



Neuropsychological guidelines

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Maguet

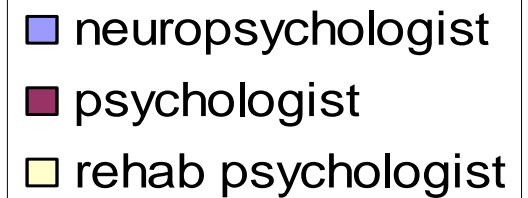
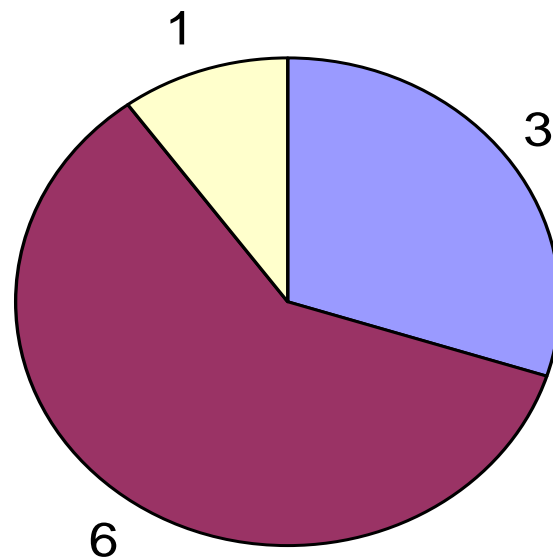
Guidelines

- ◆ questionnaires, n=10
- ◆ Spain, Israel, UK, Belgium, Denmark × 2, Italy, Estonia, Switzerland, Finland



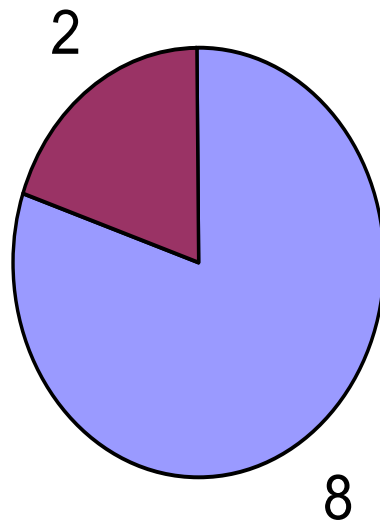
Guidelines - profession

Question 2 - profession



Guidelines - work place

question 3 - work place



■ rehab center

■ neuro / academic
hospital

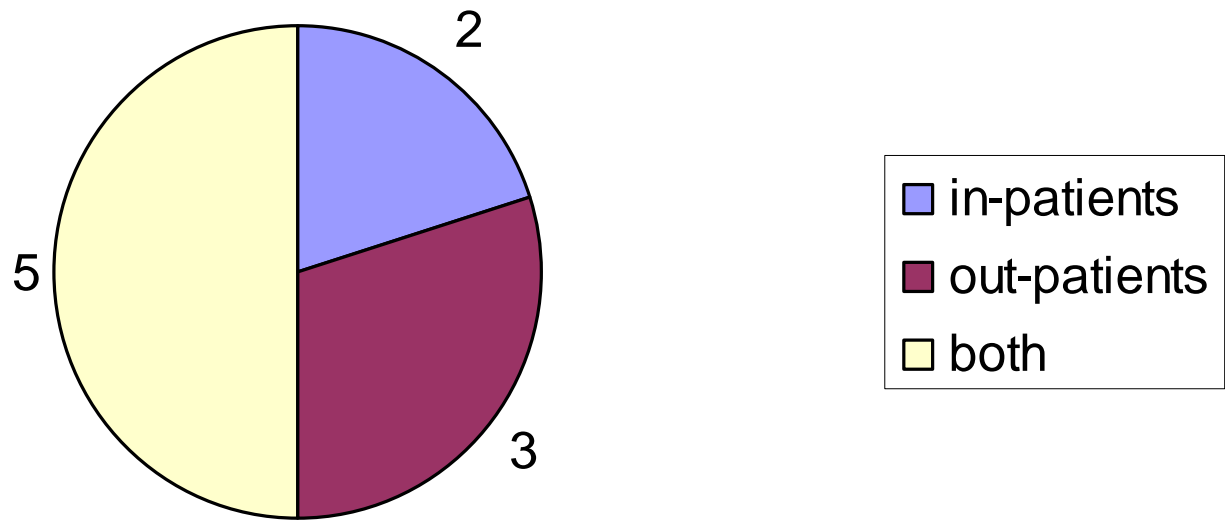



Guidelines - EDSS

- ◆ range: 0-10 (2-9, 0-10, 2-9, 0-9, 0-8.5, 1-10, 4.5-5.5, 3 empty)
- ◆ mean: 5.5, 6, 3.5, 4.5, 5, 5 empty

