

The Evidence of Brain Health in MS

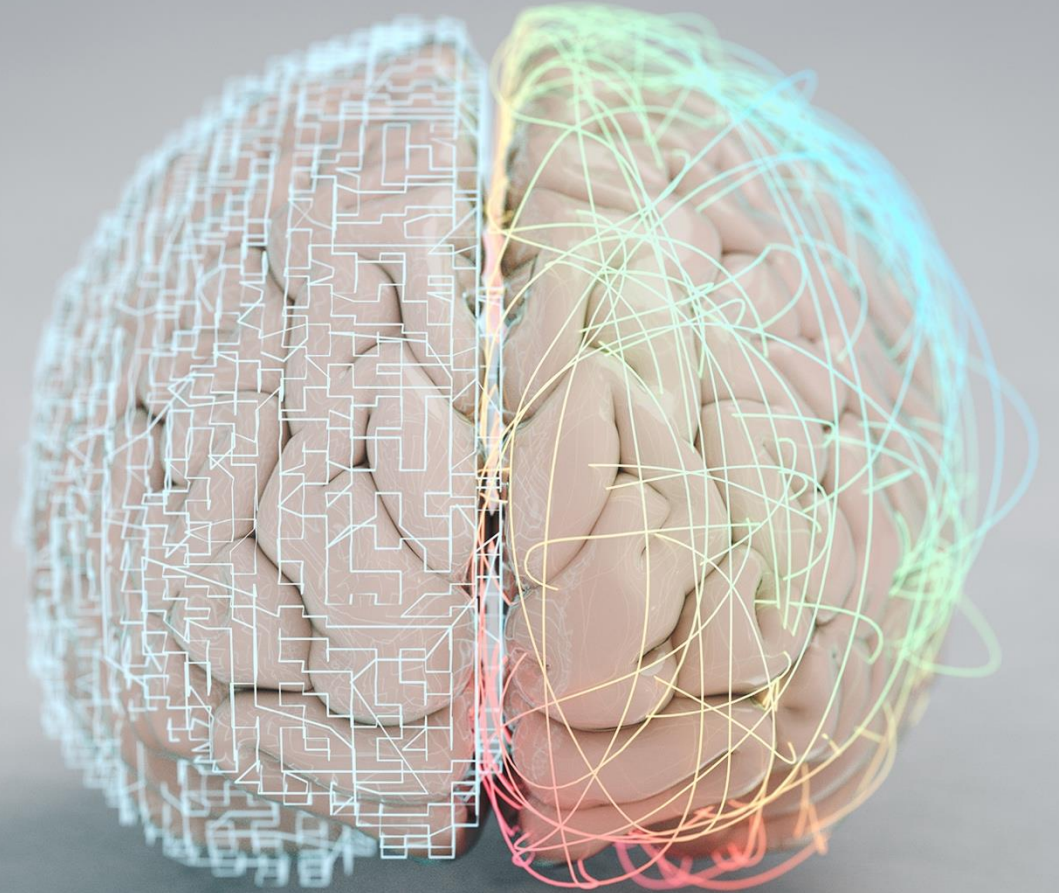
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