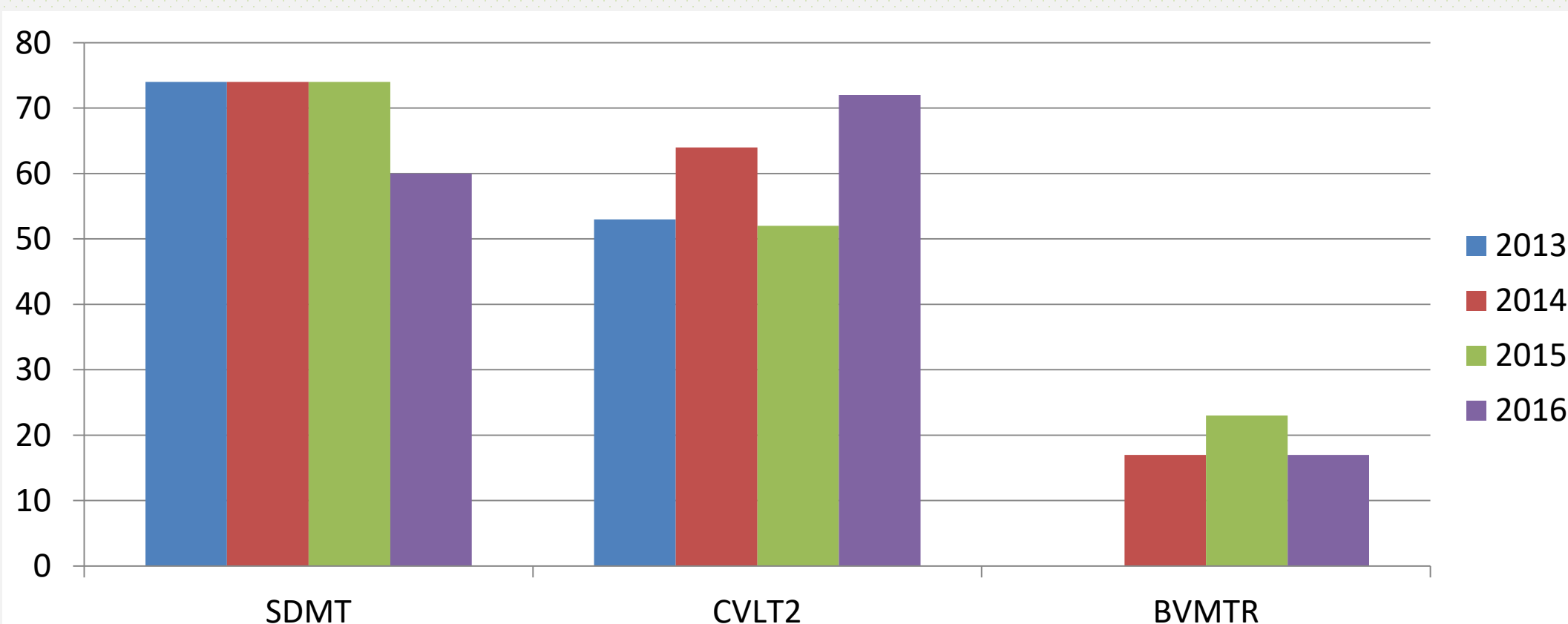


**Background:** Persons with Multiple Sclerosis (pwMS) manage symptoms resulting from the disease process for their entire lives. Cognitive and cognitive-linguistic care is necessary to maintain the quality of life of the pwMS. The Brief International Assessment for Multiple Sclerosis (BICAMS) is a well validated, repeatable assessment protocol that can be used in the comprehensive care setting to monitor the status of the patient's seeking treatment.

**Objective:** In order to improve the quality of patient care... Clinical use of the BICAMS protocol will be examined to determine if there are additional applications for the protocol beyond clinical monitoring.

**Clinical Monitoring**  
42 years old at 2013 evaluation; Diagnosed 2011

Year	Patient Path Through Care
2013	Noticed a change in language recall, word retrieval, attention
2014	Occasional slurring, difficulty putting two words together, no difference in word retrieval, increased difficulty recalling names, no difference in ability to attend
2015	Occasional difficulty combining words, more difficult to attend in background noise, change in memory (patient feels no one else will notice), change in word retrieval ("but if I slow down the word will come")
2016	Difficulty with attention when there is background noise, small groups are fine. Increased difficulty with word retrieval. Difficulty recalling content of recent conversations. Patient's children are stating "I told you that"