Guidelines - type of PwMS

question 5 - type of patients

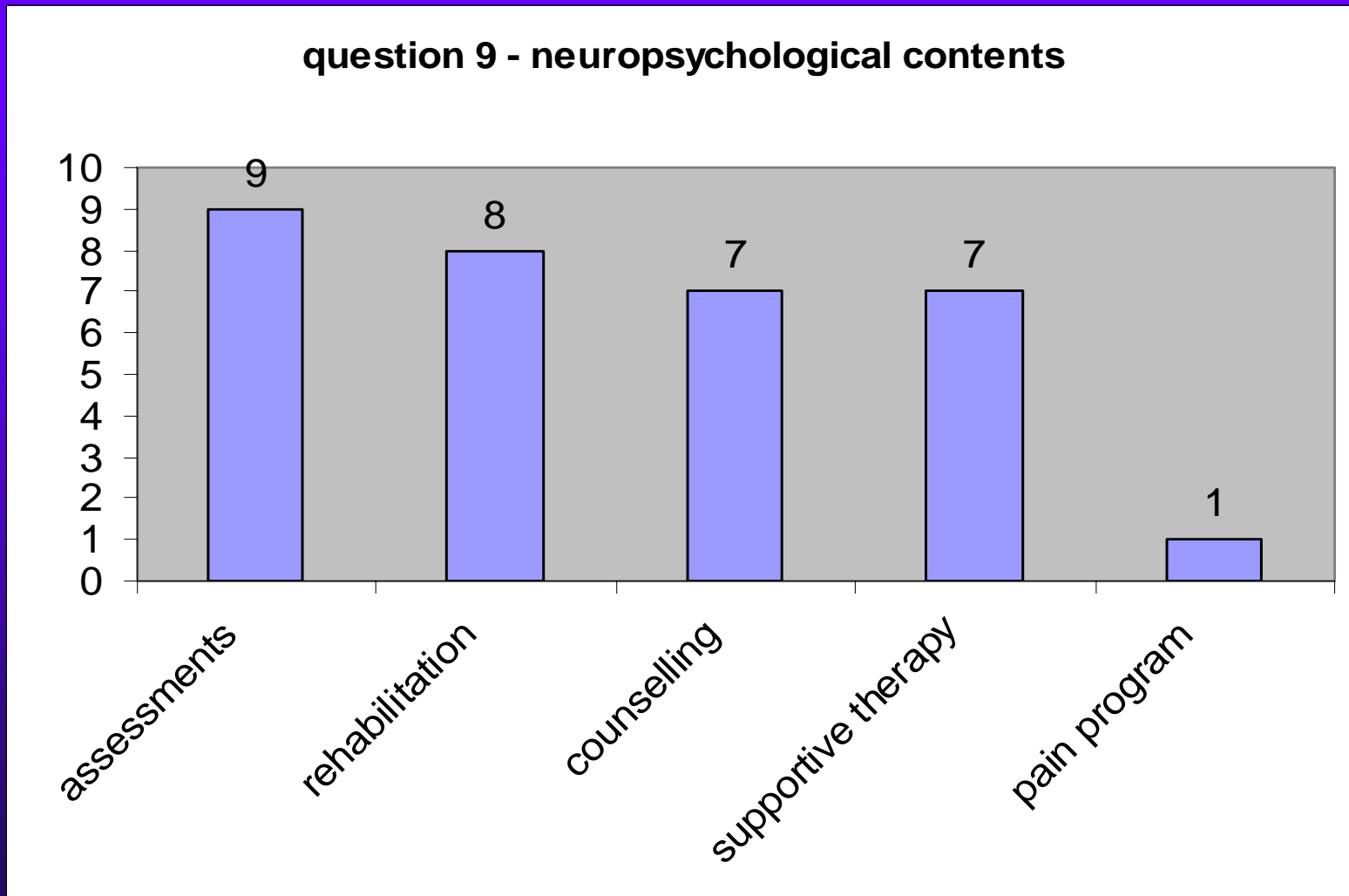




Guidelines - neuropsychologists

- ◆ number of nps: 0, 1, 3, 4, 6.5, 2, 3, 0, 0, 5, mean 2.45
- ◆ working hours: 22, full time, 61, 37, 20, 37.5, 21-31
- ◆ treated PwMS / week: 14, 12, 40, 4-10, 10-15, 5, about 30, 0.5

