTIVE PERSPECTIVE

T.A.T.(Murray, 1943; Cramer, 2006): **Identification and Projection.**

OPERAZIONALIZED PSYCHODYNAMIC DIAGNOSIS (OPD-2)

It is a form of multiaxial diagnostic and classification system based on psychodynamic/depth psychology principles. The OPD is based on five axes:

- I = Experience of illness and prerequisites for treatment
- II = Interpersonal relations:
- III = Conflict:
- IV = Structure:
- V = Mental and psychosomatic disorders:

INTEGRATED THERAPY

- **Medical:** Solu-Medrol 1 gr for 7 days for the acute phase, followed by therapy with interferon beta 1a (Rebif 44 subcutaneously 3 times a week).
- **Intensive physiotherapy** for two months
- **Long-term psychotherapy**: supportive/mouring elaboration
- **Environmental support**, especially to find a new job suitable to her condition and advice to continue her scolastic carreer. It is important for her to have secure references.

THERAPEUTIC STYLE

- Lesordio della malattia è associato a una forte instabilità emozionale che diviene depressione manifesta quando i sintomi neurologici principali compaiono. La disperazione si manifesta soprattutto durante I colloqui psicologici, ha caratteri regressivi alti, piange (a singhiozzi come una bambina) spaventata soprattutto dalle trasformazioni del suo corpo. Ciò comporta un vissuto notevole di sofferenza controtransferale che sembra essere pervasivo durante I colloqui. E' possibile però via via ritrovare spazi intermedi vitali. Evoca uno stile di protezione e di cura.
- Lo stile prevalente è di tipo supportivo, facilitante la riorganizzazione del Sè con attenzione alle emozioni del corpo vissuto e degli eventi della quotidianità. Dopo la dimissione la psicoterapia prosegue con regolarità settimanale.

CLINICAL MONITORING

-Blood tests and clinical-neurological controls every three months

- RMI each year

-Psychological assessment each year, using HAD and DSQ questionnaires, T.A.T. administration and OPD-2 system.

CONCLUSIONS

Psychosomatic research and evidence of psychiatric and clinic psychological practice with MS patients and caregivers, highline the relevance in onset and in course of the illness of psychological and relational aspects, personalities characteristics, previous family history, life events and daily stressors, subjective reaction to the illness and sufferings.

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