(W07) COGNITIVE SCREENING FOR PEOPLE WITH MULTIPLE SCLEROSIS IN RURAL AREAS

K. Fuchs,1 J. Nguyen,2 J. Ducharme,1 A. McDermott,1 D. Ball3

1Neurology, University of Virginia, Charlottesville, VA; 2The University of Virginia, Charlottesville, VA; 3Blue Ridge Chapter of the National Multiple Sclerosis Society, Charlottesville, VA

Background: Cognitive dysfunction in multiple sclerosis (MS) is associated with unemployment and decreased participation in community activities. Many people with MS live in rural areas without easy access to neuropsychological assessment services. As a result, they may be denied disability benefits because of lack of documentation of their cognitive deficits. They may also struggle to understand how cognitive changes affect their activities of daily living. Objectives: Neuropsychologists affiliated with the James Q. Miller MS Clinic at the University of Virginia have partnered with the Blue Ridge Chapter of the National Multiple Sclerosis Society to bring cognitive screening services to individuals who might otherwise be unable to afford or access these services. The Blue Ridge Chapter serves a large area of central Virginia and includes many rural communities located 2 or more hours away by car from a multidisciplinary MS clinic. The goal of this project is to provide individuals with information about their abilities as well as strategies for compensating for their difficulties. Methods: The Blue Ridge Chapter has advertised the events and screened potential participants using the MS Neuropsychological Questionnaire. Participants have an hour-long session in which they meet with a neuropsychologist for a brief background interview and are administered the Repeatable Battery for the Assessment of Neuropsychological Status and the Beck Depression Inventory. Test results are discussed with the participant at the end of the session, and appropriate compensatory strategies are suggested. Individuals who exhibit significant symptoms of depression are provided with information regarding mental health services in the area. Results: The results from the first two outreach programs will be presented, including consumer satisfaction ratings and correlations between subjective assessment of abilities and objective test results. Additionally, a comparison of performance level will be made between those who participate in the program and those who are screened as part of a visit to the UVA MS clinic during the same time period. Conclusions: To date, this program has been very enthusiastically received. Should our data suggest that there is a significant unmet need in rural Virginia, we will apply for grant funding to continue our outreach efforts.

Supported by: Blue Ridge Chapter of the National Multiple Sclerosis Society


Keywords: service delivery in MS, psychosocial issues in MS