Occupational Therapy Interventions and Their Impact on Work Performance and Activities of Daily Living in Persons with Multiple Sclerosis

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Abstract

Background. Multiple sclerosis (MS) is a chronic neurological disease that affects the central nervous system, leading to various physical, cognitive, and emotional challenges that significantly impact daily activities and work performance. Occupational therapy (OT) plays an important role in managing MS by providing interventions designed to improve functional performance, promote independence, and enhance overall well-being.

Aim. To evaluate the impact of OT interventions on work performance and activities of daily living in individuals with MS.

Methods. A total of 776 participants diagnosed with MS were included in this study. Data were collected through structured questions extracted from the MS Quality of Life-54 questionnaire. The study assessed the relationships between the type of MS, work performance, daily activities, and the effectiveness of OT interventions. Statistical analyses included Chi-Square tests, correlation analysis, calculations of standard deviation and variance, Box Plots, and ANOVA tests.

Results. The study found that 65% of participants reported reduced working hours, 78% performed fewer activities than desired, and 66% experienced limitations in work tasks or daily activities due to MS. Emotional problems also impacted work performance and daily activities. The ANOVA test revealed significant differences in reduced working hours, fewer activities, and the impact of emotional problems among different types of MS. Specifically, the relapsing-remitting type of MS showed the highest impact on work performance and daily activities.

Conclusions. OT plays a crucial role in addressing the functional and emotional challenges associated with MS. The interventions are particularly beneficial in improving work performance and daily activities, especially for individuals with the relapsing-remitting type of MS. Individualized OT strategies should be tailored to address the specific needs of individuals with different types of MS.

Keywords: occupational therapy; multiple sclerosis; daily activities; work performance

1. INTRODUCTION

Multiple sclerosis is a chronic, debilitating disease that affects the central nervous system. Characterized by inflammation, demyelination, and neurodegeneration, multiple sclerosis can lead to a wide range of physical, cognitive, and emotional challenges (Gashemi et al., 2017). These challenges often interfere with an individual's ability to perform everyday activities and maintain employment, significantly impacting their quality of life (Bass et al., 2020). Occupational therapy has emerged as a critical

component in the management of multiple sclerosis, offering targeted interventions designed to improve functional performance, promote independence, and enhance overall well-being (De-Bernardi-Ojuel et al., 2021).

Occupational therapy interventions for individuals with multiple sclerosis are varied and tailored to meet each person's specific needs. These interventions may include energy conservation strategies, modifications to the home or work environment, assistive devices to aid in daily activities, and techniques to improve cognitive and motor functions (Kos et al., 2023). By focusing on both work performance and daily activities, occupational therapists help people with multiple sclerosis lead more successful and productive lives despite the limitations imposed by the disease (Dehghan et al., 2019).

Energy conservation is a key aspect of occupational therapy for individuals with multiple sclerosis, addressing the general fatigue that often accompanies the condition. Techniques such as active walking, task simplification, and the use of adaptive equipment help people manage their energy levels more effectively (Mathiowetz et al., 2001). Home and workplace modifications, like ergonomic adjustments and the use of assistive technology, support the maintenance of functional independence. These modifications can reduce physical strain and prevent the recurrence of symptoms, allowing individuals to remain active and engaged in daily activities (Squires et al., 2016).

Motor function rehabilitation is another crucial component of occupational therapy for people with multiple sclerosis. Occupational therapists use exercises and activities designed to improve strength, coordination, and dexterity. These interventions are essential for maintaining the ability to perform fine motor tasks such as writing, dressing, and meal preparation (Quinn et al., 2020). Additionally, occupational therapists often work with patients to develop compensatory strategies to adapt to changes in motor function, ensuring they can continue performing essential activities despite physical limitations (Cunningham et al., 2022).

