

The Clinical Neuropsychiatry of Multiple Sclerosis

By Anthony Feinstein, MPhil, PhD, MRCPsych, FRCPC

Multiple sclerosis (MS) is the most common cause of neurological disability in young and middle-aged adults. Although Charcot¹ noted behavioral changes associated with MS, nearly a century would elapse before researchers began defining their full extent and severity.² Broadly speaking, abnormalities may be divided into those of mood and cognition. Many patients are afflicted with both and it is essential that clinicians are not only aware of this but understand how to detect problems and provide treatment.

The lifetime prevalence of major depression in MS patients approaches 50%.³ As Scott B. Patten, MD, and colleagues note, these data came from specialist clinics with the potential for ascertainment bias. Shifting their inquiry into a large community-based sample, they report that the rates of mood disorder remain elevated largely in younger MS patients. While it is partly reassuring to find that aging comes with at least one benefit, the gist of this study is to reinforce the message that clinically significant depression is a problem for MS patients. Not only does it adversely affect quality of life and lead to increased suicidal thinking,⁴ it exerts more subtle deleterious effects as Peter A. Arnett, PhD, reveals. In a longitudinal study exploring the relationship between depression and cognition, Arnett reports that MS patients with prominent evaluative symptoms of depression (ie, feelings of inferiority, failure) have greater difficulty with cognitive tasks that encompass information processing speed and executive function linked to working memory. A preoccupation with negative thoughts may reduce the cognitive capacity necessary for aspects of attention and working memory.

These data complement the review article of Ralph H.B. Benedict, PhD, ABPP-CN, that focuses on methods of detecting cognitive dysfunction in MS. As with mood disorders, impaired cognition has been linked to difficulties with work, relationships, and, in more extreme cases, basic activities of daily living.⁵ Usually, the more subtle pattern of deficits associated with demyelination differ from those seen in cortical-type dementias and will be missed should clinicians rely on screening instruments like the Mini-Mental State Examination. At the same time, the method of choice for eliciting deficits, namely neuropsychological testing is expensive and frequently not readily available. This has meant that

alternative instruments, like the Multiple Sclerosis Neuropsychological Screening Questionnaire, assume an added prominence. With good sensitivity, specificity, and ease of administration this informant based scale makes a useful addendum to the neurological examination. It is in the same light that the magnetic resonance imaging (MRI) rating scale by Laury Chamelien, MD, FRCPC, and colleagues should be viewed.

In many ways this is a throwback to the early days of clinical MRI. In the 1980s, before the development of sophisticated computer algorithms that could compute lesion volume in addition to indices of parenchymal loss, rating scales were relied upon to quantify brain changes. Relatively unsophisticated, they involved the researcher measuring the diameter of lesions from a hardcopy of the image and then weighting the measurement according to a specified protocol. The lack of sensitivity of this approach meant that cognition-brain correlates were at best modest while depression-brain correlates were seldom if ever noted. The advantage to this technique was that, like the Multiple Sclerosis Neuropsychological Screening Questionnaire, it was easy to use. Chamelien and colleagues have resurrected this methodology but applied it in a far more select fashion by targeting brain slices rich in cholinergic pathways. The result is a method that offers promise as a clinically useful predictor of cognitive dysfunction.

Much has been learned about the behavioral abnormalities associated with MS over the past 2 decades. What is needed now is to translate these advances into improved clinical care for patients. To reduce the morbidity associated with low mood and impaired cognition it is imperative for research and education to guide clinical practice. The evidence, presented here, suggests this is starting to occur. **CNS**

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Clinical Neuropsychiatry Of Multiple Sclerosis

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Clinical Neuropsychiatry Of Multiple Sclerosis:

The Clinical Neuropsychiatry of Multiple Sclerosis Anthony Feinstein, 1999-08-12 This book provides a detailed survey of the emotional behavioural and cognitive disorders prevalent among patients with Multiple Sclerosis MS including depression mania psychosis pathological laughing and crying and cognitive dysfunction Attention has tended to focus on the physical aspects of MS the commonest source of neurological disability in young and middle aged adults but recognition and treatment of the behavioural changes associated with the disease can be equally important in improving quality of life for the patient For each of the neuropsychiatric disorders associated with MS clear clinical guidelines are given for diagnosis and treatment there is a detailed review of the literature and case vignettes are incorporated There are chapters on screening and neuroimaging and a final chapter examines the broader concept of subcortical white matter dementia This book will be of interest to psychiatrists neurologists psychologists nurses and other professionals involved in the management of patients with MS

