



MS Learn Online Feature Presentation

Uncontrollable Laughing and Crying Featuring: Sarah Minden, MD and Rosalind Kalb, PhD

Tracey: Welcome to MS Learn Online I'm Tracey Kimball.

Tom: And I'm Tom Kimball. People living with multiple sclerosis can experience a wide range of emotional challenges. One of those challenges is pseudobulbar affect or uncontrollable laughing and crying.

Tracey: Although pseudobulbar affect is not common for people with MS, for those that live with this condition, they will be glad to know a new treatment is available.

Tom: Yes. Dr. Sarah Minden, a psychiatrist at the Brigham and Women's Hospital in Boston, and a professor at Harvard Medical School spoke about this condition and the new treatment with Dr. Rosalind Kalb of the National MS Society.

Dr. Rosalind Kalb: So, there are many emotional challenges that one can face with MS. One of them is pseudobulbar affect. Can you tell us what that is?

Dr. Sarah Minden: Sure. Another term for it which clarifies its meaning is called uncontrollable laughing and crying. And it is the sudden onset of crying or laughing that is more intense than it ought to be and out of context of the circumstances that are going on. So, that someone may start to laugh for no apparent reason or not much of a reason, or someone may start to cry for no reason or not much of a reason. The person often feels no sadness or amusement inside, so it's a kind of disconnection between the inside and the outside. It is an emotional expression of a feeling that people don't have. The disconnection is

actually a clue to what is going on, because there is a disconnection in the brain between the parts of the brain that express emotion and the parts of the brain that control that emotion.

So, I like to think about it sometimes as your face is crying or laughing but inside you're not laughing or crying, and for many people, inside you are mortified, you're scared, you're confused. You can't control what's going on, you can't stop it, you can't modulate it.

Dr. Rosalind Kalb: Do we know why this happens in MS?

Dr. Sarah Minden: It's probably to do with where the MS lesions are, that they occur in the nerve fibers that disconnect parts of the brain from other parts of the brain. That's the part that controls the emotional expression. It's kind of cut off from the part of the brain that expresses the emotion.

Dr. Rosalind Kalb: Is this a common condition in MS?

Dr. Sarah Minden: Probably about 10% of people in the most recent studies, but, you know, like any of the MS symptoms it can be mild, moderate, severe. So, some people can have an occasional episode and really not think much about it, and some people are really quite disabled by it.

It's different from depression and it's different from, say -- there is a term in MS called euphoria, and there is also a term where they talk about bipolar disease, manic-depressive illness called euphoria, and these are all quite different.

One way to distinguish them is that we know for sure that pseudobulbar affect euphoria in the technical sense are brain diseases. They're part of the disease process that produces the other symptoms of MS. The lesions of MS just happen to occur in the parts of the brain that control emotion as opposed to the parts of the brain that control walking or vision.

Depression or the too-happy side of bipolar disorder, we don't really know what causes that. There is a lot of evidence it has to do with neurotransmitters, chemicals in the brain being disrupted, but it also -- there is also a human and situational part of mood disorders. That is different from the very clear-cut symptomatology of PBA.

Dr. Rosalind Kalb: That must be hard for the people who are experiencing it and for those around them. It must be hard to understand.

Dr. Sarah Minden: It's very uncomfortable for the person who is crying or laughing when they don't want to be and can't stop it. You just feel that you can't manage your emotions, and the people around them are awkward and uncomfortable and looking around. It's a very difficult situation for, not just for the person, but for families and friends who are around them. It is very challenging.

It's an important thing that people, like all their symptoms with MS, feel comfortable talking with their doctors about it, because some of these symptoms can be very subtle. Someone may be watching a TV program and cry in a way that they hadn't cried before, or find themselves laughing in a situation and not be able to stop. And it doesn't have to happen very often, but even a couple times can be very distressing. So, people should feel free to say to their doctor what's been happening, explain it, and ask could this be PBA. If it is, does medication make sense? For some people it may, for some people it may not. It really depends on talking with your doctor about this.

Dr. Rosalind Kalb: Does it happen in other conditions as well?

Dr. Sarah Minden: It does. Other neurologic diseases.

