CO04-001-e

**Multiple sclerosis, emotions and social cognition**

A Tourbah *, N. Ehrlé, N. Henry, S. Bakchine, M.P. Chaunu, M. Montreuil

CHR U de Reims, service de neurologie, hôpita l Maison-Blanche, 45, rue Cognacq Joy, URCA LPN UE 2027, Paris VIII, 51092 Reims, France

*Corresponding author.

E-mail address: atourbah@chu-reims.fr

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Emotional processes are governed by the areas and neural systems that can be explored MRI (amygdala, orbitofrontal cortex, cingulate cortex, insula). It is now possible to explore by MRI, using techniques based on functional MRI and diffusion tensor including (anatomical and functional connectivity). These processes seem disturbed in MS. Indeed, the motor and neurosensory disability is associated with cognitive disorders, mood disorders, and emotional and socio-cognitive deficit.

Emotions play a critical role in the organization of social processes in different areas of cognition (memory, attention decision). Besides alexithymia (difficulty verbalizing emotional experiences, fantasy poverty), social cognition is the skill set that allows us to interpret and predict the behavior of others. Their disruption involved in these patients with behavioral problems and social adjustment. Tools to explore these disturbances, including the study of facial expressions (perception of primary emotions), and theory of mind (attribution of thoughts to others). Their management is insufficient. The detection and treatment of emotional disorders (in addition to cognitive impairment, fatigue and mood disorders) is desirable for these patients to maintain social and family life, and improve quality of life. It has not been shown that treatments, currently used in MS, are effective in this area. The establishment of workshops rehabilitation would be useful.

**Further reading**


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**Swallowing disorders evaluation in multiple sclerosis**

F. Fromont *, A. Debavelaere *, H. Cuvilier, A. Kwiatkowski, M.A. Guyot, C. Donzé

*Service MPRF, GHICL, 115, rue du Grand-But, BP 249, 59462 Lomme, France

*Corresponding author.

E-mail address: fromont.francois@gmail.com

**Introduction**— Swallowing disorders are often not evaluated in multiple sclerosis while their prevalence is estimated between 24% to 43% depending on the study and the population. The aim of our study was to determine the prevalence of different symptoms of swallowing disorders, the relationship between these symptoms, and the link between choking and clinical criteria for multiple sclerosis.

**Methods**— This is a retrospective study of prospectively collected data, taking exams orthophonic of MS patients and followed between 2010 and 2012. All clinical criteria for the disease have been identified as presenting symptoms and test results swallowing. Chi² tests or Fisher were used according to the numbers.

**Results**— Forty-six patients (age 49.8 ± 11.68, 74% women) were included. The median level of disability measured by the EDSS was 6.5 (min: 2, max: 8), secondary progressive form was the most represented (65.2%) with a mean disease duration of 20 ± 12.13. Swallowing disorders most frequently found were tonsus disorders and orofacial motor (65%), the abolition of the gag reflex (65%), oral stasis post swallowing (60%) and the extension of meal time (60%). 76% of patients reported false routes but only 10.9% were objectified in exams orthophonic.

Symptoms of swallowing disorders increases with EDSS, a more severe disease duration of 20 ± 12.13. Swallowing disorders most frequently found were tonsus disorders and orofacial motor (65%), the abolition of the gag reflex (65%), oral stasis post swallowing (60%) and the extension of meal time (60%). 76% of patients reported false routes but only 10.9% were objectified in exams orthophonic. The EDSS was significantly higher (P = 0.0004) in these patients. The cough reflex and working of the soft palate were most often normal (95% and 76%). Disorders tone seemed predictors of false paths (P = 0.032) and difficulty chewing (P = 0.0177) and difficulty swallowing. Chi² tests or Fisher were used according to the numbers.

**Conclusion**— Symptoms of swallowing disorders increases with EDSS, a more accurate assessment of these disorders should be routinely performed.

**Further reading**


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