

Transcript Details

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Cognitive Screening in MS: Practical Strategies and Modern Approaches

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Elizabeth Gromisch, who's a research neuropsychologist at the Joyce D. and Andrew J. Mandell Center for Comprehensive Multiple Sclerosis Care and Neuroscience Research at Mount Sinai Rehabilitation Hospital, Trinity Health of New England. She'll be sharing insights on the future of cognitive screening in multiple sclerosis. Here's Dr. Gromisch now.

Dr. Gromisch:

I think we really can divide cognitive screening tools into two categories. The first are paper and pencil, which are the traditional ones, and the other are digital tools, like mobile-based cognitive assessments or computerized testing.

So on the paper and pencil side, we have the gold standard, and that's the Symbol Digit Modalities Test, or SDMT. This is a pretty brief test. It's under five minutes, and the actual testing itself is only ninety seconds. And this is really considered the gold standard. It's picking up on those processing speed difficulties. And we use the oral version in MS, where the patient is going to say the numbers that correspond to the symbols on the page.

Now, that's only testing one cognitive domain. And while processing speed is a big issue in MS, not everybody has processing speed deficits. So if we have more time, we want to expand the cognitive screening to assess some more domains. And that's where the Brief International Cognitive Assessment for MS, or the BICAMS, comes in. This is about fifteen minutes, and it has the SDMT plus two other tests. It has the five learning trials from the California Verbal Learning Test, second edition, or the CVLT-II, and the three learning trials of the Brief Visuospatial Memory Test-Revised, or BVMT-R.

With the BICAMS, we're able to look at not only processing speed, but also visuospatial learning and verbal learning. Now, one of the limitations that can come with these traditional paper and pencil testing is they are qualification level C tests, which means it can only be purchased by someone who has certain levels of education, like a neuropsychologist. And for certain individuals in clinics that don't have those resources, they may feel kind of stuck. And that's where some digital tools can be very helpful, especially if you have limited resources or limited time for scoring and administration.

There still are digital tools that require higher levels of education, like the NIH Toolbox. It has sixteen different measures in it, and seven of them have been validated in MS.

Another option, which is one that I use quite frequently in research, is this processing speed test, or the PST. And this was designed to be a digital version of the SDMT. It's done on one iPad—also under five minutes, so the actual testing time is two minutes—and it's touch-based rather than verbal. But it is highly correlated with the SDMT. It also can be done without a technician in the room, and there was a 2024 paper that showed it's also feasible to administer the PST in a waiting room setting. An additional benefit is it also does the scoring for you, so this can be a really great option for clinicians who want to do cognitive screenings but don't have the resources or time to do something more extensive.

Announcer:

That was Dr. Elizabeth Gromisch discussing advances in cognitive screening for multiple sclerosis. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!