

more than two-thirds of the procedures. This risk remains, however, to be evaluated more specifically for spinal and combined spinal-epidural techniques.

The RESPONSE study is a French national pregnancy registry, nested within the OFSEP cohort.⁵ Launched in September 2019, it aims to collect data on any women with MS during and after pregnancy, including data on analgesia and anesthesia for labor and delivery. Data will be collected prospectively through a specific and detailed questionnaire to anesthesiologists. We should, therefore, be able to better address in the near future the question of the impact of the different techniques used for neuraxial analgesia/anesthesia.

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Cognition and its relation to brain health in patients with MS

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Dear Editor,

We would like to refer to the recently published paper on quality standards for brain health in people with

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multiple sclerosis (MS) by Hobart and colleagues.¹ The authors comprehensively describe the core, achievable and aspirational care aspects that are most relevant for people with MS, specifically when it comes to preserving brain health. In this regard, time is of the essence and it can be hypothesized that adequate and timely care will substantially improve MS-related outcomes.

Surprisingly, monitoring of cognitive functioning in people with MS only reached the status of aspirational

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care. According to the author panel, composed of 21 MS neurologists, this is a consequence of not knowing how to measure and monitor cognitive status over time as well as a lack of agreement among the MS community. In their view, agreement on which test or screening battery to use for this particular purpose would encourage acceptance of cognitive screening as a standard of MS care.

Luckily, we have good news in that regard. Just around the same period as the acceptance of the Hobart paper, recommendations on how to measure and monitor cognitive decline were published in *Multiple Sclerosis Journal*.² These recommendations were endorsed by the International Multiple Sclerosis Cognition Society (IMSOCGS) and the Consortium of Multiple Sclerosis Centers (CMSC). Based on a large body of literature, a selection of appropriate neuropsychological tests for cognitive screening in MS was provided (see Table 3 of the article).²

Following these international recommendations, a *minimal* cognitive assessment was determined as consisting of a baseline screening with a test for information processing speed (in clinically stable patients) and annual re-assessment with the same instrument. A good example is the Symbol Digit Modalities Test (SDMT), which has been demonstrated to have limited learning effects and to be able to detect clinically meaningful change.³ In our opinion, this recommendation could have been incorporated as core care within the brain health consensus guidelines.¹ Next to cognitive functioning, patient-reported outcomes on mood, anxiety, fatigue, and subjective cognitive complaints should also be part of the core care.

A more elaborate neuropsychological evaluation may be incorporated as *achievable* care and for this, one could use the Brief International Cognitive Assessment for Multiple Sclerosis (BICAMS)⁴ or other more detailed neuropsychological test measures.²

With regard to cognitive decline and (response to) cognitive rehabilitation, brain health, cognitive reserve and time are of utmost importance. Recently, it has been demonstrated that functional training is most effective in improving cognitive functioning in patients with a relapsing remitting disease course and patients with higher grey matter volume, for example, patients that are most likely to be relatively early in their disease course.⁵ Components of a brain-healthy lifestyle (e.g. exercise) might have positive effects on cognitive functioning as well.

Timely identification of patients that are worsening in cognitive functioning is therefore key, allowing them the opportunity to benefit most from psychological care or lifestyle advice.

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Cognition and its relation to brain health in patients with MS: Response to letter

Jeremy Hobart and Gavin Giovannoni

Dear Editor of *MSJ*,

We agree that measuring and monitoring cognition are important aspects of multiple sclerosis (MS) care and ought to be standard, as proposed by Hulst and Penner.¹ The timing of publication was unfortunate in that our manuscripts were submitted, revised and accepted within a few days of each other. During our modified Delphi process and manuscript preparation, we were not aware of Rosalind Kalb's work² – hence our omission. When our guidelines are updated, cognition measurement will certainly be revisited.

We hope the MS community will continue to debate standards, their content, parameters and how they might be refined until we have the internationally adopted, clinically meaningful, globally endorsed set of standards that people with MS desperately need. In this regard, we believe the MS Brain Health consensus on quality standards³ provides a firm start. We define metrics the wider MS community needs in order to measure their care provision within a global frame of reference. We provide scope to develop and broaden this consensus in the future. We welcome collaborations with those seeking to raise MS care standards and provide evidence-based direction for MS management. As part of this wider process, the MS community should review Kalb's work and consider how best to incorporate it within a unified set of guidance. Likewise, Soelberg Sorensen's proposal of MS Care Units⁴ provides another opportunity for collaboration and the implementation of globally recognised standards.

Developing standards is the necessary first step, but we recognise it is not, in itself, sufficient to ensure successful adoption. This requires processes that enable painless data collection in routine, hectic, daily clinical care. For this reason, we are developing, testing and refining a clinical tool.⁵

Gratifyingly, the standards recommended by MS Brain Health appear to be gaining traction. The publication's *Altmetric* score in *MSJ* is 63, meaning it ranks in the top 5% of all research outputs scored by *Altmetric*. Interestingly, but not surprisingly to us, 81% of the readers of our paper³ are 'members of the public', implying that people with MS want to understand the standards. Part of MS Brain Health's continuing work will be to encourage MS healthcare professionals and people with MS globally to embrace an acceptable and realistic care standard – whether at a 'core', 'achievable' or 'aspirational' level, depending on local circumstances.

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