Guidelines - nps's content of work





Guidelines - assessment

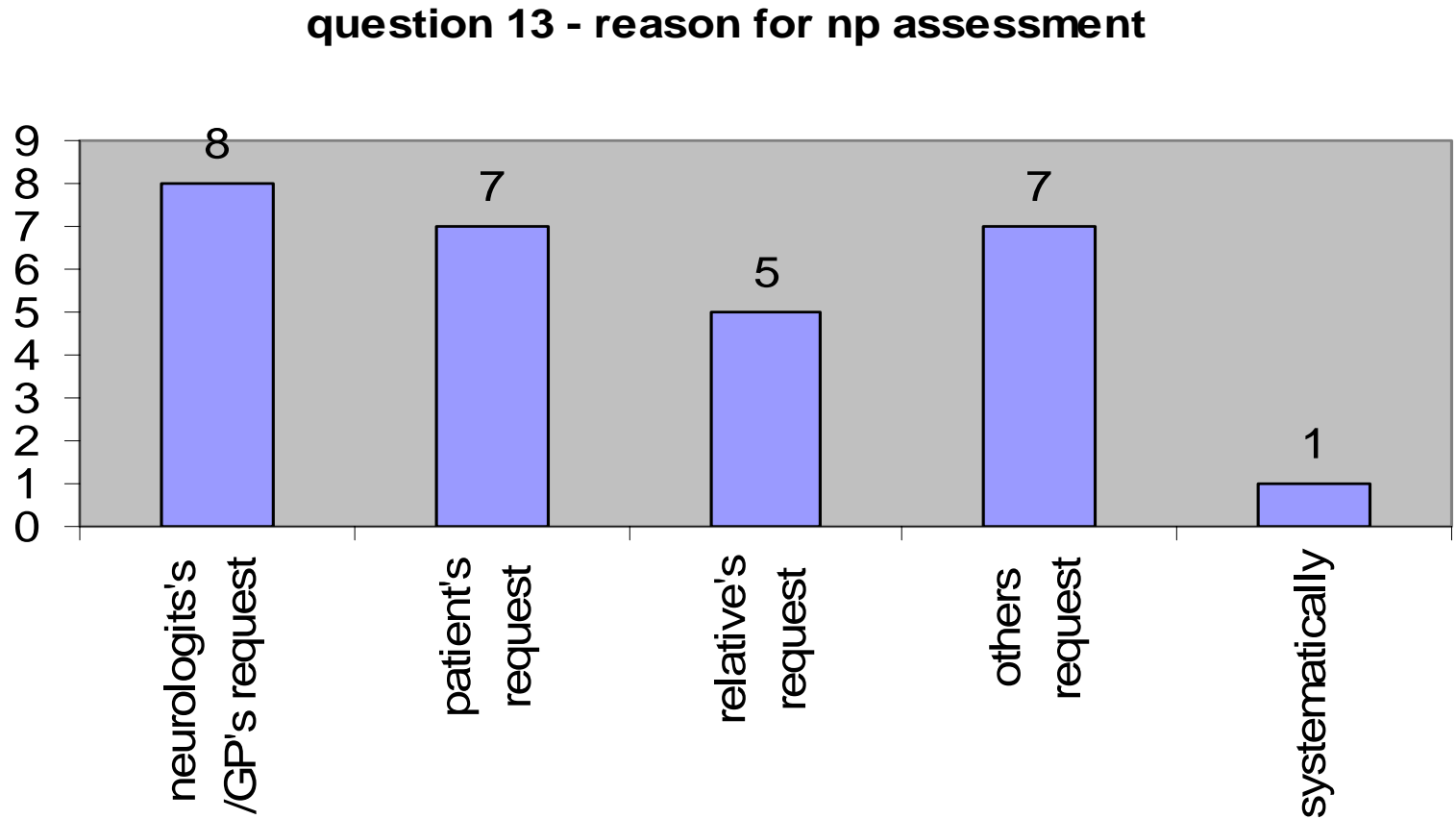
- ◆ in charge on np assessments and rehabilitation:
 - 6 neuropsychologists,
 - 1 psychologist,
 - 1 ot,
 - 1 speechtherapist,
 - 1 psychiatrist
- ◆ should all MS patients be assessed?
 - 7 no
 - 3 yes