Dr. Rosalind Kalb: Is pseudobulbar affect difficult to diagnose?

Dr. Sarah Minden: It can be. When it's extreme, not so, but more subtle forms. So, if this happens very rarely or if it happens in a milder form, it can be quite difficult to diagnose.

Dr. Rosalind Kalb: And what is Nuedexta, which is a new tool we have to manage this. Can you tell us about it?

Dr. Sarah Minden: It's a new drug coming out early next year that is a mixture of drugs that exist now -- dextromethorphan and quinidine. And putting them together seems to have a very beneficial effect on people with PBA.

Dr. Rosalind Kalb: What is the effect? How does it help people who are experiencing these episodes?

Dr. Sarah Minden: Well, the clinical trials found that these episodes were reduced in number, so there were fewer of them and much less intense. So, it really helps with the controlling of those episodes so that they are milder and fewer.

Dr. Rosalind Kalb: Is Nuedexta an appropriate medication for everybody who has this problem, or are there some people who shouldn't take Nuedexta?

Dr. Sarah Minden: The most important thing is to have a full evaluation and diagnosis of this really being PBA, because the crying could come from depression, and Nuedexta is not a treatment for depression. But assuming that the person does have PBA and works with their physician to know all about the side effects, know what the indications and contraindications are for it. So it's really important to work closely with a physician on this.

Dr. Rosalind Kalb: Could you talk about what some of those side effects are that you mentioned?

Dr. Sarah Minden: Of course, and it's important to talk to their physician and to read the information that they get with the drug. But the most common ones, and these are not all that common, are nausea, vomiting, diarrhea, coughing. There can be more serious effects. They affect very few people -- problems with the electrocardiogram, liver disease, some blood diseases. In those cases, drug can be stopped. So, again, it's most important to talk with doctor and read literature on this, like any drug.

Dr. Rosalind Kalb: And how is Nuedexta taken?

Dr. Sarah Minden: One pill a day, or one capsule a day for a week, and then twice a day after that.

Dr. Rosalind Kalb: Easy to manage. Wonderful. If somebody has pseudobulbar affect and for any reason Nuedexta is not an appropriate medication or they have intolerable side effects, are there other options to manage PBA?

Dr. Sarah Minden: Yeah, there are, and with the drugs that have been used prior to Nuedexta coming available, some antidepressants, levadopa, have been used effectively for people.

And the other important part has to do with relationships and the impact on life, both to be able to talk with someone about what it was like, and if episodes do continue to some extent, to be able to talk about it being embarrassing, difficult to control, maybe strategies for letting people know that this might happen. Or when it does happen to be able to explain to people what it is that has happened. It can be managed well that way, and it's important to be able to talk about it. It's nothing someone should feel that they are at fault about, that they are not being able to manage themselves. It is part of a brain disease. It has to do with the disconnection of parts of the brain that control emotion over the parts of the brain that express the emotion, and that is nobody's fault.

Dr. Rosalind Kalb: So, it's a symptom of MS like any other that people need to learn how to explain and teach others around them.

Dr. Sarah Minden: Absolutely. Absolutely.

Dr. Rosalind Kalb: It sounds like a counselor or therapist could help people come up with some strategies for educating others about PBA.

Dr. Sarah Minden: Absolutely. And people shouldn't feel alone with this. Just like all the other symptoms with MS, people should feel that there is support out there for them and people to talk to and to educate other people about it, so that they feel as comfortable as the person who is learning how to manage the symptom.

Dr. Rosalind Kalb: So, many people with MS are taking other medications, particularly disease-modifying therapies. Are there any restrictions in terms of what other MS medications a person can be taking?

Dr. Sarah Minden: Not from the MS medications. No problem with disease-modifying agents or the symptomatic drugs. But, like with anything, including over-the-counter drugs, you need to make sure that your physician knows all of the medications and herbs and remedies and nonprescription drugs along with the prescription drugs.

Tom: MS can impact a person in so many ways and yet it's good to know that there are professionals available to help and that more treatments are available to help manage the symptoms.

Tracey: Indeed. More information on pseudobulbar affect is available at [National MS Society.org](http://NationalMSociety.org). Thank you for joining us on MS Learn Online.