Cognitive rehabilitation is also very important in the treatment of multiple sclerosis. Cognitive impairments, including difficulties with memory, attention, and executive function, are common in individuals with multiple sclerosis and can impact daily activities and work performance. Occupational therapists use cognitive training exercises, memory aids, and organizational strategies to help individuals manage these challenges. By addressing cognitive deficits, occupational therapy interventions can improve overall functioning and enhance the quality of life for individuals with multiple sclerosis (Podda et al., 2022).

The psychological impact of multiple sclerosis also requires a comprehensive approach in occupational therapy. Depression, anxiety, and other mental health issues are common in individuals with multiple sclerosis and can hinder their ability to manage daily tasks and maintain employment. Occupational therapists provide support and counseling to help people cope with the emotional aspects of the disease (van Egmond et al., 2022).

The significance of occupational therapy in the management of multiple sclerosis cannot be overstated. As multiple sclerosis symptoms vary from person to person and can fluctuate over time, a flexible and individualized approach is essential. Occupational therapists play a critical role in assessing each patient's needs, developing personalized intervention plans, and providing ongoing support and education. This integrated approach addresses not only the physical aspects of multiple sclerosis but also the psychological and social dimensions of the disease, contributing to a comprehensive care strategy (Kos et al., 2016).

2. METHODS

Participants: This study included a total of 776 participants diagnosed with multiple sclerosis. The participants ranged in age from 18 to 80 years, with the majority being between 20 and 50 years old.

The research was conducted during the 2020–2021 period and was based in Skopje, North Macedonia, though participants were recruited globally.

Inclusion criteria for this study included individuals diagnosed with multiple sclerosis, those able to understand and communicate in English, those willing to participate voluntarily and anonymously, and those experiencing difficulties with work performance.

Exclusion criteria included individuals diagnosed with neurological conditions other than multiple sclerosis, those unable to understand or communicate in English, those with severe cognitive impairment that would hinder their ability to provide accurate responses, and participants without work-related issues.

Data collection. Data were collected through structured questionnaires that focused on the age and distribution of participants, work-related or ADL (activities of daily living) challenges, problems at work or with ADLs due to emotional issues, the impact of health and emotional problems on social interactions, reduced working hours or concentration issues related to the type of multiple sclerosis, and the impact of multiple sclerosis on job performance or other activities.

The questions were administered via Google Forms due to COVID-19 restrictions during that period. The questionnaire used for this study was the Multiple Sclerosis Quality of Life-54 (MSQOL-54), a health-related quality of life measure specifically designed for individuals with multiple sclerosis. It includes 54 items covering dimensions such as physical health, mental health, pain, emotional well-being, social functioning, and general quality of life. This questionnaire is widely used for its reliability and validity in reflecting the challenges posed by multiple sclerosis. It was strictly anonymous to ensure participant privacy and confidentiality.

The survey was distributed to 1,000 patients, but not all responded, resulting in a final sample of 776 participants. This approach ensured high ethical standards throughout the research process. Participants were not required to answer all questions if they felt the questions were inappropriate or might compromise their privacy, so responses to individual questions varied in number. The largest group of respondents had the relapsing-remitting type of multiple sclerosis.

Statistical analysis. Several statistical methods were employed to analyze the data, including the Chi-Square Test (χ^2) to assess the relationship between categorical variables such as the type of multiple sclerosis and work performance issues, correlation analysis to evaluate the relationship between age groups and the value of occupational therapy in addressing daily activity challenges, and standard deviation and variance to measure response variability regarding the impact of emotional problems on work and daily activities. Descriptive statistics were used to summarize key features of the data, including percentages and frequencies (F). Box plots were used to visualize the distribution of reduced working hours, fewer activities due to multiple sclerosis symptoms, and the impact of emotional problems on daily activities across different types of multiple sclerosis. ANOVA was used to compare group means and identify significant differences in reduced working hours, fewer activities, and the impact of emotional problems on daily activities.

Python, along with libraries such as Pandas, Matplotlib, Seaborn, and SciPy, was used for data analysis and visualization. These methods provided a comprehensive view of the impact of multiple sclerosis on work performance and daily activities, highlighting areas where occupational therapy interventions can be most beneficial. The independent variables in this research were age, gender, and type of multiple sclerosis, while the dependent variables were work performance, daily activities, emotional well-being, and social interactions.

