Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/neurofrontiers/cognitive-impairment-in-ms-mitigating-impacts-to-optimize-brain-health/32370/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Cognitive Impairment in MS: Mitigating Impacts to Optimize Brain Health

Announcer:
Welcome to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Christopher Lock, who's a Clinical Associate Professor of Neurology and the Clinical Trial Director of the Multiple Sclerosis and Neuroimmunology Program at Stanford University School of Medicine. He'll discuss cognitive impairment in patients with multiple sclerosis. Here's Dr. Lock now.

Dr. Lock:
To say a bit about cognitive impairment in patients with MS, the estimates vary, but it's somewhere in the range of 30 to 60 or 70 percent. For most people it's mild; for other people it's more significant. The common things that people notice are processing speed, memory, and new learning, and sometimes other things like attention and executive function—things like planning, problem-solving, and organizing a task, like following a recipe. And it's usually things that people notice gradually.

When we see people with cognitive symptoms, we like to inquire about other factors that might be playing into that, such as mood. So depression can affect one's cognitive efficiency with fatigue and poor sleep. So addressing those is important. Not smoking, reducing alcohol intake, and keeping the brain active—learning helps to fire up the neurons and keep the myelin healthy—physical exercise, learning, and keeping the brain stimulated. There isn't any set activity for that, but just something that people enjoy that keep the brain active.

Correcting vision loss and hearing loss in general seems to be protective for cognitive function, and then also, being on an effective disease-modifying therapy for MS. There's long-term follow up data since the first drugs came out 30 years ago showing that getting on treatment and remaining on treatment is protective over the long term. It's known that as well as myelin being injured, sometimes the axon can be injured in untreated MS, so we want to protect that, and the MS diagnostic criteria have tended towards earlier and earlier diagnosis, so getting onto treatment early and remaining on treatment is important. Disease-modifying therapies have been shown to reduce the risk of flare-ups, to reduce the risk of new lesions appearing on brain MRIs, and to protect the brain over time.

If somebody is experiencing cognitive symptoms, it's quite helpful to have detailed neuropsychological testing that can help to define any areas where someone might be having difficulty, and we can request accommodation at work or at school. Also, cognitive rehabilitation can be very helpful. Depending on where you go—it can be a psychologist, speech therapist, or occupational therapist—they work on restorative approaches which are aimed at neuroplasticity. So ways of retaining information such as imagery, building associations, and repetition, as well as compensatory strategies, so having things all in one place and calendars and reminders. And then seeing a neurologist at regular intervals and doing MRI monitoring and just seeing how someone is doing clinically is important.

Announcer:
That was Dr. Christopher Lock talking about cognitive impairment in multiple sclerosis. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!