Multiple Sclerosis Uriel Halbreich, 1993 This interdisciplinary volume presents both recent research and solid clinical information on the neuropsychiatric aspects of multiple sclerosis The information in *Multiple Sclerosis A Neuropsychiatric Disorder* is presented in a format that is valuable to everyone from scientists and clinician specialists to primary care physicians Depression euphoria indifference and other mood and cognitive symptoms are among the most noticeable characteristics of multiple sclerosis In *Multiple Sclerosis A Neuropsychiatric Disorder* the authors not only address how to deal with these symptoms they also examine the ethical questions of treating symptoms such as euphoria and indifference i e should they be treated at all as they might play a positive role in patients interaction with their environment

Mind, Mood, and Memory Anthony Feinstein, 2022-03-01 Written in an immediate accessible way this book has a crossover appeal making it of interest not only to neurologists psychiatrists neuropsychiatrists neuropsychologists psychologists occupational therapists and nurses but to people with MS and their caregivers family and friends [Textbook of Clinical Neuropsychology](#) Joel E. Morgan, Joseph H. Ricker, 2016-02-26 Containing 50 chapters by some of the most prominent clinical neuropsychologists the *Textbook of Clinical Neuropsychology* sets a new standard in the field in its scope breadth and scholarship Unlike most other books in neuropsychology the *Textbook* is organized primarily around syndromes disorders and related clinical phenomena Written for the clinician at all levels of training from the beginner to the journeyman the *Textbook* presents contemporary clinical neuropsychology in a comprehensive volume Chapters are rich with reviews of the literature and clinical case material spanning a range from pediatric to adult and geriatric disorders Chapter authors are among the most respected in their field leaders of American Neuropsychology known for their scholarship and professional leadership Rarely have so many distinguished members of one discipline been in one volume This is essential reading for students of neuropsychology and all others preparing for careers in the field **Textbook of Clinical**

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aspects of multiple sclerosis from epidemiology to assessment tools The role of neuroimaging and especially MRI is then explained and treatment approaches and rehabilitation strategies are described The core section of the volume is the second in which the various forms of neuropsychiatric dysfunction are considered in depth Especially detailed attention is devoted to depression but the other main categories of disturbance are also described and discussed The final section addresses cognitive dysfunctions since they represent some of the worst events that patients with multiple sclerosis can suffer and are intimately related to neuropsychiatric dysfunction

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Neuropsychiatric Symptoms of Inflammatory Demyelinating Diseases Bruno Brochet,2015-07-23 This book is an up to date comprehensive review of the neuropsychiatry of multiple sclerosis and related diseases by active authorities in the field with an emphasis on diagnosis and management Critical appraisal of the methodological aspects and limitations of the current research on the neuropsychiatry of demyelinating diseases is included and unanswered questions are highlighted Pharmacological aspects of management are discussed *Neuropsychiatric Symptoms of Inflammatory Demyelinating Diseases* is aimed at neurologists multiple sclerosis specialists and psychiatrists and will also be of interest to intensive care doctors psychologists ad neuropsychologists research and specialist nurses clinical researchers and methodologists *Canadian Journal of Psychiatry* ,2009 **The American Journal of Psychiatry** ,2000-10 **Diagnosis and Rehabilitation in Clinical Neuropsychology** Charles J. Golden,1981 **The American Psychiatric Publishing Textbook of Alzheimer Disease and Other Dementias** Myron F. Weiner,Anne M. Lipton,2009 Offering a comprehensive overview of dementia for psychiatrists and other health care practitioners the authors review pharmacologic behavioral and environmental treatments and present information on nearly every subject related to dementing conditions or illnesses **Arquivos de neuro-psiquiatria** ,2002 *The American Psychiatric Press Textbook of Neuropsychiatry* Stuart C. Yudofsky,Robert E. Hales,1992

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