3. RESULTS

Table 1 provides information about participants across different age groups. The largest proportion, 35% falls within the 31–40 years range, while the smallest group, 1% includes those aged 61–70

years and 71–80 years. Most participants are concentrated between 20–40 years, with fewer in the older age classification.

Table 1. **Age of participants**

Age	Participants, n	%
10–20 years	74	9
21–30 years	230	30
31–40 years	270	35
41–50 years	151	19
51–60 years	43	5
61–70 years	7	1

Table 2 summarized responses to questions about work or daily living difficulties. It shows that a significant majority of participants reported experiencing issues. 65% had reduced working hours or activities, 78% felt they could not engage in as many activities as desired, 66% faced limitations in work tasks or daily living and 67% experienced difficulties performing these tasks.

Table 2. **Problems at work or other ADLs**

Question	Yes		No	
	F	%	F	%
Reduced working hours or other activities	501	65	274	35
Realized fewer activities than the participants would like	610	78	168	22
Limitations in performance of work tasks or daily activities	509	66	266	34
Difficulties in performing work tasks or difficulties in performing other activities	520	67	257	33

Note: F– frequency

Table 3 presents data on the impact of emotional problems on work and daily activities. It reveals that 59% of participants experienced reduced working hours or concentration, 66% accomplished fewer activities than desired and 56% found their performance in work or daily living affected by emotional issues. The majority reported such challenges, focusing attention to the significant impact of emotional problems on their daily functioning.

Table 3. **Problems at work or performing daily activities as a result of emotional problems**

Question	Yes		No	
	F	%	F	%
Reduced working hours or reduced concentration during other daily activities	454	59	318	41
Accomplished fewer activities than the participants would like as a result of emotional problems	506	66	266	34
Work or daily activities are not performed as usual due to emotional problems	427	56	339	44

Table 4 shows the impact of health and emotional problems on social interactions. It indicates that 14% of participants felt no impact at all, while 26% experienced a slight impact. A moderate impact was reported by 27%, and 22% felt a significant impact. Additionally, 11% experienced an extreme impact on

their social interactions with family, friends, etc. Statistical analysis was also conducted on the impact of emotional problems on daily activities, including calculations of mean, variance, and standard deviation. The mean impact level is calculated as 2.902. This value represents the average level of impact on daily activities across all participants, with the levels being numerically coded. The variance is 1.456, which measures the spread of the impact levels around the mean. A higher variance indicates more variability in the responses, while a lower variance suggests that the responses are more clustered around the mean. The standard deviation is 1.207, providing information about the average distance of each impact level from the mean. This standard deviation suggests moderate variability in the reported impacts of emotional problems on daily activities. The calculations reveal that the impact of emotional problems on daily activities varies moderately among participants. The mean impact level indicates that, on average, participants experience a moderate level of impact. The variance and standard deviation values suggest that while there is some variability in how emotional problems affect daily activities, the experiences are relatively diverse, with individuals reporting a range of impacts from minimal to extreme.

Table 4. Impact of health and emotional problems during usual social interactions with family, friends, neighbors or other group of people

Answer	F	%
Not at all	108	14
A little	200	26
Moderately	214	27
A lot	172	22
Extremely much	84	11

Note: F– frequency

Table 5 shows the relationship between reduced working hours or concentration during activities and different types of multiple sclerosis. It reveals that 77.9% of participants with relapsing-remitting multiple sclerosis reported such issues, compared to 13.6% with primary-progressive multiple sclerosis and 8.5% with secondary-progressive multiple sclerosis. In general, 38.6% reported reduced working hours or concentration due to their type of multiple sclerosis. Multiple sclerosis also influenced job performance and other activities, with 77.7% of participants with relapsing-remitting multiple sclerosis reporting an impact. In contrast, 12.4% of those with primary-progressive multiple sclerosis and 9.9% with secondary-progressive multiple sclerosis reported similar effects. Overall, 72.4% of participants with relapsing-remitting multiple sclerosis experienced an impact, highlighting a significant variation in how different types of multiple sclerosis affect job performance and daily activities.