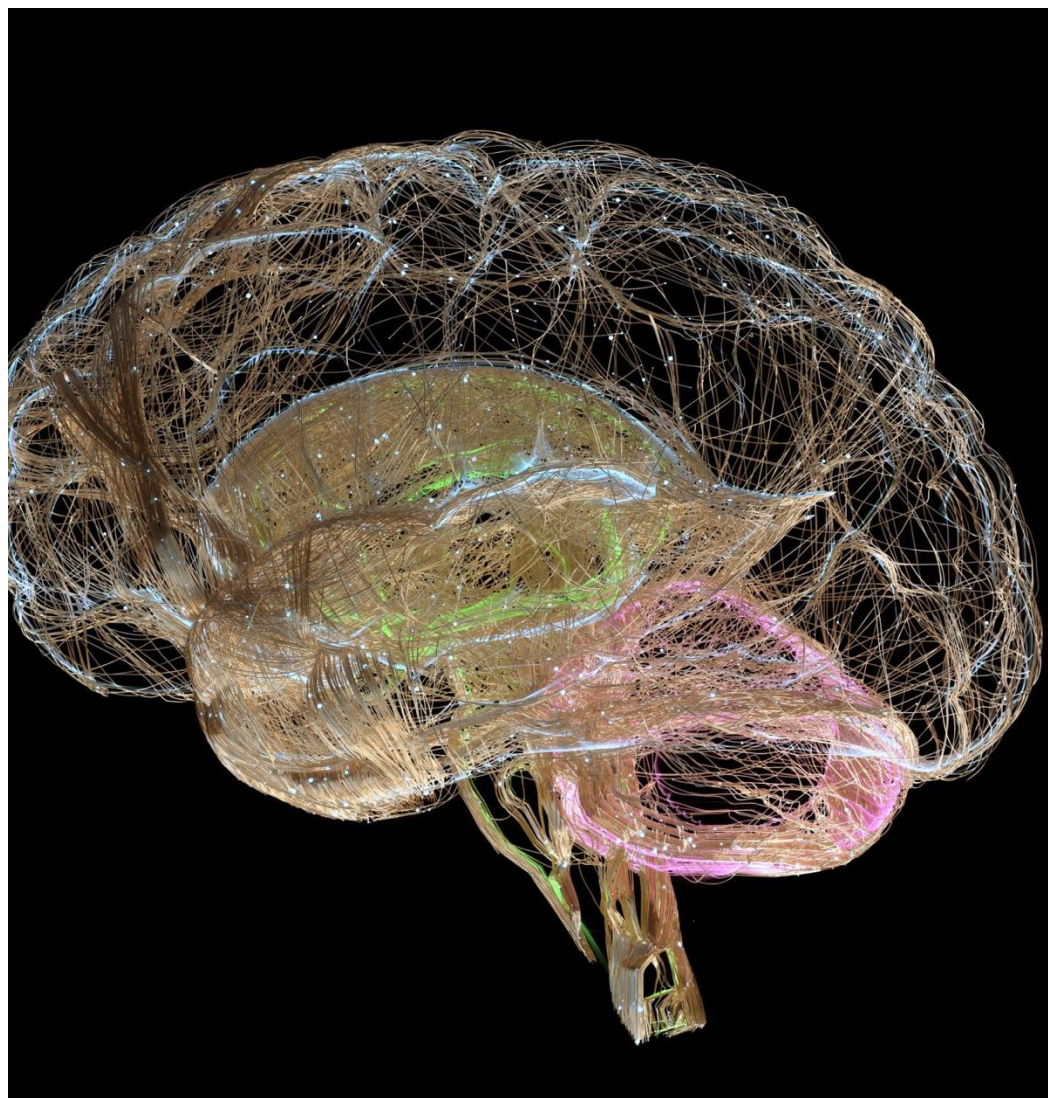
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Disclosures

