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MS Cognitive Insights: Management, Diagnostic, and Treatment Strategies

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Freedman:

This is CME on ReachMD, and I'm Dr. Mark Freedman from the University of Ottawa in Ottawa, Ontario, Canada. And joining me today is my colleague, Dr. Ahmed Obeidat.

Ahmed, what are some of the strategies that you can use to manage patients when you're addressing the concern of cognition?

Dr. Obeidat:

Yeah, this is a great question, and a difficult one, actually, because we hear this a lot in our clinic, right? People come in and the patient's story and what they're telling us is that I'm having difficulties with memory, I'm having difficulty with my kind of attention, with being able to complete tasks on time. And sometimes it's actually noticed at work or people in the family are noticing it and people are giving the patient comments like, oh, are you okay? You forgot to do this. You misplaced something in a different place. And that raises some questions for us on how to assess cognition and then how to manage it. And one of the things that we kind of adopt in the clinic is a teamwork. This is one of the complex manifestations of multiple sclerosis, and especially in the young population who is having difficulty with memory and other things that we typically don't see in that population. And what we talk about is how can we assess cognition?

You can have brief batteries, and we can use something like in the Single Digit Modality Test, the SDMT, as a screening tool. But also, we can use some more comprehensive batteries, or a little bit larger like a BICAMS, which looks at processing speed, looks at memory, visual/spatial and verbal memory. But also, the gold standard is a neuropsychological assessment, and a good thing, at the Medical College in Wisconsin where I work, is we have access to neuropsychology, which is good, but that's not an access that's everywhere. But if we can get access to this, that's a good standard. It's good to obtain this so we can identify what are the problems.

The patient story is very important. That's what I go by, typically. And even for management, I always think it's teamwork to manage this. And the patient is the captain for this because many of these interventions that can be effective, including a healthy diet, quitting smoking, doing aerobic exercise, meditation or doing something that really can engage the patient mentally, in aspects like reading books. People tell me, watch TV. I'm like, it depends on what you're watching on TV. If you're watching a thrill movie or some science fiction movie, maybe it is, but if you're just watching some comedy, maybe it's not. I don't know. But it depends on what the patient is doing, and I think this is very important.

But this is what, also, the role of mental health professionals, because it could be an underlying depression driving this. So it's important to treat that. Care partners are very important. Addressing any conflict, addressing any issues that could be kind of putting the patient in cognitively, maybe, place where they're worried about things and that can reflect on their memory and other things. Nutrition, vocational

rehabilitation, exercise professionals. So these are things that we could use to help out patients with cognitive function.

Dr. Freedman:

You mentioned a number of tests, and the shortest one may be the SDMT, but the BICAMS is 30 minutes, and a full neuropsychological test is, of course, hours long. And so a lot of people will say there's a lot of effort to try to measure this cognition change, but given the fact that, well, I guess none of our DMTs really addressed this or have been shown to address it well, so then what's the point of doing it if you can't really intervene. And you've given us some ideas about the general brain health that we're just not paying attention to enough, and these are some good advice that we can offer our patients, especially in terms of diet and exercise because they make a big difference for patients.

Dr. Obeidat:

Yeah, I agree. I fully agree, Dr. Freedman. And one of the things about it is, is when we detect the change, maybe we can educate the patient on what's going on, educate the care partner about what's going on. That's one benefit. But then maybe we can measure it to see if what intervention they're doing is actually helping. Maybe we're slowing down this cognitive decline somehow.

Dr. Freedman:

I agree. Great advice, and a great but brief discussion. And thank you, Ahmed, and thank you all for tuning in with us.

Dr. Obeidat:

Thank you very much. Thank you.

Announcer:

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