Table 5. Reduced working hours or reduced concentration during other activities related to the type of multiple sclerosis

Type of multiple sclerosis	Reduced working hours or reduced concentration			Reduced job performance or other activities		
	Yes	No	Total	Yes	No	Total
Primary-Progressive	35	60	95	35	59	94
	13.6%	15.4%	14.7%	12.4%	16.3%	14.6%
Relapsing-Remitting	201	269	470	220	247	467
	77.9%	69.2%	72.6%	77.7%	68.2%	72.4%
Secondary-Progressive	22	60	82	28	56	84
	8.5%	15.4%	12.7%	9.9%	15.5%	13%

Table 6 presents an analysis of the impact of different types of multiple sclerosis on reduced working hours and job performance. First, the frequencies of reduced working hours were examined by type of multiple sclerosis. The purpose of this analysis was to show the actual number of participants reporting reduced working hours or concentration, categorized by their type of multiple sclerosis. Among the participants, those with relapsing-remitting multiple sclerosis had the highest frequency of reduced working hours (201 out of 470), followed by those with primary-progressive multiple sclerosis (35 out of 95) and secondary-progressive multiple sclerosis (22 out of 82). Next, the expected frequencies for reduced working hours by type of multiple sclerosis were calculated. This section aimed to display the expected frequencies based on the null hypothesis of no association between the type of multiple sclerosis and reduced working hours. These expected frequencies indicate how the distribution would appear if there were no relationship between the two variables. The observed frequencies were then compared to the expected values to identify any significant deviations. The final section of the table presents the chi-square values, calculated from the observed and expected frequencies, to assess the statistical significance of the relationship between multiple sclerosis type and reduced working hours. The chi-square statistic is 12.414, compared to the critical value of 5.991 ($p = 0.05$) with 2 degrees of freedom. Since 12.414 exceeds 5.991, the result is statistically significant, indicating a strong association between the type of multiple sclerosis and reduced working hours.

Table 6. **Chi-Square Test for type of multiple sclerosis and reduced working hours**

Type of multiple sclerosis	Yes (Observed)	No (Observed)
Primary-progressive	35	60
Relapsing-Remitting	201	269
Secondary-progressive	22	60
Type of multiple sclerosis	**Yes (Expected)**	**No (Expected)**
Primary-progressive	37.87	57.13
Relapsing-Remitting	184.83	285.17
Secondary-progressive	35.30	46.70
Type of multiple sclerosis	**Yes (O-E)**	**No (O-E)**
Primary-progressive	0.217	0.145
Relapsing-Remitting	1.317	0.946
Secondary-progressive	5.007	4.782
Total	6.541	5.873