Cycle pharma, Bristol Myers Squibb, Horizon
Therapeutics/Amgen, EMD-Serono, TG Therapeutics, Sanofi



Brain Health defined by The World Health Organization

“Brain health is the state of brain functioning across cognitive, sensory, social-emotional, behavioral and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders”

Neurological Reserve

- Brain's ability to compensate for injury & maintain normal function
- Brain will adapt by shifting the function from damaged networks to healthy networks (remodeling itself)
- Neurological reserve & repair mechanisms can explain why MS can go undetected & undiagnosed in the early phase of the disease
- Concerns arise when neurological reserve & repair mechanisms can no longer compensate for damage; reserve is used up

Brain (passive) Reserve

- Determined congenitally/genetically
 - Brain volume
 - Neuronal count
 - Synaptic count
- Determined by early lifestyle factors




Cognitive (active) Reserve

- Ability of the brain to process info
- Ability to compensate for damage
- Shaped throughout life experiences
 - Education level
 - Occupation
 - Leisure activities

Neuroplasticity

- Ability to adapt & re-wire itself
 - Forming new connections throughout life
 - Learn new information
 - Adjust to new experiences
 - Recover from injuries
 - Learn new neural pathways & create new synaptic connections through repetition
 - Ongoing damage creates challenges due to continued loss of neural reserve





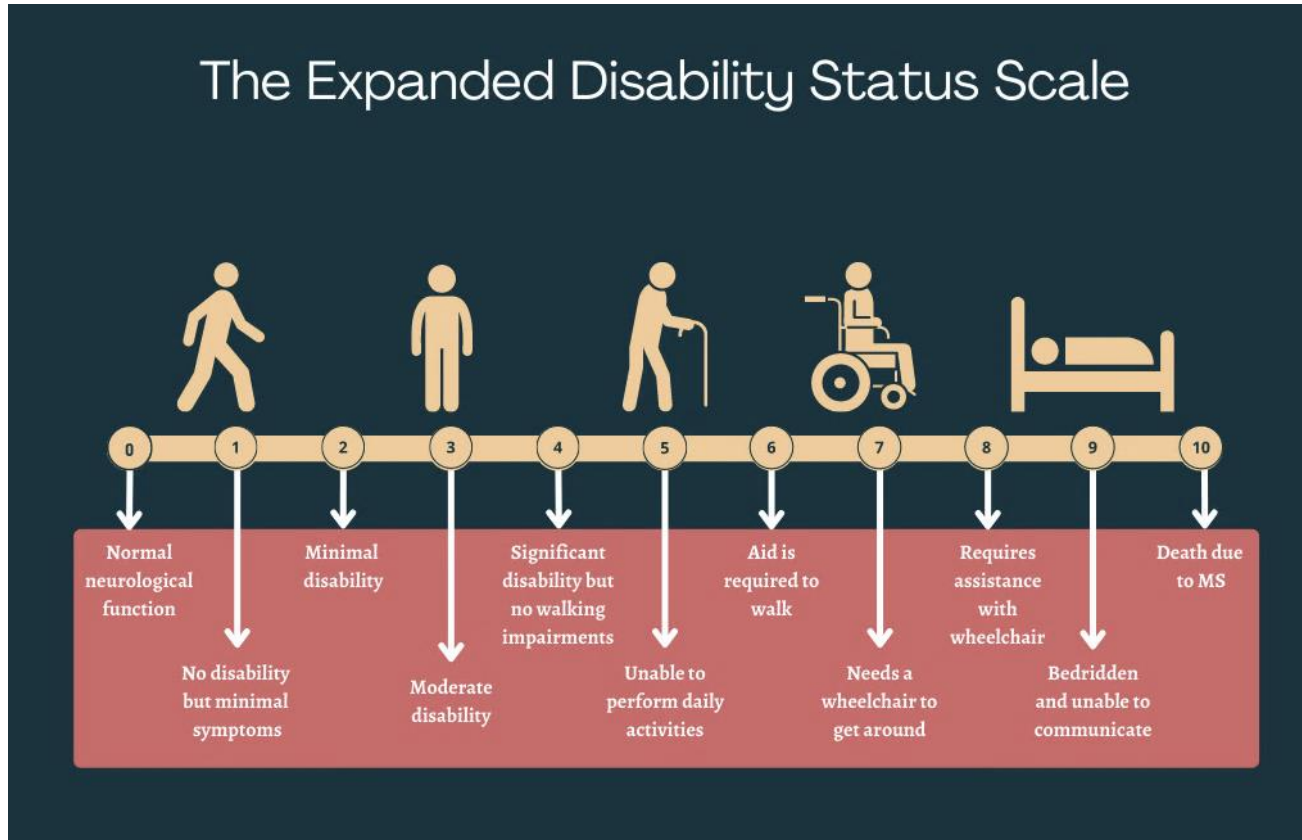
Brain Atrophy

- Increases at the start of MS
 - Neurodegeneration - progressive loss of neurons
- Occurs 3x's faster in those not treated with DMT
 - Healthy adult, occurs 0.1-0.5% per year
 - Untreated MS adult, occurs 0.5-1.35% per year