Guidelines - treated PwMS

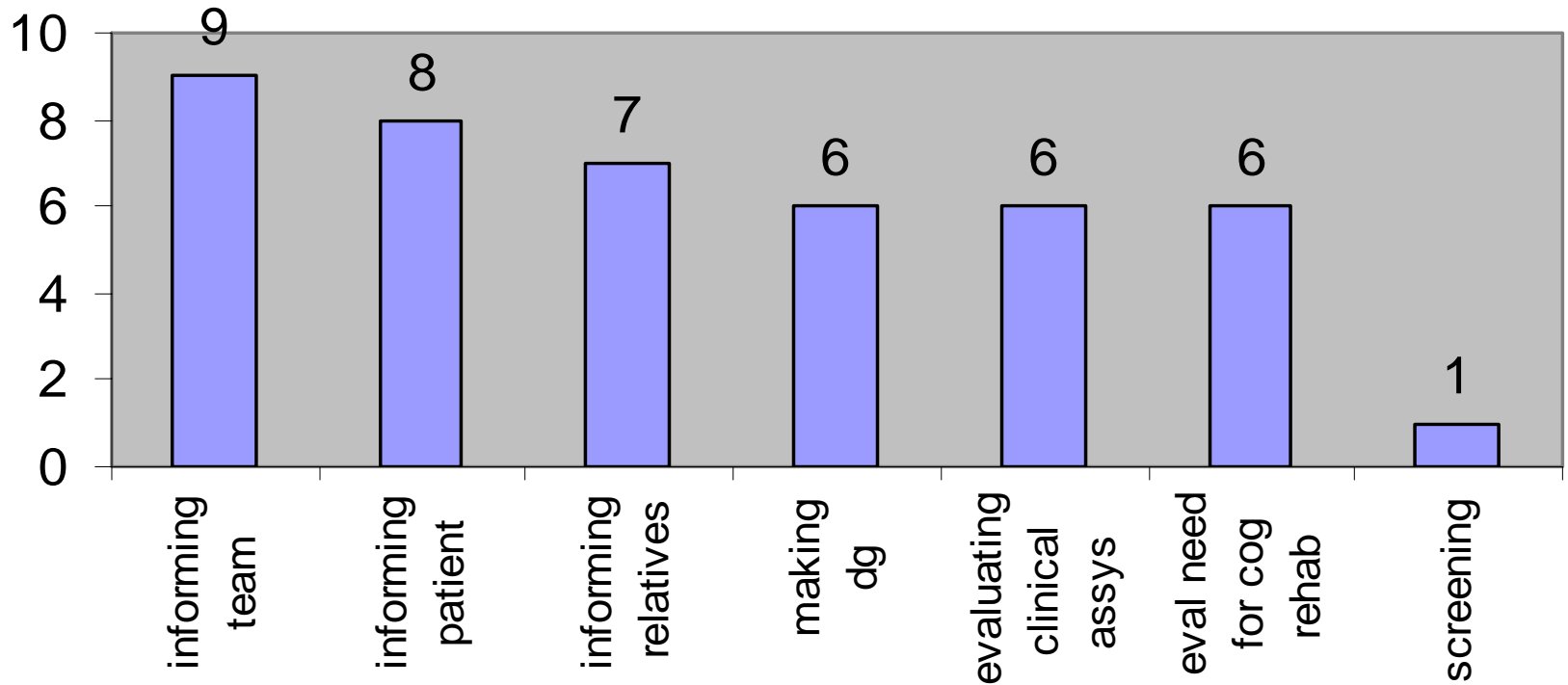
- ◆ how many meet nps: -, 50, 5, 100, 15, 5, 55, -, 100, 60%
- ◆ how many of the pts are assessed: -, 40, 5, 100, 10, 2, 40, -, 40, 50%
- ◆ how many of the pts receive np rehabilitation: 50, 0, 2-3, 30, - 1, 20, -, 10, ?%

Guidelines - reason for the np assessment



Guidelines - aim of the assessment

question 14 - aim of the assessment



A vintage key with a circular head and a notched bit, resting on a textured, light-colored surface. The key is positioned vertically on the left side of the slide.