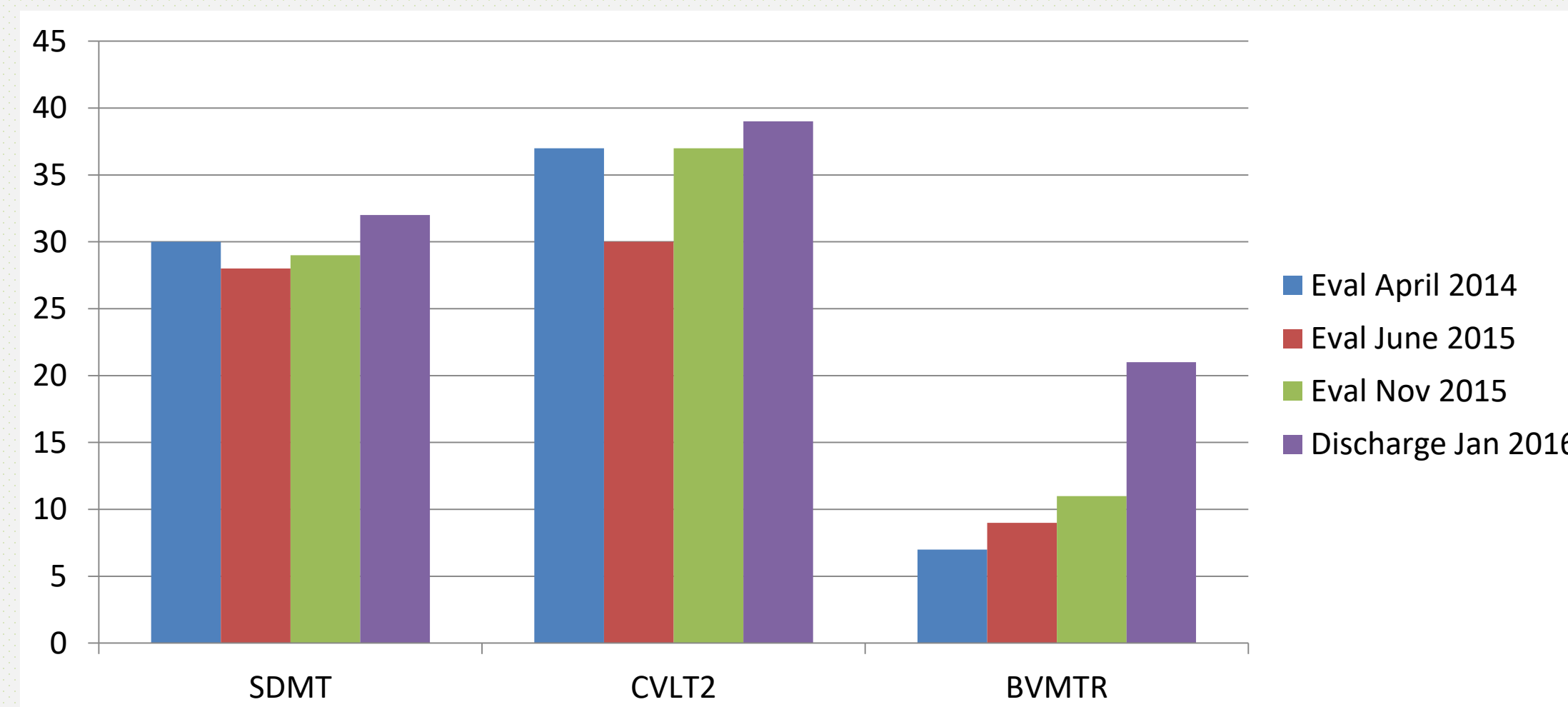
**Recommendation:** Patient attend full neuropsychological evaluation after 2016 assessment.

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**Methods:** A review of medical records looking back three years was undertaken to find evidence of repeated use of the BICAMS by the Speech Language Pathologist at a Comprehensive Care Center to manage patient care. The pattern of use of the BICAMS was examined to determine if clinical use was the only use of the BICAMS, or if adaptations for use had been made to meet the needs of the clinician and the patient.

**Outcomes Measure**  
43 years old at 2015 evaluation; Diagnosed 1998

Date	Patient Path Through Care
April 2014	Assessment by SLP: Patient concerns - occasional "jumbling" of words, difficulty with language organization ("I know what I want to say"), dependent on lists
April 2015	Yearly reassessment with SLP cancelled – diagnosed exacerbation; 5 days of IV steroids
May 2015	Yearly reassessment with SLP cancelled for second time – admitted to hospital for UTI
June 2015	Assessment by SLP completed: Patient concerns - daily coughing episodes, slurred speech, word retrieval characterized by saying "close" words, but not the correct ones, difficulty remembering date, difficulty recalling recent conversations
June 2015 (later in month)	Care discontinued – patient admitted to hospital for sepsis
August 2015	Patient admitted to hospital for relapse
November 2015	Assessment by SLP completed: Patient concerns - strategies for swallowing safety in place, ability to attend has stabilized, rambling speech pattern, difficulty with finding "the one word"
December 2016	Discharge after course of care: Patient ability to attend has improved demonstrated by success in functional tasks at home and in the community. Patient demonstrates independence in use of word retrieval strategies in the clinic setting with examples provided of generalization into the community.



