



MS Learn Online Feature Presentation

Mood Changes and MS: Practical Ways to Deal with Mood Swings Featuring: Sarah Minden, MD; David Rintell, PhD; Rosalind Kalb, PhD

William: I can go to bed happy, I can wake up angry. I mean, my attitude changes just like that. I don't like it, but that's just what happens.

Cathy: I just broke into tears. I mean, you could look at me the wrong way and I would just turn on the waterworks. I mean, you could say, "It's a nice day outside," and I'd say, "Well, [crying sounds]."

William Sr.: So, we never what's going to happen or when. Sometimes it's spontaneous, and normally you're in a good mood and you're not expecting it.

Cary: Stress is a major trigger for me.

Cathy: I've kicked the cabinet door. I have gone outside in the backyard and go, "I've had it, I'm at the end of my rope."

Cary: if you're taking steroids for an exacerbation, that can enhance the change of moods, increase your irritability, in particular.

William: I don't like it but, you know, that's just what happens.

Tracey: No doubt about it, living with MS is a rollercoaster ride. We can have days when life is going along reasonably well, and then all of a sudden out of the blue we are hit with symptoms that can really set us back.

Tom: And the mood swings that can occur, may or may not have anything to do with your physical symptoms. The people you just heard described how their moods can dramatically change from one moment to another. These sudden mood swings are quite common among people with MS.

Tracey: And for us, sometimes Tom can pick up on these sudden changes in my mood better than I can. Like the other mood issues that we've been talking about, mood swings are treatable. But it's important that you communicate these as accurately as possible to your mental health professional.

Tom: We continue our conversation about mood changes and MS with Dr. Sarah Minden, Dr. David Rintell and Dr. Rosalind Kalb.

Dr. Rosalind Kalb: You know, I had somebody, and I still remember this very clearly years later, but a very nice, warm, funny man who described the experience of being in a store trying to pick something out, trying to concentrate, and he had some cognitive challenges and it was hard for him to concentrate and focus. But he was really trying to make the right choice of what he was buying, and he was being distracted by other people talking in the store around him. And all of a sudden he screamed, "Shut up!" And when he came and talked to me about it, he said, "That's not who I am. I don't scream at strangers in stores because they're talking; what's going on?" And he said, "You know, I do it at home, I do it with my kids who don't deserve it." Is that part of the neurologic changes in MS? Is it part of the depression we're talking about? Where do we think that comes from?

Dr. Sarah Minden: I think we don't always know, but we can figure it out. And I'm talking about the importance of the "we," where people with MS and mental health professionals together, put their heads together and try and figure it out. Because there are many different possibilities. So, the most important thing that happened was that that man came and talked to you about it, because it's not the job of the person with MS or their family member to figure it out, because it's tough to figure it out. Because it could be any number of things. It could be a bad day. It could be a depression. So when you're depressed, he could have been depressed for weeks and this was how it really manifested itself. It could be an anxiety disorder, that he is worried and preoccupied and there is so much going on in his head, and then just one more piece of noise just overwhelmed him.

Dr. Rosalind Kalb: So, then the treatment decision would be based on that collaborative teasing out that the person with MS and mental health professionals do.

Dr. David Rintell: And your family members, who are often the people who take note of these changes.

Dr. Sarah Minden: That's right, and who can help explain it and amplify it, and who together live with this. And that's one whole piece, and that is what we've been talking about so far, the depression, the anxiety.

There is another piece that has more to do with the MS, per se, and the brain disease of MS, that has to do with the dis-control, where parts of the brain that control emotion, where we can keep it inside, are disconnected from the parts of the brain that make us express emotion. And the expression comes out of our own good control that we normally have, not because we're bad people, but because there is a disease that is causing a problem with emotional control.

Dr. David Rintell: If I could add, I think most people who are living with MS really work hard at controlling their day-to-day emotions and to not actually share all of their frustrations with their family members. And I'm thinking actually my dad lived with MS for 45 years, and I don't recall any time that he ever complained to us, "You know, I really don't like having MS." But if you listened in the morning, you would hear, he's getting ready and all of a sudden, "Gosh, darn it," except that's not what he said, because he had dropped something and he was really frustrated. And then he would come for breakfast and there would be none of that again.

So, if you catch someone in the "gosh-darn-it" moment, you are surprised and say, you know, this person is usually like a calm, cool, collected person and all of a sudden there are these outbursts. Well, the outburst was really one of tremendous frustration at the moment that a person most of the time is working hard to really -- you know, people don't want MS or the daily insults of MS to be the focus of family life.

Dr. Sarah Minden: And that is so much the majority of people who are able to control that. But when they get depressed, when they become very anxious, have a lot more difficulty. And then there are the people where their MS manifests itself in a way that they can't control it. And it's not that they are lesser people by any means, it's they have a medical problem that makes it difficult to control their emotions the way someone else may have difficulty controlling their balance or their bladder or ability to walk.

Dr. Rosalind Kalb: That's a lead-in to another important issue that I think we want to be sure and talk about here. There is a change that can happen in MS called pseudobulbar affect, which refers to that disconnect between one's feelings and being able to control expression of those feelings. And even though it only happens in about 10% of people with MS, maybe, it is so uncomfortable and so confusing that I want to make sure that we spend a little time on it today. So, can you just tell us a little bit more about what we know about pseudobulbar affect?

Dr. Sarah Minden: Sure. Sure. That's a big word for what I often call uncontrollable laughing and weeping with the emphasis on the uncontrollable. Because what happens is that people out of the blue for reasons that they can't understand start to laugh or cry. Crying is more common than laughing. It may be that there is some trigger, you know, a sad movie, but they are crying a way lot more than they would expect themselves to be crying, and they can't stop themselves. So, they don't control the starting and they can't control the stopping, and that can be true of laughing, too, which can be very embarrassing, very uncomfortable for people around them. People feel mortified.

They may feel some sadness, some amusement inside, but they may also feel no emotion. And another way of thinking about it is that there is a disconnection between either emotion the person is expressing and this situation that they find themselves in, which is really what is happening in their brains is that there is a disconnection between the parts of their brain that express emotion and the parts of the brain that control that expression.

Dr. Rosalind Kalb: Well, the good news is, we have some effective treatments to help people who are experiencing that disconnect that you describe, but it must be so difficult for others to understand. I'm thinking family members, colleagues, employers must really be baffled by this odd expression of emotion.

Dr. Sarah Minden: And people now know what to call it. So, to give it a name, you can say to the people around you, "You know, I have this condition, it's got a name, and this happens to me. I know it's hard on all of us."

Cathy: I'm very careful around the kids. I try to be pretty even. And when I lose it, then they're pretty accommodating.

William: My mom. She also has MS, so we kind of support each other.

William Sr.: I get behind him and try to encourage him and remind him that MS doesn't have him, he has MS, and that he is in control to a certain extent.

Cary I participate in two support groups, two different support groups on a monthly basis.

Jay: We do have some friends that want to try to help her but don't know how.

Cathy: Sometimes I just power through it. I just say, you know, this is one more thing that is happening and I'm not going to give it what it doesn't deserve. I don't have time for that.

Tracey: Remember, if you have MS, it doesn't mean that you have to live with these painful mood changes. These problems deserve to be diagnosed and treated so that you can get on with life.

Tom: Thank you for joining us for this special edition of MS Learn Online. Be sure to check out the other programs in this series on Mood Changes in MS.

Tracey: If you would like more information on mood changes, or other issues relating to MS, go to NationalMSSociety.org. I'm Tracey Kimball.

Tom: And I'm Tom Kimball. Thank you for joining us!