



ASSESSMENT AND MANAGEMENT OF PSYCHIATRIC DISORDERS IN INDIVIDUALS WITH MULTIPLE SCLEROSIS

This is a summary of the American Academy of Neurology (AAN) guideline regarding screening, diagnosing, and treating psychiatric disorders in individuals with multiple sclerosis (MS).

Please refer to the full guideline at AAN.com/guidelines for more information, including definitions of the classifications of evidence and recommendations.

Screening and Diagnosis

What clinical evaluation procedures and screening and diagnostic tools can be used to accurately identify symptoms and make diagnoses of emotional disorders in individuals with MS?

Weak evidence	In individuals with MS, the CNS Emotional Lability Scale is possibly effective and may be considered for screening for pseudobulbar affect (PBA) (Level C). The General Health Questionnaire is possibly effective and may be considered for identifying individuals with broadly defined emotional disturbances (Level C). The Beck Depression Inventory (BDI) and a 2-question screen are possibly effective and may be considered for identifying individuals with major depressive disorder (MDD) (Level C).
Insufficient evidence	There is insufficient evidence to support or refute using the Center for Epidemiologic Studies Depression Rating Scale to screen for depressive symptoms or a single question to screen for MDD (Level U); the possibility that somatic or neurovegetative symptoms negatively affect the accuracy of BDI results (Level U); and the use of specific instruments or clinical evaluation procedures to diagnose emotional disorders in individuals with MS (Level U).

Clinical Context

Because emotional disorders may be unrecognized in medical settings, validated screening tools might improve identification of individuals who could benefit from further evaluation and treatment. The true positive rate of a screening tool depends not only on its sensitivity but also on the point prevalence of the disorder in the population under study. Clinically, false-positive results are not a major concern because individuals with the conditions typically identified (e.g., adjustment and subthreshold depressive disorders) can benefit from further assessment. Administratively, however, screening tools with high false-positive rates unnecessarily increase resource use.

Treatments

What are the effective treatments for disorders of mood in individuals with MS?

Weak evidence	For individuals with MS, a 16-week program of individual cognitive behavioral therapy (CBT) administered on the telephone is possibly effective and may be considered in treating depressive symptoms (Level C).
Insufficient evidence	There is insufficient evidence to support/refute the efficacy and use of 1) sertraline, desipramine, paroxetine, individual in-person CBT, individual in-person CBT plus relaxation training, or CBT-based group therapy for depressive symptoms; or 2) individual in-person CBT plus relaxation training, group relaxation and imagery, or CBT-based group therapy for anxiety (Level U).

Clinical context

There is evidence supporting the efficacy of pharmacologic and nonpharmacologic therapies for depressed mood and anxiety in individuals without MS. In spite of the lack of evidence in individuals with MS, these therapies are commonly used to treat emotional disorders in this population.

What are the effective treatments for disorders of affect in individuals with MS?

Weak evidence	Dextromethorphan and quinidine (DM/Q) is possibly effective and safe and may be considered for treating individuals with MS with PBA (Level C).
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Clinical context

DM/Q is the only drug approved by the US Food and Drug Administration for PBA treatment, although other drugs are used in clinical practice (e.g., selective serotonin reuptake inhibitors, tricyclic antidepressants). There are no randomized, placebo-controlled trials of these other agents.

This guideline was endorsed by the American Association of Neuroscience Nurses, the Consortium of Multiple Sclerosis Centers, and the International Organization of Multiple Sclerosis Nurses.

This statement is provided as an educational service of the American Academy of Neurology. It is designed to provide members with evidence-based guideline recommendations to assist the decision making in patient care. It is based on an assessment of current scientific and clinical information. It is not intended to include all possible proper methods of care for a particular neurologic problem or all legitimate criteria for choosing to use a specific procedure. Neither is it intended to exclude any reasonable alternative methodologies. The AAN recognizes that specific patient care decisions are the prerogative of the patient and the physician caring for the patient, and are based on all of the circumstances involved. Physicians are encouraged to carefully review the full AAN guidelines so they understand all recommendations associated with care of these patients.

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