

Briefing paper

One year follow-up of a pragmatic multi-centre randomised controlled trial of a group-based fatigue management programme (FACETS) for people with multiple sclerosis

Thomas, P. W., Thomas, S., Kersten, P., Jones, R., Slingsby, V., Nock, A., Davies Smith, A., Baker, R., Galvin, K. T. and Hillier, C., 2014. *BMC Neurology*, 14, 109.

Fatigue is one of the most common and debilitating symptoms of multiple sclerosis (MS). This study presents the results of a one-year follow-up of a group-based fatigue management programme for people with MS called FACETS (Fatigue: Applying Cognitive behavioural and Energy effectiveness Techniques to lifeStyle). The FACETS programme was delivered by two health professionals in six, weekly sessions (of approximately 90 minutes) in groups of 6-12 people.

The aim of the programme is to support people with MS to normalise their fatigue experiences, learn helpful ways of thinking about fatigue and use available energy more effectively. Ambulatory people with MS with significant fatigue were randomised to either continue to receive their usual care or to attend the FACETS programme in addition to their usual care. Usual care ranged from general advice and information about MS-fatigue to more detailed individualised management advice from a variety of health professionals. The research found that the improvements in fatigue severity and self-efficacy previously reported at four-months follow up in the FACETS group were mostly sustained at one-year. In addition improvements in MS quality of life emerged. This indicates that the FACETS programme provides modest long-term benefits for people with MS-fatigue.

Key Findings and Impact

- FACETS was designed in a way that would facilitate implementation in health services.
- Previously reported improvements in fatigue severity and fatigue self-efficacy in the FACETS group at four months up were largely sustained at 1 year. FACETS costs £453 per person to deliver.
- Additionally at one year there were improvements in the FACETS group in terms of MS- quality of life that had not been present at the 4 month follow-up.
- The delayed appearance of the improved MS-quality of life may have been because the changes encouraged by the FACETS programme take time to be incorporated into people's lives.

Conclusion

Often trials of non-pharmacological interventions do not measure long-term follow-up. The results and impact of this study are therefore encouraging in that FACETS appears to have long-term benefits for people with MS. Given the progressive nature of MS and the debilitating nature of fatigue, the demonstration of small to medium improvements at one year follow-up is noteworthy.

Future research

The positive results from the study have generated interest in FACETS from the UK and internationally, and further evaluations and adaptations of the programme are in progress. We are working with the MS Society on national roll-out of the programme via one-day training courses for health professionals.



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