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Neuropsychiatry of multiple sclerosis

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Multiple sclerosis is the most common disabling neurological illness affecting young and middle-aged adults. Although attention has tended to focus mainly on its neurological manifestations, reports of the presence of neuropsychiatric symptoms date back to the writings of Charcot in 1877. This article details the neuropsychiatric sequelae of multiple sclerosis and the evidence base for available treatments. Multiple sclerosis usually starts between the ages of 20 and 40 and is characterised by multiple demyelinating lesions with a predilection for the optic nerves, cerebellum, brain-stem and spinal cord. The disorder presents with diverse neurological signs, which reflect the presence and distribution of plaques. Multiple sclerosis is predominantly a white matter disease. The course of the illness is variable and difficult to predict: 5-10% of those affected show a steady progression of disability, with no remissions (primary progressive multiple sclerosis); 20-30% follow a relapsing-remitting course but never become seriously disabled; and about 60% enter a phase of progressive deterioration following a number of relapses and remissions (secondary progressive). There is evidence of an autoimmune-mediated inflammatory response targeted against myelin in the central nervous system. With demyelination, nerve conduction becomes impaired, transmission of nerve impulses is delayed and symptoms ensue. Diagnosis is based on the clinical history and examination. It requires a patient to have had at least two episodes of neurological disturbance implicating different white matter sites. Investigations such as neuroimaging, evoked potentials and cerebrospinal fluid electrophoresis can be helpful adjuncts in the diagnosis.

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