Figure 1 illustrates the impact of different types of multiple sclerosis on reduced working hours, showing the distribution of reported reductions among participants with primary-progressive, relapsing-remitting, and secondary-progressive multiple sclerosis. For the primary-progressive type, the box plot displays a lower median and a narrower interquartile range, indicating that participants report fewer reductions in working hours compared to the other types. In contrast, the relapsing-remitting type exhibits a higher median and a wider interquartile range, reflecting a broader range of experiences with more frequent reductions in working hours. The secondary-progressive type shows a median and interquartile range that fall between those of the primary-progressive and relapsing-remitting types, suggesting a moderate level of impact on working hours. Overall, the relapsing-remitting type demonstrates the greatest impact on reduced working hours.
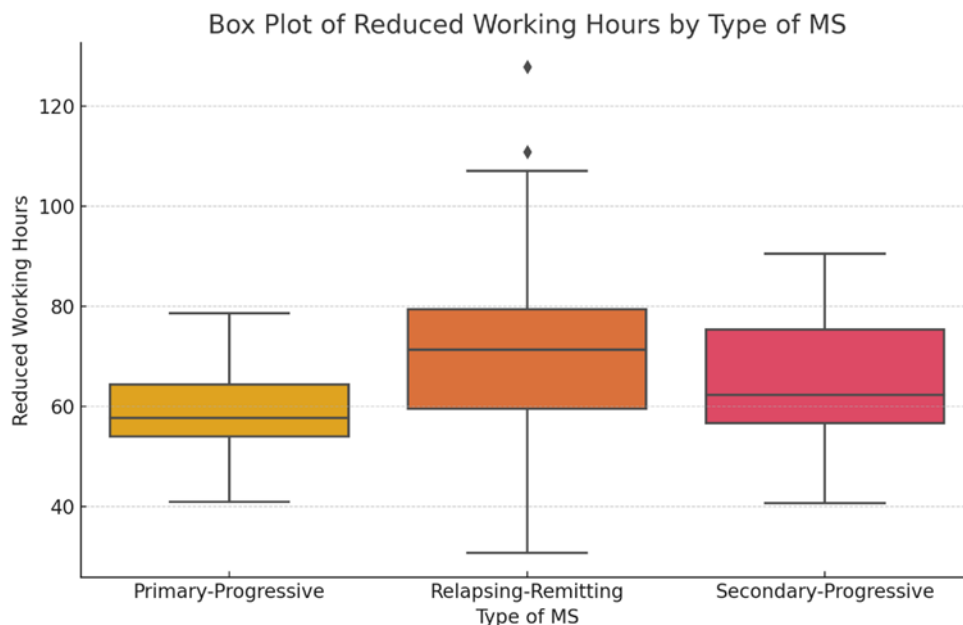
Figure 1. **Box Plot of reduced working hours by the type of multiple sclerosis**

Figure 2 illustrates the impact of different types of multiple sclerosis on the reduction in activities, showing how participants across the three types report fewer activities. Participants with the primary-progressive type of multiple sclerosis exhibit a lower median and a smaller interquartile range, indicating a relatively smaller reduction in activities. In contrast, the relapsing-remitting type shows a higher median and a wider interquartile range, signifying a greater range and frequency of activity reduction. The median and interquartile range for the secondary-progressive type fall between those of the primary-progressive and relapsing-remitting types, suggesting a moderate impact on activity levels. Overall, this box plot demonstrates that the relapsing-remitting type generally results in a more substantial reduction in activities compared to the primary-progressive and secondary-progressive types, likely due to the larger number of participants.
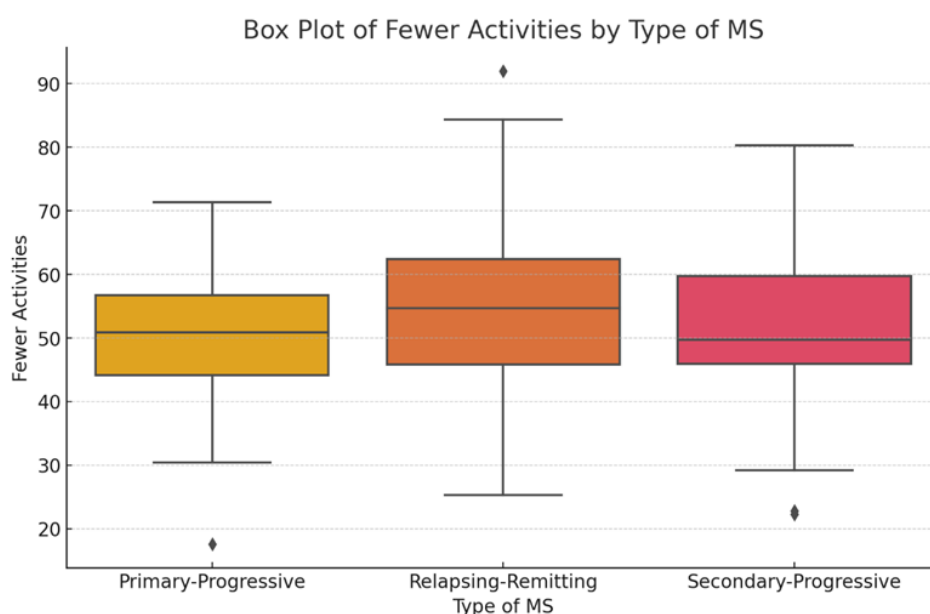

