THE IMPACT OF DIETARY PRACTICES AND NUTRITIONAL BEHAVIORS FOR PEOPLE WITH MULTIPLE SCLEROSIS

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Purpose:
Research suggests that adequate dietary intake directly correlates with progression of disease and disability. This study explores this topic further by determining if nutritional behaviors and water consumption can predict quality of life and secondary disability symptoms. Though this connection between dietary intake and disease progression seems to exist, few researchers have investigated whom individuals with multiple sclerosis are consulting with about their dietary practices. Therefore this study also investigates whom individuals with MS are consulting with about dietary practices, along with what sort of foods they are avoiding and how this information relates to other nutritional behaviors.

Methods:
In 2002 and 2003 a sample of 461 persons with MS (mean age 54) in an ongoing longitudinal health promotion study completed mailed surveys about their health promoting behaviors. These individuals were originally recruited through 2 chapters of the National Multiple Sclerosis Society in the southwestern United States along with rural newspaper advertisements.

In 2015 a sample of 245 persons with MS (87% female, mean age 64.3) completed the same ongoing longitudinal health promotion study by mailed surveys. In the 19th year of the survey, they were asked which of the following individuals they had consulted about their dietary practices: a registered dietician, certified nutritionist, nutritional therapist, health coach, and/or diet expert. They were also allowed to write in others they had consulted about their dietary practices.

Findings:
The 2002/2003, year 6/7 sample was 93% non-Hispanic White and on average had 14 years of education. Most individuals (70.1%) were married and had relapsing-remitting MS. The only predictor that had a strong positive relationship (0.44) on quality of life in the following year was self reported ability to engage in good nutrition. A modest negative relationship (-.18, p <.05) was found between self reported nutrition and secondary disabilities. Interactions between water consumption self efficacy and various types of bladder functioning in year 6 were unrelated to UTI occurrence in year 7. However, those that never reported experiencing loss of bladder control rated themselves highest in their ability to drink enough water to stay healthy (70%).

The 2015, year 19 sample was 93% non-Hispanic White and had been diagnosed for an average of 28 years. Most individuals had at least a Bachelor’s degree. Only 33% of the sample responded that they had consulted with any of the health professionals listed. The most likely nutritional expert to be consulted was a registered dietician (16.2%), the next most consulted individual was a certified nutritionist (7.6%). Yet, 71% of individuals from our sample didn’t report ever consulting with any of these individuals about their dietary practices. There were modest correlations among those that had consulted with a nutritional expert and scores on the Health Promoting Lifestyle Profile (0.178) as well as the Self-Related Abilities for Health Practices Nutrition Subscale (0.143). Other subscales that had modest correlations with consulting a nutrition expert item include the Health Promoting Lifestyle Profile nutrition subscale (0.138) as well as the health subscale (0.201). There was no significant correlation between consulting a nutrition expert and the Incapacity Status Scale (0.063).

The top 3 food groups that individuals with MS in our study reported that they avoid include (1) high fat foods, (2) high sugar foods, and (3) bread, rice, potatoes, pasta and other starchy foods.

Conclusions:
The individuals with MS in our sample that perceive they have good nutritional habits are less likely to report secondary conditions in a subsequent year, and rate their quality of life higher in a subsequent year. The majority of individuals with MS in our sample have not consulted with a health professional about their dietary habits. Those who had were slightly more likely to report healthy behaviors. These findings
support the need for doctors or primary care providers to refer individuals with a progressive disease or disability to a nutritional expert at the time of diagnosis.

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