(W20) VALIDATING A COGNITIVE REHABILITATION PROGRAM FOR EXECUTIVE DEFICITS IN MULTIPLE SCLEROSIS

N. Richard,¹,² C. Carter,² K.E. Sist,² P. Gryfe,² B. Levine¹,³,⁴

¹Rotman Research Institute, Baycrest Centre, Toronto, Ontario, Canada; ²Elkie Adler MS Clinic, Baycrest Centre, Toronto, Ontario, Canada; Departments of ³Psychology and ⁴Medicine, University of Toronto, Toronto, Ontario, Canada

Background: Deficits in executive functioning and executive aspects of attention are among the most common cognitive impairments in people with multiple sclerosis (MS). These cognitive deficits have been linked to significant disruption of occupational performance activities in the areas of work, leisure, self-management, and socialization and may also interfere with physical or medical therapies. However, reviews of the literature indicate that there are no empirically validated treatments for people with MS that target these impairments. Objectives: As a potential treatment for executive and attention deficits in MS, a double-blind randomized controlled trial is being conducted to evaluate Goal Management Training (GMT). Methods: GMT is a nine-session small-group-based program that teaches patients to use an internalized strategy (“Stop-State-Split”) to keep “on track” in their daily activities. A mindfulness meditation training component within the GMT program is used to enhance attentional awareness and develop attentional control. This study compares GMT with a nine-session general psychoeducational group-based program about the brain, cognition, lifestyle factors, and MS, aimed at increasing awareness and providing support without the specific strategy training of GMT. Participants with MS and documented attention and executive deficits (N = 30) are randomly assigned to groups to complete the GMT or psychoeducational program. Cognitive, behavioral, and neurophysiologic (electroencephalogram) measures of outcome are evaluated before and after treatment and at a 6-month follow-up to determine the feasibility and clinical utility of GMT as a cognitive rehabilitation approach for people with executive and attention deficits due to MS. Results: This study is a work in progress. Preliminary results show trends of improved sustained attention, planning, and organization immediately following the GMT program, compared with the psychoeducational group program. Conclusions: Should the immediate treatment effects of GMT be maintained with significantly better outcomes at the 6-month follow-up, GMT will be validated as an unprecedented means of cognitive rehabilitation for individuals with executive and attention deficits due to MS.

Supported by: Canadian Institutes of Health Research and National Institute of Mental Health

Disclosure: Nothing to disclose

Keywords: rehabilitation strategies and therapy and MS