Figure 2. **Box Plot of fewer activities by the type of multiple sclerosis**

Figure 3 illustrates the impact of emotional problems on activities of daily living, showing the variation in how emotional issues affect participants across the three types of multiple sclerosis. For the primary-progressive type, the plot reveals a lower median and a more compact interquartile range, suggesting that emotional problems have a somewhat lesser impact on daily activities. In contrast, the relapsing-remitting type shows a higher median and a broader interquartile range, indicating that emotional problems significantly and variably affect daily activities for participants in this group. The secondary-progressive type has a median and interquartile range that fall between the other two types, indicating a moderate impact of emotional problems.
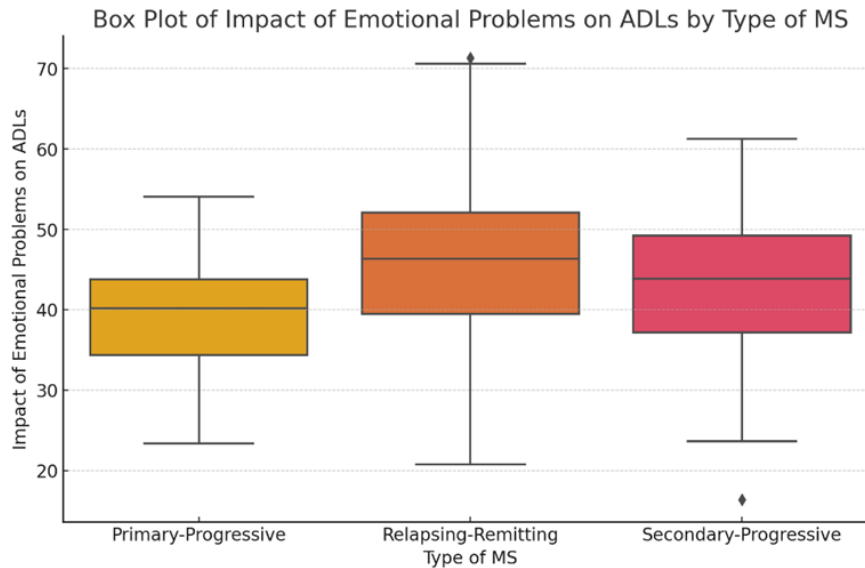

Figure 3. **Box Plot of impact of emotional problems on daily activities by the type of multiple sclerosis**

ANOVA tests were performed to evaluate whether significant differences exist in various outcomes among different types of multiple sclerosis. The outcomes assessed include reduced working hours, fewer activities, and the impact of emotional problems on daily activities. For reduced working hours, the p-value is 1.75×10^{-5}, which is significantly less than 0.005. This result indicates a highly significant difference in reduced working hours among the different types of multiple sclerosis. Therefore, we can reject the null hypothesis and conclude that the mean reduction in working hours varies significantly across different types of multiple sclerosis. For fewer activities, the p-value is 0.0062. Since this value is below the 0.05 threshold, it suggests a significant difference in the number of activities reported across the types of multiple sclerosis. We again reject the null hypothesis, indicating that the frequency of reported fewer activities differs significantly among the various types of multiple sclerosis. For the impact of emotional problems on daily activities, the p-value is 6.04×10^{-6}, which is extremely low. This indicates a very significant difference in how emotional problems affect daily activities across the types of multiple sclerosis. As such, we reject the null hypothesis here as well. The ANOVA test results consistently show significant differences in all three outcome variables when comparing different types of multiple sclerosis. These results provide strong evidence that the type of multiple sclerosis has a meaningful impact on reduced working hours, fewer activities, and the effect of emotional problems on daily activities. The small p-values across all tests strongly suggest that these observed differences are statistically significant and not due to random chance.