MRIs are critical in measuring disease activity & brain atrophy

Screening Tools

EDSS (Expanded Disability Status Scale)



EDSS, Expanded Disability Scale

(Multiple Sclerosis News Today, 2023; Multiple Sclerosis Trust, 2020; MS Society, n.d.; Rudick et al., 2014)

- Gold standard for assessing disability
- Widely used in clinical trials
- Heavily dependent on ambulation & lower extremity function
 - Does not assess cognition
 - Essential to employment & QoL
 - Cognitive screening
 - Due early in dx

Screening Tools

Measure performance, severity of disability, & changes over time

| MSFC Multiple Sclerosis Functional Composite | Testing | MSPT Multiple Sclerosis Performance Test |
|---|--|--|
| 25-foot timed walk | Lower extremity function | Walking speed test (25-foot) |
| None | Walking & standing ability | Balance test |
| 9-hole peg test | Hand coordination | Manual dexterity test |
| Symbol digit modality test | Cognitive processing speed <i>(sensitive to slowed processing of info over time)</i> | Processing speed test |
| Sloan low contrast visual acuity | Vision | The Low Contrast Letter Acuity Test 2.5% and 100% opacity |
| None | Patient questionnaire | Patient history Well validated QoL instrument |

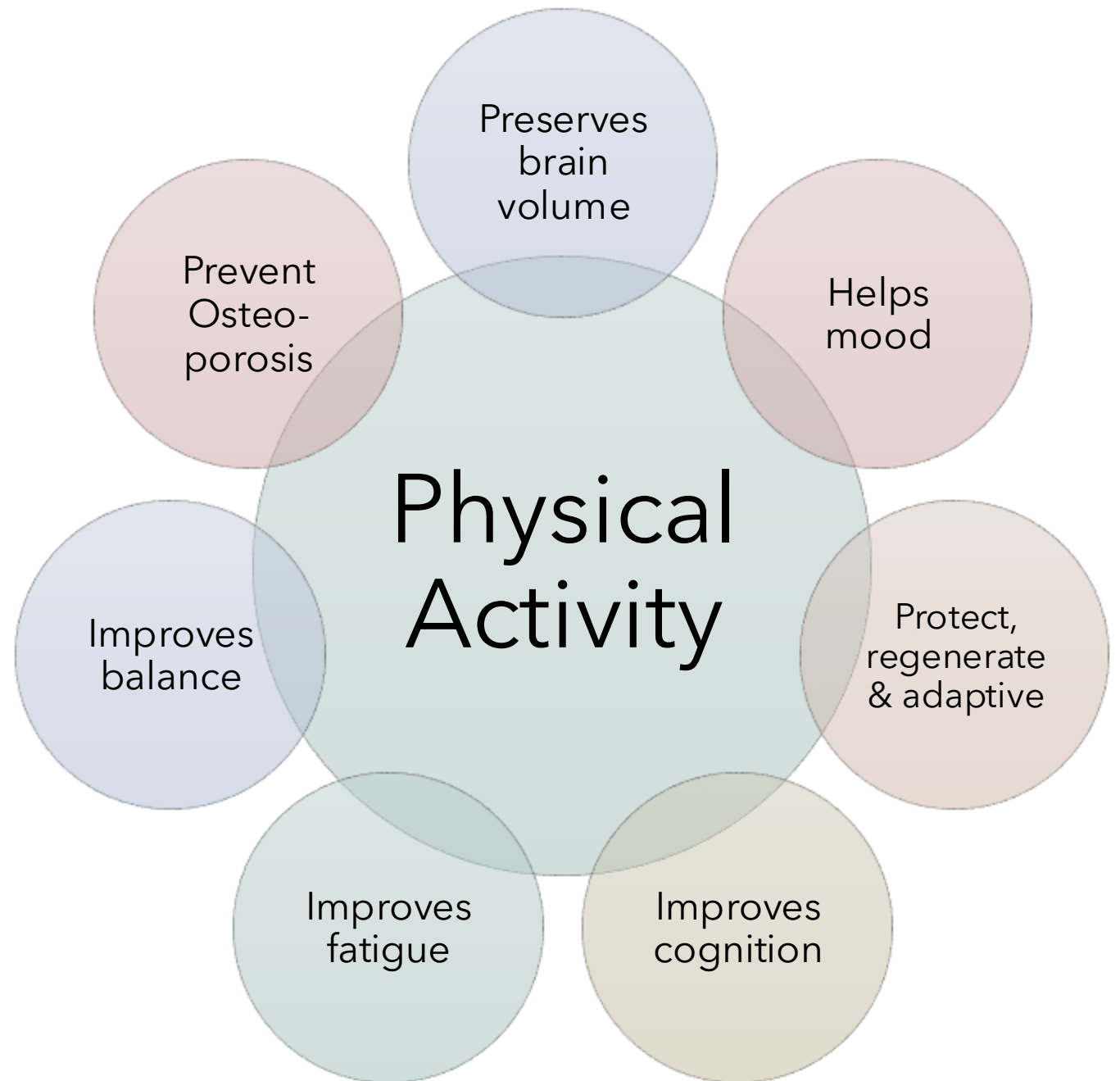
Preserving Brain Health and Reserve

- Role of DMT
 - Stop clinical relapses
 - Stop MRI inflammatory activity
 - Slow disability progression