**Recommendation:** Patient discharge due to return to baseline. Reassess upon recommendation from neurologist

**Reference:** Langdon, D.W., Amato, M.P., Boringa, J., Brochet, B., Foley, F., Fredrickson, S., Hamalainen, P., Hartung, P., Krupp, L., Penner, I.K., Reder, A.T., and Benedict, R.H.B. (2012). Recommendations for a brief international cognitive assessment for multiple sclerosis (BICAMS). *Multiple Sclerosis*, 0, (0), 1-8.

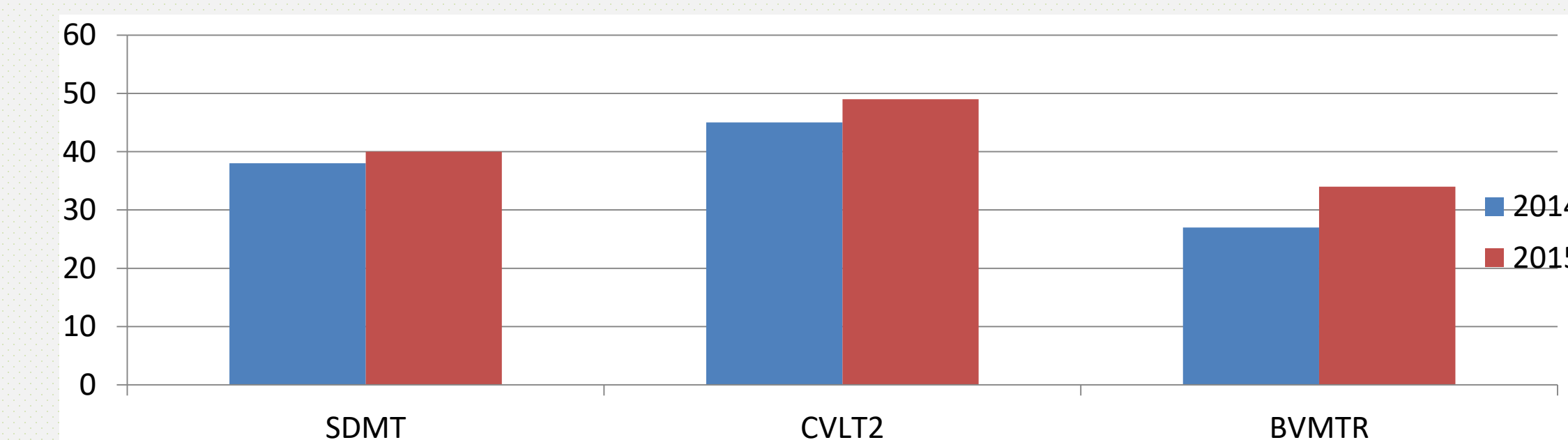
**Disclosure:** The author is a paid employee of Mount Sinai Rehabilitation Hospital. The author has a personal connection to the National MS Society. The author is a paid speaker at CMSC 2017. **Thanks:** to my patients and colleagues who made this poster possible.

**Conclusions:** Three separate uses for the BICAMS are observed

- Clinical Monitoring** - Patient is sent regularly for a status check without the expectation of follow-up care.
- Outcomes Measure**, providing an objective indicator changes in cognitive status over the course of treatment.
- Education** on the nature of cognitive change in pwMS. This education gives the patient the tools needed to recognize cognitive changes in themselves and be proactive in their own care.

**Education**  
52 years old at 2015 evaluation; Diagnosed in 2013

Date	Patient Path Through Care
May 2014	Assessment by SLP: Patient concerns – difficulty initiating and completing tasks, increased difficulty with organization at work, increased distraction and forgetfulness. Patient participated in course of skilled SLP treatment.
July 2015 Email from patient's spouse to clinician (8:08 AM)	[Patient]has been having trouble planning lately. He has actually had other MS symptoms as well. After a long talk this morning [patient] agreed that a refresher/visit with you would be helpful. Can you email or call with some possible dates?
July 1 <sup>st</sup> , 2015 Email from clinician to patient's spouse (8:10 AM)	What other symptoms? Is this a relapse? Does [patient] need medical care?
July 1 <sup>st</sup> , 2015 Email from patient's spouse to clinician (9:52 AM)	He had some tingling in his left arm and leg which is getting better. I don't think he needs medical care, perhaps some "talking down..."
July 1 <sup>st</sup> , 2015 Email communication from clinician to patient's spouse 10:18 AM	I will ask [physician] for a referral and you will get a call to schedule...let the medical staff know- it is relapse season- let them make the medical decision. Please
July 9 <sup>th</sup> , 2015	MRI Findings: There is a new well-circumscribed round area of low T1 signal, bright T2 with intense, homogenous ring enhancement in the subcortical matter of the right temporoparietal junction."
July 13 <sup>th</sup> , 2015	Repeat / Yearly Assessment by SLP completed. No follow – up care.



**Recommendation by medical staff:**  
Change DMT. The patient then happily retired.