UNIVERSITY OF SASKATCHEWAN An Evidence-based Review of Cognition in MS from the MSBEST Project

College of Medicine

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Background

- Multiple Sclerosis Best Evidence-Based Strategies and Treatment/Therapies for Rehabilitation (MSBEST) was initiated by a North American team of researchers and clinicians with expertise MS in rehabilitation
- MSBEST aims to develop comprehensive, systemic reviews in MS rehabilitation care

Methods

- Following PRISMA guidelines data bases lacksquareCINAHL, EMBASE, MEDLINE, PubMed, Scopus were searched
- Inclusion criteria: lacksquare
 - English Language
 - Published between January 1970 and July 2020

Results

- Non-pharmacological interventions: 178 articles met inclusion criteria after preliminary screening
- A large variety of interventions have been studied

Percent distribution of articles by

• Review topics are shared as modules on the MSBEST platform:



Neurogenic Bowel



Team-Based Rehabilitation



NS V

Bone Health

Spasticity

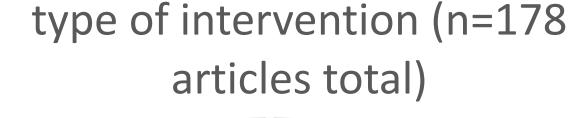
Purpose

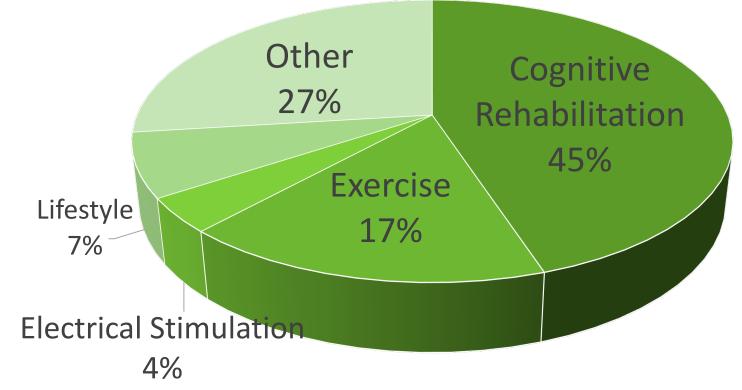
 Cognitive impairment is common in individuals with MS

- Report at least one objective cognitive outcome
- \geq 3 adults with MS in the study
- > 50% participants with MS or stratified by disorder
- Case studies, reviews, abstracts and \bullet qualitative studies were excluded
- Quality of RCTs was assessed using the \bullet PEDro tool
- The Modified Sackett Scale was applied to lacksquaresummarize the levels of evidence for each type of intervention studied

Results

Pharmacological interventions: 93 lacksquarearticles met inclusion criteria after full text review





- Preliminary analysis of some of the interventions in the *other* category support emerging evidence for a benefit in at least one cognitive domain with mental imagery, story memory and video game interventions
- Further results for the nonpharmacological interventions will be reported on the platform MSBEST.ca

- Cognitive impairment may greatly impact quality of life and lead to early leave from employment
- Aim: Conduct a systematic review of addressing interventions cognitive impairment in MS to inform evidenced based care and future directions



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- Lower level evidence (1b) supported a benefit on cognition on one or more cognitive outcomes for:
 - MS disease modifying therapies
 - Amphetamine products
 - Simvastatin
 - Tryptophan
 - Achillea millefolium (a flavonoid extract from a plant)
- There were no pharmacological interventions for the treatment or prevention of cognitive impairment in MS supported by high level evidence (1a)

Discussion

- A rapidly growing literature exists addressing cognitive impairment in MS
- There is no high-level evidence supporting the benefit of pharmacological approaches

Future directions

Future directions: impact on real-world cognitive functioning, long-term outcomes and of combining pharmacological and nonpharmacological approaches

QR code to **MSBEST** Website





MSBEST team members Robert Simpson and Robert Teasell.