## Understanding intellectual enrichment: How cognitive reserve impacts on hippocampal volume in multiple sclerosis

**Muhlert N., Penner I.K.**


**Abstract**

No abstract available

## Depression in multiple sclerosis focusing on treatment possibilities

**Hegedüs K., Kárpáti J., Szombatbelyi E., Ilijicsov A., Simó M.**

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**Abstract**

Background: Depression is common in multiple sclerosis (MS) with twelve-month prevalence rates of about 20% and lifetime prevalence rates of 50% [1]. Beyond somatic symptoms, depression is extremely important in patients' experience of multiple sclerosis and significantly affects social relationships, work capacity, quality of life. Untreated depression is associated with suicidal ideation, impaired cognitive function and poor adherence to immunomodulatory treatment [2]. In addition, some immunomodulatory drugs are contraindicated in MS patients if depression is coexisting. Therefore continuous screening and management of depressive symptoms is recommended as an integral part of consultation. A combination of medication and psychotherapy was reported to be effective in the treatment of depression [3]. In a pilot study autogenic training (AT) program was combined with cognitive behaviour therapy (CBT) with an emphasis on coping strategies. The aim of our study was to assess the status of mood in MS and to examine the effect of AT on coping strategies. Material and Methods: A group of 40 MS patients (16 males and 24 females) was tested. A group of 42 healthy controls (16 males and 26 females) was matched with the sample for gender, age and number of years of schooling. All subjects completed Zung Self-Rating Depression Scale. Motivated participants (number of 5) were selected to meet weekly for sessions in AT for 10 weeks. The training was combined with CBT and they were asked to practice the technique daily. Coping strategies were pre- and posttested in two different situations (stressful situation in everyday life; reaction on the illness) with Ways of Coping (Folkman, S., Lazarus, R.S., 1980). Results: Depression scores of MS patients (M = 42.50; SD = 8.40) were significantly higher (u(448)=0.00; p<0.01) compared to healthy control (M = 36.43; SD = 5.09). After the training program the AT group reported that they were emotionally less involved in stressful situations and handled them more effective, they used the relaxation as a self-supporting technique, it improved the quality of sleep and brought a relief from the feeling of desperation. In stressful situations of everyday life the following coping strategies were enhanced: problem analysing (M = 1.4; M= 1.6) and withdrawal (M = 1.2; M= 1.34). In relation with SM, the following coping strategies got more often after the training: problem analysing (M = 1.32; M= 1.4), goal directed behaviour (M = 1.05; M= 1.1), support seeking (M = 1.8; M= 1.9), emotional balance seeking (M = 1; M= 1.1) and withdrawal (M = 0.93; M= 1.06). Discussion: Results of our research reflect the findings of clinical studies that depression occurs more frequently in MS compared to healthy population. The training program enhanced adaptive coping strategies, in particular, with MS. The adverse effect of mood disorder on MS patients' social and everyday functioning outlines the significance of regular testing and combined management of symptoms (medication, relaxation, CBT). Future research should explore mood disorders and its background causes in more details and it should involve studies with sufficiently sized samples to assess the effect of autogenic training combined with CBT on depression and quality of life for people with multiple sclerosis. The aim should be to reinforce patients' adaptive coping strategies and effective expression of emotions.

## Treatment discontinuation in multiple sclerosis: The French Web-based survey

**ALLIANCE**
Abstract

Background: In multiple sclerosis (MS), treatment discontinuation leads to a higher risk of relapse, poorer quality of life and greater economic impact. Objective: The objective of this work is to evaluate treatment discontinuation in MS, the reasons for this and the reasons for treatment resumption. Methods: A French national Web-based survey was carried out between May and August 2011. A total of 602 MS patients answered a questionnaire on sociodemographic data, medical follow-up, disease-modifying therapies (DMTs), symptomatic treatments, care given, factors involved in treatment discontinuation and reasons for resuming treatment. Results: Among 413 patients using DMTs, 54% have considered discontinuing their treatment, primarily because of anger (61%), side effects (61%) and fatigue (57%). Sixty-eight patients have actually discontinued their treatment because of side effects (43%), lack of observed outcomes (32%), exasperation (29%) or fatigue (29%). The reasons for symptomatic treatment discontinuation were fear of addiction (32%–46%) and lack of efficacy (28%–45%). Physiotherapy was discontinued because of fatigue (37%), stress (34%) or inefficiency (31%). According to patients, treatment discontinuation could have been prevented by psychological support, care team empathy and support from family. Conclusion: The major factor that could prevent treatment discontinuation is psychological support. Initiating and monitoring treatment in MS leads to emotional and personality changes, requiring adaptations that may improve compliance.

4. Editorial: Fatigue in multiple sclerosis

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Abstract

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