**Clinical Use of the BICAMS: Case Studies Illustrating Varied Application to Meet Patient and Clinician Needs**

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**Background:** Persons with Multiple Sclerosis (pMS) 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 pMS. 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.

**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.

**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 the cognitive change in pMS. This education gives the patient the tools needed to recognize cognitive changes in themselves and be proactive in their own care.

**Clinical Monitoring**

42 years old at 2013 evaluation; Diagnosed 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Patient Path Through Care</th>
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<tbody>
<tr>
<td>2013</td>
<td>Noticed a change in language recall, word retrieval, attention</td>
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<tr>
<td>2014</td>
<td>Occasional slurring, difficulty putting two words together, no difference in word retrieval, increased difficulty recalling names, no difference in ability to attend</td>
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<tr>
<td>2015</td>
<td>Occasional difficulty combining words, more difficult to attend in background noise, change in memory (patient feels no on else will notice), change in word retrieval (but if I slow down the word will come)</td>
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<tr>
<td>2016</td>
<td>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”</td>
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**Outcomes Measure**

43 years old at 2015 evaluation; Diagnosed 1998

**Education**

52 years old at 2015 evaluation; Diagnosed in 2013

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

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

**References:**


**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 in CMS 2017. Thanks to my patients and colleagues who made this poster possible.