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Critically appraised paper: Multidisciplinary inpatient rehabilitation for multiple sclerosis may delay declines in health-related quality of life over 6 months

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Critically appraised paper:

Multidisciplinary inpatient rehabilitation for multiple sclerosis may delay declines in health-related quality of life over 6 months [commentary]

Systematic reviews provide moderate evidence of the effectiveness of inpatient rehabilitation for improving activities and participation in patients with multiple sclerosis (MS)¹. This large-scale study adds to the evidence base by evaluating longer-term (6 month) impacts on quality of life.

Whilst quality of life appeared to 'substantially' improve on all measures at discharge within the treatment group, improvements were generally not maintained at 6 months. Although this should be viewed within the context of a progressive disease, it does raise some questions. Was enough emphasis placed on selfmanagement for patients to transfer strategies into their daily life? Could 'booster sessions' or home-based rehabilitation after discharge help sustain treatment benefits? These questions remain unanswered.

Clinical care of MS differs within and between countries². This study was undertaken in Denmark, where specialist MS inpatient rehabilitation is routinely offered. This is not so for many countries³. Comprehensive description of the intervention and its context is therefore essential to reliably implement interventions shown to be useful, and replicate or build on research findings. This is challenging when describing multidisciplinary treatment packages. Together, the article and supplementary material provide a detailed description of the personalised intervention, in terms of organisational aspects (staff experience, training) and content (frequency, duration, intensity). These intervention components should be considered when translating findings to clinical practice.

A significant between-group difference favouring intervention was observed in two (of six) quality of life measures, but the 2.7-point improvement on the MSIS-29 (psychological) fell below the minimal clinically important difference of 4 to 6 points⁴, suggesting that the change may not be clinically meaningful. Understanding the characteristics of those who improved by at least the minimal clinically important difference may help to identify patients most likely to benefit, which is important for optimising the use of finite healthcare resources.

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