Purpose: As people age, they are more likely to develop various chronic conditions. Little research has been conducted on health promoting behaviors in individuals with more than one chronic illness. If various health behaviors, such as nutrition or exercise, differed in individuals with more than one chronic condition, health care providers would need to consider the complex interaction of multiple conditions when advising their patients about maintaining health. Therefore the purpose of this study was to examine differences in self-reported health behaviors and quality of life between those with multiple sclerosis and a second chronic condition and those without a co-morbid condition.

Method: The data used were collected from the 14th year of a mailed survey that focused on changes in physical and functional limitations, health behavior and quality of life in individuals with multiple sclerosis. The sample included individuals who had been previously diagnosed with multiple sclerosis and were recruited from two chapters of the National MS Society as well as ads in local newspaper. The responses to the mailed survey were analyzed using descriptive statistics as well as ANCOVA and t-test analysis.

Results: The sample (n=443) was 84 percent female and 54.2 percent had a degree that was higher than a high school diploma. The average age was 49.9±9.5 years. Participants completed the Health Promoting Lifestyle Profile, the Ferrans and Powers Quality of Life Index, and the self-report version of the Charlson Comorbidity Index. The quality of life, exercise and nutritional behaviors of those who reported arthritis, cancer, diabetes, and hypertension were compared with those who did not have each of these conditions. Even when age, gender, education level and degree of disability were controlled for, there was not a significant difference in self-reported nutrition or exercise behavior between those with multiple sclerosis who had a second chronic condition and those who did not. With the exception of arthritis, which showed a significantly worse quality of life, there was also not a significant difference in quality of life between individuals with multiple sclerosis along with a second chronic condition and those without those conditions.

Conclusion: Individuals with multiple sclerosis and another chronic condition did not report significantly different health behaviors when compared to individuals who only had multiple sclerosis. The results might have been affected by a few variables that were out of our control in the study. The average time since diagnosis for this sample is 23.8 years, so this group likely had time to learn to cope with chronic conditions. Everyone in the sample had also agreed to participate in a long-term study of health promotion, so they may have been more attuned with their health than other individuals with a similar condition. In addition to this, other measures of nutrition and exercise behavior would have better complemented the self-report of general nutrition and exercise habits.