 - Slow brain atrophy
 - Maintain cognitive function
 - Preserve functional reserve
- In addition to effective DMTs, what other factors play a role in brain health?



Modifiable Strategies

Brain Health in MS



Brain Stimulation & Rest

- Reading, puzzles, higher education
- Hobbies
- Creative expression
 - Art, play music (repetition)
- Stress reduction, mindfulness

Mental
Fitness



- Quality sleep
- Good sleep hygiene
- Improve memory & concentration

Adequate
Sleep



- Support groups
- Family/Friends
- 1 in 4 individuals with MS have depression
 - Depression/anxiety contribute to reduced cognitive function

Social
Interactions



- Rich in fish, whole grains, green leafy vegetables, olives, & nuts
- Preparing meals at home
- Higher LDL - worse clinical outcomes
- Cut out sugar - more energy, less cog fog, better sleep

Healthy Diet



- Increased unsteadiness & risk of fall
- Increased brain volume loss
- Sleep problems
- Concerns with some DMTs & symptomatic meds (Liver)

Limiting Alcohol



- Progression
- Higher lesion volume/higher relapse rate
- Decreased brain volume
- Higher EDSS
- Increased cognitive impairment

Tobacco Cessation



Healthy Lifestyle

Minimize Comorbidities

(any illness that is not MS or a complication arising from MS)

- Cardiovascular disease
 - Increase white matter abnormalities
 - Advanced brain atrophy
- HTN
- Diabetes
- HLD

