

Multidisciplinary

Multidisciplinary care occurs when professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient's health and other needs as possible. This can be delivered by a range of professionals functioning as a team under one organisational umbrella or by professionals from a range of organisations, including private practice, brought together as a unique team. As a patient's condition changes over time, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient. From the individual patient's point of view, this distinction is not critical — patients “see” care delivered in similar aliquots, and by a similar range of disciplines (Mitchell and others 2008).

Miller and others 2009b

Does multidisciplinary management improve outcomes?

Conclusions

- Two Class II studies and 1 Class III study show that multidisciplinary clinics specializing in ALS care are probably effective in several ways: increased use of adaptive equipment; increased utilization of riluzole, PEG, and NIV; improved quality of life; and lengthened survival. However, 1 Class II study with low use of treatments found no survival benefit.

Recommendations

- Specialized multidisciplinary clinic referral should be considered for patients with ALS to optimize health care delivery (Level B) and prolong survival (Level B), and may be considered to enhance quality of life (Level C).

Ng and others 2009

Multidisciplinary care for adults with amyotrophic lateral sclerosis (ALS)/motor neuron disease (MND)

This review did not find any high quality randomised controlled trials that examined the effectiveness of such multidisciplinary care. The evidence from low quality studies suggests that such care may improve some aspects of quality of life, reduce the frequency of hospitalisation and hospital length of stay and improve disability in persons with ALS or MND. The evidence for multidisciplinary care on survival is conflicting.

The gap in current research should not be interpreted as proof that multidisciplinary care is ineffective. Further research into types of appropriate studies, caregiver needs and various aspects of multidisciplinary care in the MND population is needed.

Implications for practice

In the absence of randomised controlled trials or controlled clinical trials, the 'best' evidence to date, based on five observational studies, supports the current European Federation of Neurological Societies (EFNS) (Anderson 2005) and the British Society of Rehabilitation Medicine (BSRM) guidelines and standards (RCP 2008) for multidisciplinary care in MND or ALS.

The absence of proof that multidisciplinary care is effective must not be interpreted as proof that this approach is ineffective. There are multiple, well-defined interventions, such as nutritional support and respiratory support, and interventions by physical, occupational and speech therapists which have individually had significant impact on disease course. The gap in



available trial data showing efficacy when offered simultaneously in a multidisciplinary setting should not at all implicate therapeutic nihilism in the treatment of ALS/MND.