Background: In 2007, our clinical research team presented a new method to assist health-care providers in detecting cognitive dysfunction related to multiple sclerosis (MS) accurately and objectively. In our initial study, the Cognitive Screening Battery was shown to assess patients with more precise results than the Mini-Mental State Examination (MMSE). The Cognitive Screening Battery was assessed based on normative cut-offs; patients performed either “above the cut-off” (within normal range) or “below the cut-off” (below expectation). Objectives: The need for a quick, reliable, cost-effective screening instrument to detect the presence of MS-related cognitive dysfunction in the real-world medical setting is clear. The purpose of this pilot study is to directly compare the Cognitive Screening Battery results of 12 MS patients with their full neuropsychological test results. Methods: Twelve individuals with MS will be administered the Cognitive Screening Battery during an initial screening evaluation at the Neurology Center of Fairfax. This 30-minute test, which includes the MMSE, will be administered by a technician. Two slightly different screening batteries will be used, one for patients younger than age 50 and another for those older than age 50. All 12 patients will then be referred for full neuropsychological evaluation with a licensed clinical neuropsychologist regardless of their cognitive screening test results. For the purposes of our study, we are focusing on the auditory processing speed and graphomotor processing speed components of the assessment, specifically the Paced Auditory Serial Addition Test (PASAT), Digit-Symbol Coding, and Symbol Search. Results: Five individuals have completed both portions of testing. Preliminary interim results suggest that the Cognitive Screening Battery provides adequate detection of cognitive impairment in individuals with MS (as validated by the test results of a full, 4-hour neuropsychological evaluation). The results of this study are expected to provide clearer direction to MS health professionals in making recommendations to assist in clinical decisions, as well as identify MS patients who may not have access to formal neuropsychological services.

Disclosure: Nothing to disclose

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