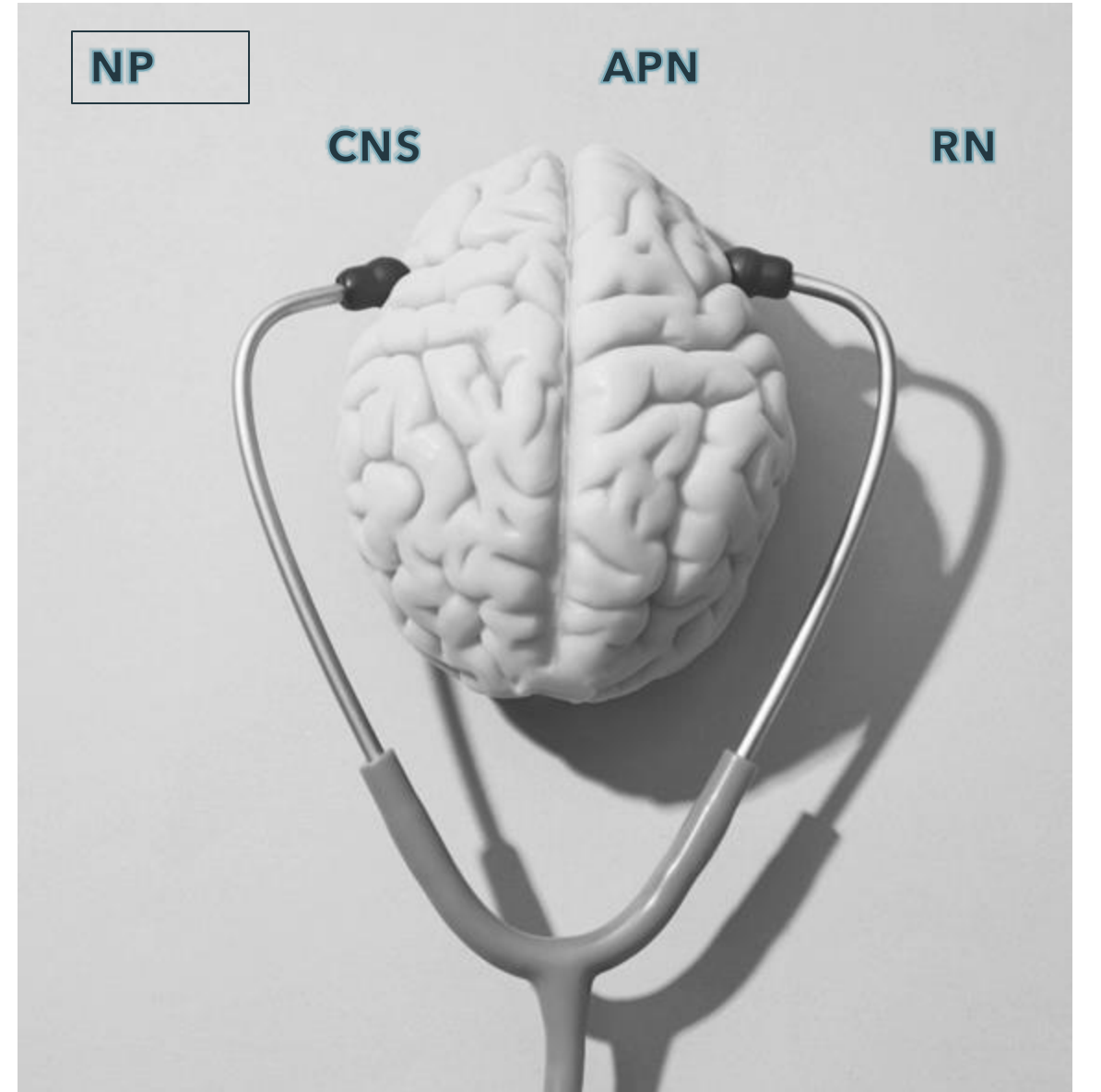
- Obesity
 - Higher lesion volume
 - Increased atrophy (over 5-year period)
 - Higher risk cardiovascular risk factors
- Smoking
- Advise to have PCP

