A RESOURCE FOR HEALTHCARE PROFESSIONALS

EMOTIONAL DISORDERS IN MULTIPLE SCLEROSIS

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Emotional Disorders in MS

- **Depression** is the most common mental health diagnosis in MS, with a lifetime risk for major depressive disorder of 50–60%.
- **Anxiety** frequently occurs with depression. Compared to the general population, anxiety is three times more common in MS.
- **Suicidal ideation** is about three times as common in MS compared to the general population.
- **Adjustment disorder** and **bipolar disorder** are also more common in MS.
- **Pseudobulbar affect (PBA)**, involuntary laughing and/or crying often without consistent feelings, affects more than 10% of people with MS.

Figure 1: Symptoms of Emotional Disturbance

Reasons to Assess for Emotional Disorders

- Depression is a primary predictor of quality of life in MS, second to physical disability.
- Emotional diagnoses often occur with other MS symptoms (e.g., fatigue, disturbed sleep, cognitive problems).
- Emotional diagnoses are underrecognized and undertreated in MS, yet they can be disabling and fatal.
Figure 2: Example Patient Statements of Emotional Disturbance

<table>
<thead>
<tr>
<th>Statement</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I feel worthless. I just don’t know if I can keep going.”</td>
<td>“I don’t even know who I am at this point.”</td>
</tr>
<tr>
<td>“Nothing interests me, not even getting better — that’s why I stopped taking my medication.”</td>
<td>“I jump down people’s throats for no good reason.”</td>
</tr>
<tr>
<td>“My partner is so moody — one moment he’s ok and the next he’s losing his temper and yelling.”</td>
<td>“My partner seems so sad and has been drinking a lot. She has even isolated herself from her friends.”</td>
</tr>
<tr>
<td>“If I think about a wheelchair, I get this awful feeling in the pit of my stomach.”</td>
<td>“I know life can change in a second. The minute I start to have a funny feeling somewhere I panic.”</td>
</tr>
</tbody>
</table>

Recommendations

- Assess for symptoms of emotional disturbance at each visit (Figure 1) and recognize verbal indicators (Figure 2).
- Utilize brief screeners to assess for emotional disturbances (Table 1). If pressed for time, use the PHQ-2 to assess for depressive symptoms (Figure 3).

Table 1: Screeners for Emotional Disturbance in MS

<table>
<thead>
<tr>
<th>Symptom/DX</th>
<th>Measure</th>
<th>Cut-score</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (major depressive disorder; adjustment disorder; dysthymia; bipolar affective disorder)</td>
<td>Patient Health Questionnaire-9 or PHQ-2</td>
<td>≥ 10</td>
<td>phqscreeners.com/select-screener</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ 1x “Yes”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beck Depression Inventory-Fast Screen (BDI-FS)</td>
<td>≥ 4</td>
<td>pearsonassessments.com/</td>
</tr>
<tr>
<td></td>
<td>Center for Epidemiologic Studies Depression Scale (CES-D)</td>
<td>≥ 10</td>
<td>cesd-r.com</td>
</tr>
<tr>
<td>Anxiety (generalized anxiety disorder; adjustment disorder)</td>
<td>Generalized Anxiety Scale-7 or GAD-2</td>
<td>≥ 7</td>
<td>phqscreeners.com/select-screener</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beck Anxiety Inventory (BAI)</td>
<td>≥ 10</td>
<td>pearsonassessments.com/</td>
</tr>
<tr>
<td></td>
<td>HADS-Anxiety</td>
<td>≥ 8</td>
<td>gl-assessment.co.uk</td>
</tr>
<tr>
<td>Pseudobulbar Affect (PBA)</td>
<td>Center for Neurologic Study – Lability Scale</td>
<td>≥ 13-17</td>
<td>Moore et al. (1997)</td>
</tr>
</tbody>
</table>
Figure 3: Flow Chart for Addressing Emotional Disturbance in MS

Did patient report emotional disturbance during visit? (Figures 1 & 2)

IF YES

Briefly screen for the following

- Emotional disturbance ← (PHQ-2)
- Social determinants of health (Figure 4)
- Suicide risk (The four Ps - Figure 5)

Presence of problematic symptoms of social barriers to care?

Lower risk?

Higher risk?

Identify Treatment Plan

Who will treat?
What modality?
Consult with mental health provider for comprehensive treatment planning

Treat patient in your clinic pharamacotherapy
- Monitor side effects
- Increase dose to therapeutic level

Need mental health/psychosocial resources?

Refer to mental health professional in the community
- Behavioral intervention
- Therapeutic alliance
- Patient goals

Hospitalize

Contact the Society’s MS Navigator Program:
connect patient with appropriate mental health resources

Utilize resources by the AAFP “The EveryONE Project”

PHQ-2

Ask the patient two questions*:
1. Over the past two weeks, have you felt down, depressed or hopeless?
2. Have you felt little interest or pleasure in doing things?

*Patient responding YES to one or both of these questions warrants further assessment.
• Recognize other MS symptoms that may contribute to mental health.
• Consider how the patient’s social determinants of health (SDOH) impact their mental healthcare (Figure 4).

**Figure 4: Social Determinants of Health (SDOH)**

The American Academy of Family Physicians ([aafp.org](http://aafp.org)) provides screening tools that can be completed in the waiting room or during the visit with the provider. It is always important to follow up on patient-reported social barriers to care, and The EveryONE Project provides resources for this purpose. Incorporation of emotional symptoms is important when screening for SDOH.

- Decide to treat the patient’s mental health needs in your clinic or refer out. Patients report higher quality of care and positive effect on symptoms when care is provided by a mental health professional.
- Consider the following if medical provider is treating:
  - Severity of the emotional disturbance
  - Evidence of optimal treatment
  - Patient willingness to engage in different intervention modalities (e.g., medications vs psychotherapy)
- Assess for suicidality, which is not always detectable via depression screening (Figure 5).
### Figure 5: The Four Ps of Suicide Risk Assessment

**Are you having any thoughts of suicide, or harming yourself or others?**

- [ ] No
- [ ] Yes (proceed to 4 Ps)

**1. Past Attempts:** Have you ever attempted to harm yourself before?

- [ ] No
- [ ] Yes

**2. Suicide Plans:** Have you thought about how you might actually hurt yourself?

- [ ] No
- [ ] Yes (How?)

**3. Probability of Suicide:** How likely do you think you are to act on your thoughts?

- [ ] Not at all likely
- [ ] Somewhat likely
- [ ] Very likely

**4. Protective Factors:** Is there anything that would prevent you from harming yourself?

- [ ] No
- [ ] Yes (What?)

**RISK LEVEL**

- Minimal risk = no items shaded
- Lower = at least 1 item shaded on items 1 & 2; none shaded on items 3 & 4
- Higher = at least 1 item shaded on items 3 & 4

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## Resources

### National MS Society MS Navigator Program
Patients can connect to an MS Navigator for mental health resources and referrals to providers at [nationalMSsociety.org/MSNavigator](http://nationalMSsociety.org/MSNavigator) or 1-800-344-4867. Visit [nationalMSsociety.org/FDR](http://nationalMSsociety.org/FDR) to search for mental health providers online.

### American Academy of Family Physicians (AAFP) - The EveryONE Project
The AAFP website provides resources to screen for and address problematic SDOH: [aafp.org/family-physician/patient-care/the-everyone-project.html](http://aafp.org/family-physician/patient-care/the-everyone-project.html)

- **Social Needs Screening Tool:**
- **Social Needs Patient Action Plan:**