Guidelines - aspects considered in np assessment

- ◆ metacognitive skills 100%
- ◆ fatigue 100%
- ◆ mood disorders 90%
- ◆ behavioral changes 90%
- ◆ medication 90%
- ◆ exacerbations 90%
- ◆ ADL 90%
- ◆ pain 60%




Guidelines - evaluation of interfering factors

- ◆ mood: BDI HADS, STAI, DEPS, interview, ref psychiatrist
- ◆ metacognition: Mc Nair Scale, Masku Questionnaire, Estonian questionnaire
- ◆ behavioral changes: FBI, interview
- ◆ fatigue: sauna assessment
- ◆ medication: interview
- ◆ exacerbations: interview
- ◆ ADL: OT

A vintage key with a circular head and a notched bit, resting on a textured, light-colored surface. The key is positioned vertically on the left side of the slide.

Guidelines- reason for not assessing np performance

- ◆ recent exacerbation: 6
- ◆ severe mood disorders: 6
- ◆ patient refuses: 3
- ◆ other illness, distress, personal crisis
- ◆ fatigue
- ◆ too serious cognitive problems
- ◆ bad condition
- ◆ motor / sensory deficits



Guidelines - preparation for the np assessment

- ◆ explaining the purpose of the ass: 3
- ◆ offer appropriate advice: 3
- ◆ help with coping with the problems: 3
- ◆ find strengths and weaknesses: 2
- ◆ explanation about cognition
- ◆ information about the assessment
- ◆ to find best rehabilitation methods
- ◆ to find compensatory strategies
- ◆ rationale of the assessment, methods used



Guidelines - assessment

- ◆ selection of the np tests depends on the aim of the ass: yes 60%, no 40%
- ◆ mean length of the assessment: range 1-5 hours, in 1-3 sessions
- ◆ brief screening batteries are known by 80%
- ◆ brief batteries useful: 70% (for screening, overview - if enough experience, if you are careful, for research purposes)
- ◆ 100% would like to agree a minimum core battery

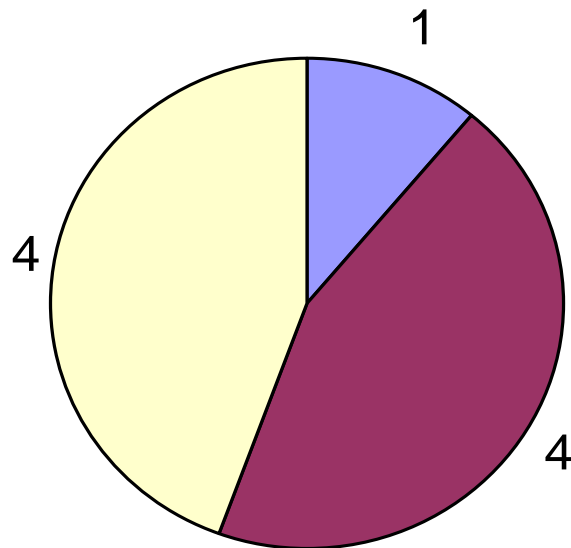


Guidelines- feedback, n = 9

- ◆ everybody gives feedback
- ◆ 5/9 thinks that only the patient should be present when giving feedback, 4/9 thinks that also a relative should be with
- ◆ everybody gives feedback to other professionals / rehabilitation team
- ◆ everybody gives feedback both in oral as well as written format