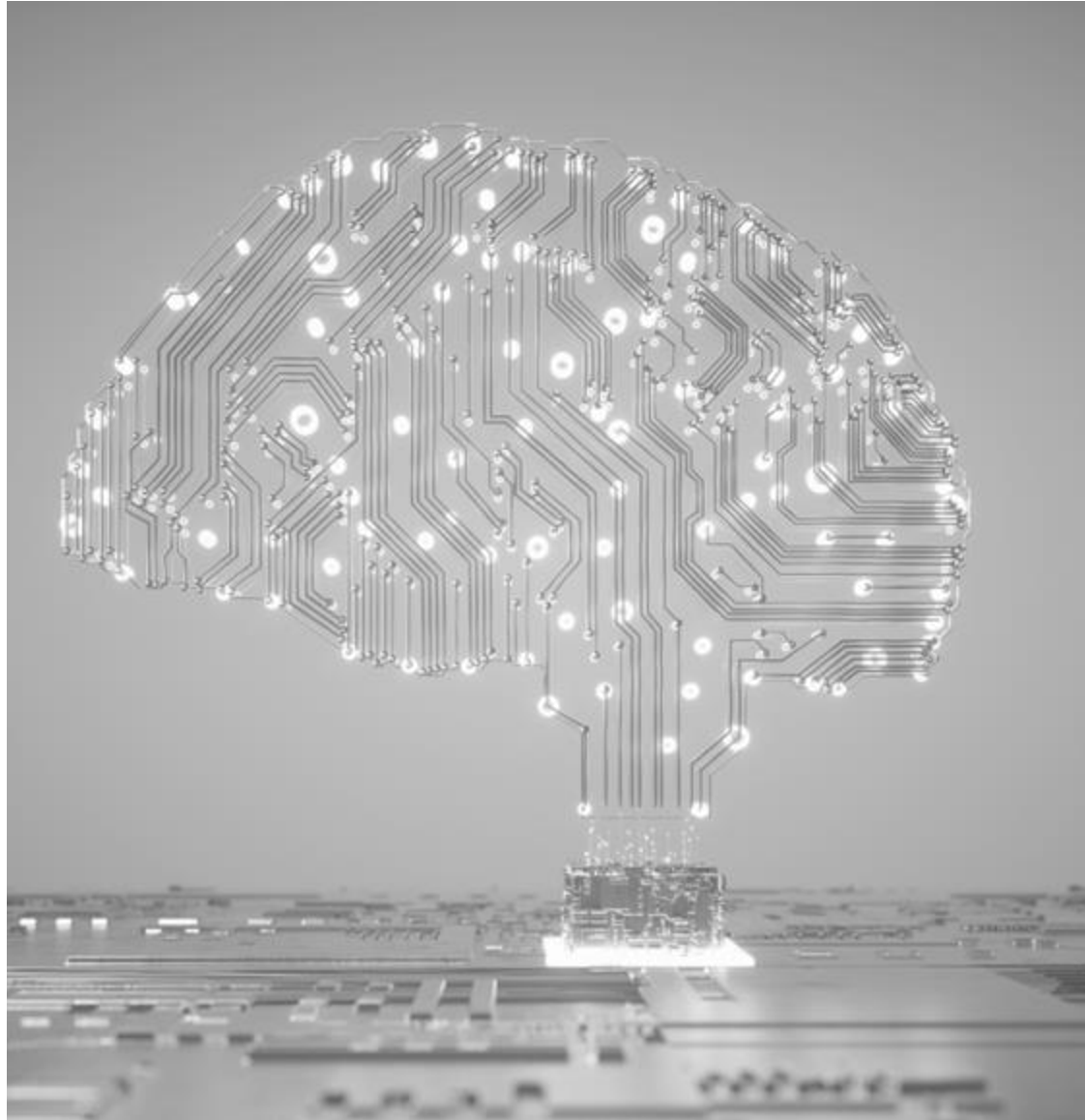
(Brandstadter et al., 2019; Giovannoni et al., 2016)

North American Research Committee of Multiple Sclerosis (NARCOMS) registry showed a link for patients with ≥ 1 vascular comorbidity during the time of their MS diagnosis had an increased ambulatory disability score

The Role of MS Nurses

- **Support, Advice, Encouragement & Hope**
- **Provide Support across the Lifespan**
 - Diagnosis, patients planning pregnancy, acute relapse management, & disability progression
- **Provide Education**
 - Disease course
 - Role of DMT
 - Modifiable risk factors
 - Promote adherence & compliance
- **Collaboration**
 - Interdisciplinary Team
 - Providers, Nurses, PT/OT/Speech, SW, BH, MA's etc
 - Caregivers/Family
- **Routine Appointments**
 - Improved access to care/virtual visits





The Role of MS Nurses

- **Monitor MRIs**
 - Recognize disease activity
- **Independently manage DMTs**
 - DMT switches for suboptimal control or treatment related side effects
- **Monitor Labs for DMT safety**
- **Assessments**
 - Neuro or EDSS/cognitive/QoL/mood
- **Symptomatic management**
- **Advice**
 - Engaging patients to participate in care
 - Shared decision making
 - Promote positive change
- **Advocate**

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