



The Neuropsychiatry of Multiple Sclerosis

By Dr Kate Jefferies

- Both the disease process and treatment of MS can affect the mental state of patients producing a variety of symptoms. These symptoms can greatly compound the mortality and morbidity of MS patients. Treatment is often effective but does not alter the overall outcome of the illness.
- The neuropsychiatric complications of MS are varied.
- Depression is the most common mental disorder in MS and represents a considerable source of morbidity and mortality in MS. Therefore, the detection and treatment of the depressed patient is of utmost importance.
- Suicidal ideation is very common in MS. MS patients have a significantly increased rate of suicide compared to the general population and patients with other neurological disorders. As yet, there is no study proving a link between suicide and depression, although such an association is likely to exist.
- Mania may occur as part of the physical disorder or secondary to drug treatments.
- 10% of MS patients have pathological laughing and crying (PLC).
- Co-occurrence of psychosis and MS is uncommon. Most reports of psychoses and MS are single case studies. Davison and Bagley's (1969) literature review identified 39 case reports, a finding which does not exceed chance expectation. Examining for MS in large inpatient psychiatric populations has validated this finding. There are, however, no community-based epidemiological studies.
- Since the demyelinating action of multiple sclerosis predominantly affects the white matter, cognitive dysfunction associated with the disease might be termed a subcortical dementia. Cognitive impairment can, of course, vary within and between patients dependent on the location of lesions.