

## **Managing cognitive problems**

### **What should I do if I suspect cognitive problems?**

The first signs of cognitive dysfunction may be subtle. You may have difficulty in finding the right words to say, trouble remembering what to do on the job, or during daily routines at home. Even mild cognitive disturbances can cause uncertainty and fear. It is worth remembering that these are symptoms of MS and there are ways of living with them. Often, the family becomes aware of the problem first, noticing changes in behaviour or personal habits.

If, as someone with MS, you have repeated difficulties with your memory (for example forgetting names and places, losing objects, struggling to remember familiar words), a first step may be to discuss this with your doctor. It may be a symptom of MS or it may be due to other causes.

If, as a relative, you notice signs of cognitive problems, you should try to talk openly about them. It can often be a relief for the person with MS when someone else brings up the subject. It can help with identification of their difficulties and make it easier to talk about them as well.

As cognitive problems may sometimes progress, it can help if they are evaluated so you can find strategies to help you to deal with any changes. Using compensatory strategies should enable you to continue to manage as effectively as possible.

### **Self help or professional help?**

Many people can identify for themselves the individual areas that are causing problems and work out ways to deal with them. Ask yourself if there are things that go wrong time and again. Find out if your problem is attention, recall, organisation or planning. You may be able to apply some of the [tactics](#) in the next section to help. You might also want to ask for professional help to identify the areas where you could use some assistance. There are many ways to cope, and a number are given in the following sections. If you decide to opt for professional help, the first port of call may be a neuro-psychological assessment.

### **What is a neuro-psychological assessment?**

This assessment, which can be arranged by your Neurologist or MS nurse, may help you untangle the areas that are causing problems and make treating them easier. An assessment

can try to evaluate your current level of cognitive functioning. It includes:

- an interview – about the purpose of the assessment and about your past and present 'psychosocial functioning' (your education, occupation, interests, illnesses, medication and your MS symptoms, both cognitive and physical)
- a number of different verbal and written tests on areas such as attention, memory, problem solving
- information/feedback about the test results

#### **What happens in a neuro-psychological assessment?**

A neuro-psychological assessment is a measurement of your ability to perform mental functions, such as remembering things and concentrating on things. Like an MRI or CT scan of the brain, it involves building up a picture of the brain. But whereas a scan is a picture of what the brain looks like, a neuro-psychological assessment brings together information to illustrate what the brain can do.

The assessment usually takes about two to three hours, with a follow up session for feedback. For each task the instructions are explained and then you try to complete the

task. For example the task may be to remember a list of words that are read out. An assessment will try to identify both the specific problems you are experiencing and also your personal strength to help you overcome and manage weaknesses. The results should clarify what is happening and help you to compensate and deal with the changes.

A neuro-psychologist will not usually test someone during a time of depression, excessive stress or period of relapse. If a person is experiencing these things, it is better to try to address them first, perhaps with a doctor or a counselor, before carrying out a neuropsychological assessment. After the assessment, you may be able to get professional help in the area of specialist rehabilitation.

### **What is neuro-psychological rehabilitation?**

This kind of rehabilitation aims to minimize the effects of problems with memory and thinking. It can include:

- practicing and improving the weakened skills
- making better use of your strengths
- teaching alternative ways or compensatory strategies to perform tasks

- ways to cope with the limited abilities (both practically and emotionally)
- counseling relatives

Goals would then be set according to the individual and based on the outcome of the assessment. A goal might be to restore or improve your ability to work, to encourage and support future education, or to improve your general performance on tasks.

Rehabilitation may be carried out in an individual or group setting. In small groups, people can express thoughts and feelings about the problems and explore ideas about how to cope. Often a partner or family member will also be invited to attend sessions – people close to you may also have concerns about your difficulties and their effects on family life. They may be able to help you put in practice new strategies and techniques.

If problems appear to be progressive, practicing weakened skills may seem a waste of time. However, recognizing and understanding what is going on and reorganizing the way you do things may make it easier to cope. It is often useful to learn to make the most of the skills that you are

good at and to practice using different types of aids to help you. For example, if you have memory difficulties, knowing your particular strengths and weaknesses will be very helpful. In addition, learning to use a memory aid like a diary may help you stop worrying that you might have forgotten something. Also, writing things down can help to fix them in your mind.

### **Drug treatment**

Not much has been written on the effects of the [disease modifying drugs](#) beta interferon and glatiramer acetate on cognitive dysfunction. The possibility that they may reduce disease progression, and thereby slow cognitive decline, may support the move toward early treatment with these agents, but more research is needed to confirm the benefits of doing this.

There are no drugs licensed specifically for cognition problems in MS, but other drugs that have been licensed for Alzheimer's may be prescribed. There have been few clinical trials to assess how effective they are in MS. One trial in 2008, into the Alzheimer's drug rivastigmine, did not show clear benefits in MS.

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