(S34) DIFFERENTIAL IMPACT OF DEPRESSION AND FATIGUE ON MEMORY FUNCTION IN MULTIPLE SCLEROSIS
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Background: Multiple sclerosis (MS) patients often experience varying degrees of cognitive, physical, and psychological symptoms. Memory dysfunction, a cognitive symptom of MS, is highly associated with depression and fatigue. Because MS patients are likely to report depression and fatigue to their physician, it is imperative that members of the medical community assess for these factors and their impact on memory function. Objectives: This study evaluates the impact of depression and fatigue, as assessed by the Beck Depression Inventory (BDI-II), Geriatric Depression Scale (GDS), and 36-item Short Form Health Status Survey (SF-36) Vitality scale, on cognitive performance in MS patients. Methods: Twenty-nine individuals diagnosed with MS who were followed in an MS clinic (21 female, 8 male; mean age, 43.03 years) were administered a standardized Cognitive Screening Battery evaluating simple attention, verbal learning, recall, recognition, information processing speed, executive function, mental status, and mood. To evaluate quality of life in MS, we added the SF-36 (mean completion time, 7.21 min). Results: Forty-eight percent of MS patients reported significant fatigue; 79% of patients reported clinical depression. Forty-one percent of patients reported both fatigue and depression; 83% of these patients performed below expectations on one or more measures of the cognitive screen. These patients were impaired on measures of information processing speed (78%), verbal learning (67%), recall (67%), recognition (67%), executive function (33%), and language (78%). Thirty-eight percent of patients reported depression without fatigue. Of this group, 73% of patients were below expectations on one or more measures of the cognitive screen. These patients were impaired on measures of information processing speed (75%), verbal learning (50%), recall (50%), recognition (13%), executive function (63%), language (50%), and simple attention (38%). Conclusions: The results of this pilot study reveal 50% impairment of recall and 13% impairment of recognition for depressed patients, with 67% impairment of recall and 67% impairment of recognition for patients reporting both depression and fatigue. Memory function did not improve with cues for depressed and fatigued patients, suggesting significant differences between the groups. Further analysis of these differences is critical for appropriate pharmacologic management of memory dysfunction in patients with MS.

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