

OXFORD HEALTH POLICY FORUM

## Brain health - time matters

Achieving optimal care goes beyond medicines

Optimal care of patients with Multiple Sclerosis (MS), Neuromyelitis Optica Spectrum Disorder (NMOSD), and Myelin Oligodendrocyte Glycoprotein Antibody-Associated Disease (MOGAD) goes beyond needing to treat the mechanisms or causes of disease.



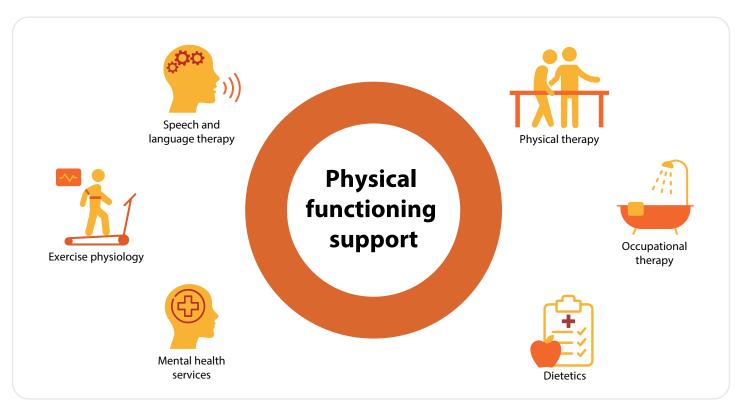
Optimal care is about managing the entire patient experience, holistically, with multi-disciplinary experts and methods. Optimal care includes:

- Patient empowerment
- Lifestyle factors
- Mental health care
- Physical health care
- Holistic, person centred, integrated care
- Social factors
- Health and care equity
- Support for caregivers

It involves collaboration between a patient, their family, and healthcare team, as well as disease-specific peer support and community organisations, to provide an effective, tailored approach for each person.<sup>1,2</sup>



### Offering services such as:1



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### Getting there means...



# Willingness to include patients in the decision-making process

Shared decision-making can improve patient wellbeing, quality of life and treatment satisfaction.<sup>1,3</sup>



Two-thirds of clinicians don't involve people with MS in treatment decisions - shared decision-making is needed to improve outcomes.<sup>1,3</sup>

#### Adopting a 'brainhealthy' lifestyle

Optimising physical health includes managing alcohol consumption, smoking cessation, engaging in regular physical exercise, maintaining a healthy weight, getting adequate sleep, and managing co-existing medical conditions such as high blood pressure, depression and other mental health disorders.<sup>1,2</sup>



Smoking, alcohol, poor sleep, and inactivity negatively impact MS.<sup>1,2</sup> Poor sleep also contributes to the disease burden associated with NMOSD<sup>4</sup> and is a significant contributor to fatigue in people with MOGAD.<sup>5</sup> Brain-healthy living can improve outcomes.<sup>1,2</sup>

## Integrated care approaches

Including specialist neurologists and nurses, alongside neuropsychologists, clinical psychologists, physiotherapists and occupational therapists, with access to a broad range of specialists including, urologists, dieticians, and community healthworkers.<sup>1,6</sup>



Integrated care teams with specialists improve satisfaction, reduce costs and support people to stay in work.<sup>1,6</sup>

#### Factoring in nonmedical drivers, including societal and structural factors that can enhance life

Including social participation, continued employment, personal safety, financial security, equitable access to healthcare services and support, health literacy and support for caregivers.<sup>1,7</sup>



Social connection, employment, financial security and health literacy all directly impact brain health and quality of life.<sup>1,7</sup>

Tools like MS WorkSmart are helping people with MS stay empowered and navigate career challenges and workplace rights.<sup>1,8</sup>

## Providing the necessary support to caregivers and families

Caregivers and families of people living with MS/NMOSD/MOGAD need dedicated training, education, counselling, psychological and financial assistance.<sup>1,9</sup>



1 in 5 informal caregivers of people with NMOSD report mild-moderate depression.<sup>1,10</sup> Supporting caregivers is essential for both quality and sustainability of MS/ NMOSD/ MOGAD patient care.<sup>1,9</sup>

#### References

1. MS Brain Health. Brain health: time matters. 2024. LINK. 2. Giovannoni G, et al. Front Neurol. 2024;14:1286122. 3. Keenan A, et al. Patient Prefer Adherence. 2024;18:137–49. 4. Eshtiaghi A, et al. Int J MS Care. 2022;8(3):124–31. 5. Ladakis DC, et al. Mult Scler J Exp Transl Clin. 2022;8(4):20552173221131235. 6. Soelberg Sorensen SP, et al. Mult Scler. J. 2019;25(5):627–36. 7. Dobson R, et al. Nat Rev Neurol. 2022;18(12):723–34. 8. MS Research Flagship. MS WorkSmart. LINK. 9. Charles River Assoc. 2024. LINK. 10. Mutch K, et al. Disabil Rehabil. 2017;39(13):1279–86.

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