Guidelines - feedback

question 29 - timing of feedback

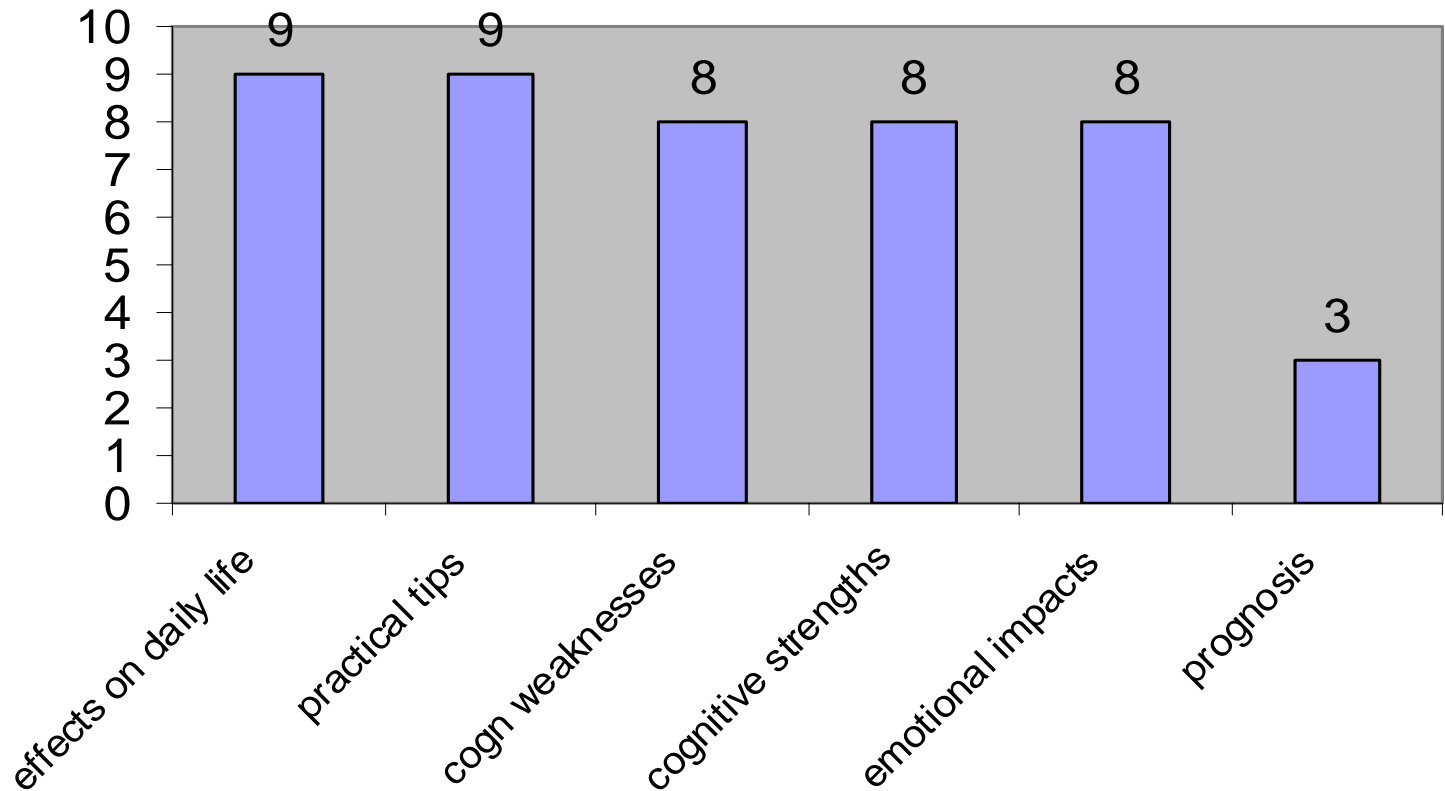


- immediately
- separate session
- both

Guidelines - feedback



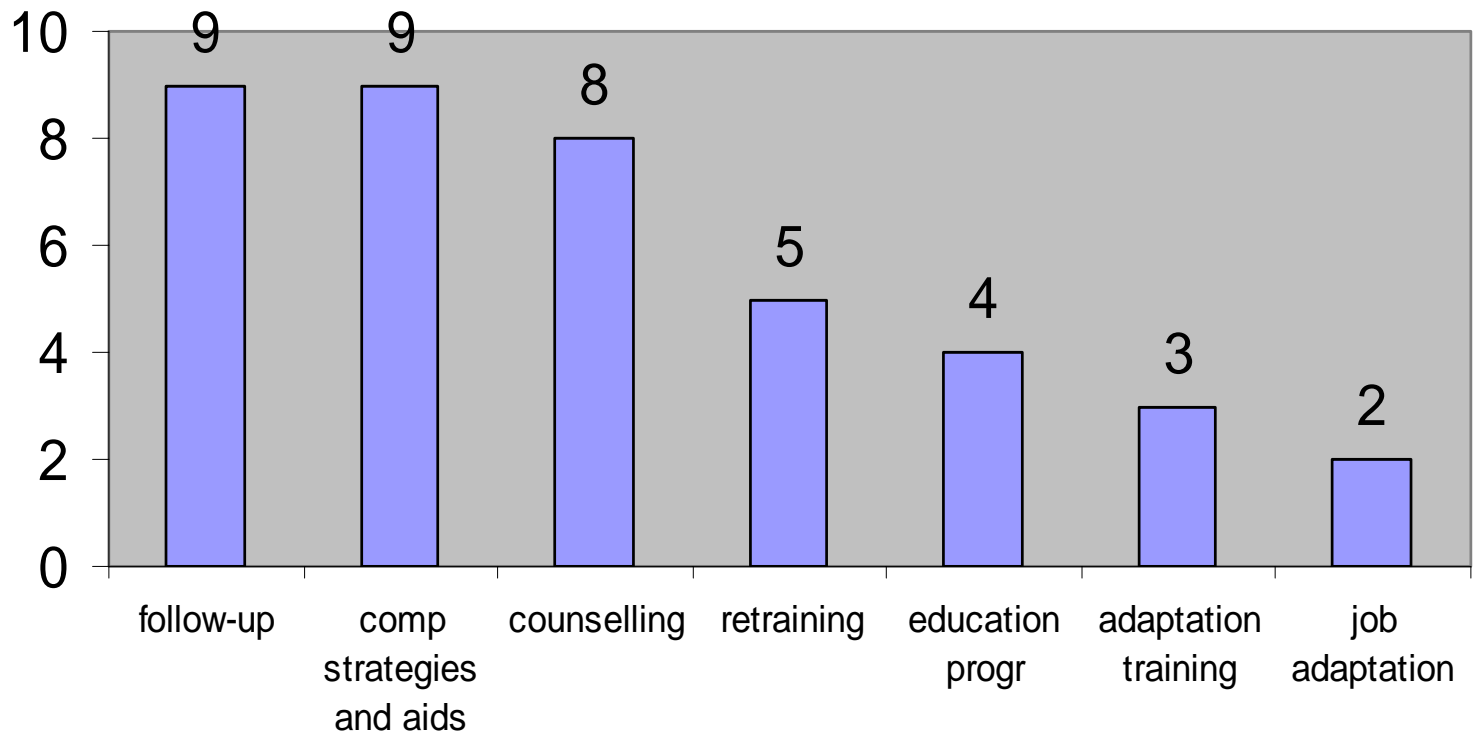
question 33- content of feedback



Guidelines - further steps



Question 34 - further steps





Guidelines - frequency of np assessment

- ◆ once per year: 4, every 2-3 years: 3
- ◆ the purpose of re-avaluations: tap progression, identify new problems, offer appropriate support and compensatory strategies
- ◆ everybody considers need for psychological support after the assessment



Guidelines - booklet, rehabilitation

- ◆ booklet about cognition and MS.: 6/9
- ◆ what kind of treatment can be offered:
 - individual training 6
 - group training 4

 - traditional methods 2
 - computerized 2

 - compensatory 7
 - counselling 3
 - retraining 1



Conclusions - assessment

- ◆ purpose
- ◆ timing
- ◆ tests (common core battery?)
- ◆ considering interfering factors



Conclusions - feedback

- ◆ feedback should always be offered
- ◆ feedback should be both oral and written
- ◆ feedback should consist at least:
 - cognitive strengths and weaknesses
 - emotional impacts
 - consequences on everyday life
 - paractical tips for coping
- ◆ timing
- ◆ who should be present



Conclusions - further steps

- ◆ after the np assessment:
 - need for psychological support should always be considered
 - follow-up examinations and compensatory strategies should also be offered