4. DISCUSSION

Many research papers have demonstrated the effectiveness of occupational therapy in improving functional outcomes and enhancing the quality of life for individuals with multiple sclerosis, particularly regarding work performance. Studies indicate that occupational therapy interventions can lead to significant improvements in daily activities, work performance, and overall well-being. However, the need for continued research is critical to further clarify these interventions and ensure they remain responsive to the evolving needs of people with multiple sclerosis.

One study (Fantoni-Quinton et al., 2016) revealed that 74.3% of participants experienced an impact on their employment due to multiple sclerosis. Despite the effects of the disease, 68.1% of the participants were still employed at the time of the survey. This indicates a substantial impact of multiple sclerosis on job retention, with 27.2% of respondents having discontinued their occupational activities for reasons related to the disease. The study highlights the critical role of early occupational intervention. By addressing employment issues promptly and ensuring that individuals with multiple sclerosis are aware of the available support tools, job retention can be improved. The findings suggest that more individualized strategies and resources are needed to support individuals with multiple sclerosis in the workplace. Enhanced education about job-retention tools, coupled with timely interventions, can significantly extend employment opportunities and improve the quality of life for people with multiple sclerosis (Fantoni-Quinton et al., 2016).

Another study (Gulick, 2001) investigates the complex relationship between emotional distress and the ability to perform daily activities in individuals with multiple sclerosis. The research examines the roles of personal attributes and social support as potential mediators and moderators in this relationship. This study contributes to our understanding of how emotional distress affects daily activities in multiple sclerosis patients, with a focus on the crucial roles of personal attributes and social support. By identifying these factors as mediators and moderators, the research provides valuable information about potential intervention strategies. Future research should continue to explore these dynamics to develop targeted interventions that encourage personal attributes and social support, ultimately improving the quality of life for individuals with multiple sclerosis (Gulick, 2001).

Another study (Ponzio et al., 2023) provides a comprehensive examination of the predictors of unemployment among individuals with multiple sclerosis. This research offers valuable insights into the multifaceted challenges faced by these individuals in the workplace. By identifying key predictors and specific difficulties, the study lays the groundwork for developing targeted interventions to improve employment outcomes and support workforce participation for people with multiple sclerosis. Future research should continue to explore these factors and assess the effects of various occupational intervention strategies on job retention and performance among individuals with multiple sclerosis (Ponzio et al., 2023).

A meta-analytic review (Dorstyn et al., 2019) evaluates the relationship between employment status and psychological health in adults with multiple sclerosis. By analyzing data from 33 studies, this review provides strong evidence that employment has a beneficial impact on psychological health in individuals with multiple sclerosis. Employment contributes to a higher quality of life, improved mood, and effective coping strategies, serving as a valuable component in managing the disease (Dorstyn et al., 2019).

Another study (Maurino et al., 2020) offers valuable insights into the multifaceted challenges faced by individuals with multiple sclerosis concerning employment, stigma, and overall quality of life. This research provides a comprehensive view of how disease characteristics, stigma, and mental health issues intersect to affect employment and quality of life for individuals with multiple sclerosis. It emphasizes the importance of addressing not only the physical aspects of the disease but also the psychological and social factors that contribute to employment challenges. By integrating this information into clinical

practice, occupational therapists can better support individuals with multiple sclerosis in managing their condition and maintaining employment. This study calls for targeted interventions and support systems to effectively address these complex issues (Maurino et al., 2020).

5. CONCLUSIONS AND PERSPECTIVES

This research focuses on the significant impact of multiple sclerosis on work performance and daily activities, with emotional problems exacerbating these challenges. Occupational therapy interventions serve as a major tool in reducing these effects and improving the quality of life for individuals with multiple sclerosis. This study emphasizes the need for individualized occupational therapy strategies to address the diverse needs of multiple sclerosis patients, particularly those with the relapsing-remitting type, who experience the most substantial impacts on their functional abilities. The findings support the integration of comprehensive occupational therapy programs in the management of multiple sclerosis to enhance patient outcomes and promote independence in daily activities.

Future research should concentrate on the continued development of occupational therapy interventions for individuals with multiple sclerosis. The focus should be on creating personalized strategies that address the specific needs associated with different types of multiple sclerosis, especially the relapsing-remitting type, which has shown the most significant impact on functional abilities. Additionally, exploring the roles of emotional distress and social support as mediators in daily activities can provide deeper insights into effective intervention strategies.

Informed Consent Statement: The study's consent requirement was waived due to the anonymity of the participants. The structured questionnaires used were strictly anonymous, ensuring that no personally identifiable information was collected from the participants. This approach protected participant privacy and confidentiality, aligning with high ethical standards. Additionally, participation was voluntary; participants willingly took part in the study without any coercion. They were not obligated to answer any questions they deemed inappropriate or that could potentially compromise their privacy. Due to COVID-19 restrictions at the time of data collection, the questionnaires were distributed online via Google Forms. This method facilitated data collection while minimizing the risk of virus transmission. The research adhered to high ethical standards by ensuring that the study design minimized any potential risks to participants. The measures taken to protect anonymity, and the voluntary nature of participation justified the waiver of consent.

Conflicts of Interest: The author declares no conflict of interest

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Ergoterapinės intervencijos ir jų įtaka žmonių, sergančių išsėtine skleroze, darbo našumui ir kasdieniam gyvenimui

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Tyrimo pagrindimas. Išsėtinė sklerozė (IS) yra lėtinė neurologinė liga, pažeidžianti centrinę nervų sistemą, sukelianti įvairius fizinius, pažinimo ir emocinius iššūkius, kurie daro didelę įtaką kasdienei veiklai ir darbo našumui. Ergoterapija (ET) yra itin svarbi slopinant IS simptomus. Intervencijos gerina funkcinę veiklą, skatina nepriklausomybę ir bendrą gerovę.

Tikslas. Įvertinti ET intervencijų įtaką asmenų, sergančių IS, darbo našumui ir kasdienei veiklai.

Metodai. Iš viso į šį tyrimą buvo įtraukti 776 dalyviai, kuriems diagnozuota IS. Duomenys buvo renkami naudojant struktūrinius klausimus, gautus iš IS Quality of Life-54 klausimyno. Tyrimo metu buvo vertinami ryšiai tarp IS tipo, darbo rezultatų, kasdienės veiklos ir ET intervencijų veiksmingumo. Statistinė analizė apėmė chi kvadrato (x^2) testus, koreliacinę analizę, standartinio nuokrypio ir dispersijos skaičiavimus, Box Plots ir ANOVA testus.

Rezultatai. Tyrimas parodė, kad 65% dalyvių pranešė apie sutrumpintas darbo valandas, 78% atliko mažiau veiklos nei norėjosi, o 66% patyrė darbo užduočių ar kasdienės veiklos apribojimus dėl IS. Emocinės problemos taip pat turėjo įtakos darbo našumui ir kasdienei veiklai. ANOVA testo rezultatai atskleidė reikšmingus sutrumpėjusių darbo valandų, apribotos veiklos ir emocinių problemų poveikio skirtumus tarp skirtingų IS tipų. Recidyvuojantis-remituojantis IS tipas turėjo didžiausią poveikį darbo našumui ir kasdienei veiklai.

Išvados. ET vaidina lemiamą vaidmenį sprendžiant funkcinius ir emocinius iššūkius, susijusius su IS. Intervencijos yra ypač naudingos gerinant darbo rezultatus ir kasdienę veiklą, ypač asmenims, sergantiems recidyvuojančia-remituojančia IS. Individualios ET strategijos turėtų būti pritaikytos atsižvelgiant į specifinius asmenų, sergančių skirtingų tipų IS, poreikius.

Reikšminiai žodžiai: ergoterapija; išsėtinė sklerozė; kasdienė veikla; darbo našumas