CAN CLINCIAL AND MRI MEASURES ALONE BE USED RELIABLY TO MAKE TREATMENT DECISIONS? WHAT ABOUT THOSE TANGIBLES LIKE FATIGUE, COGNITIVE SLOWING OR QUALITY OF LIFE? No

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Patients with multiple sclerosis (MS) often show fluctuations with respect to disease activity. There is a long-standing agreement in the community that disease activity is associated with EDSS progression, relapse rate and/or contrast enhancing lesions. Thus, whenever patients aggravate in these domains, clinicians start to think about changing the actual treatment and probably even "escalate" the patient. The question in dispute however is whether this perspective may be too narrow. Besides physical symptoms, MS patients can also suffer from neuropsychological and neuropsychiatric disease aspects such as cognitive decline, fatigue and depression. Keeping in mind that these aspects have a strong negative impact on quality of life and vocational status it might be advisable to include these factors when making treatment decisions.

There is evidence that patients' and clinicians' perspective differ when asked to judge the relevance of different symptoms for their life. While clinicians primarily focus on somatic symptoms, relapse rate and progression, the patient's perspective is much more directed towards mental health and cognitive functioning. Further, it has been shown that a decrease in information processing speed has the strongest impact on the vocational status of the patient over a period of 7 years, supporting the need to assess the cognitive status even from a socioeconomic point of view. Of additional interest is that brain atrophy is at present the best correlate for cognitive functioning in MS and even predicts cognitive long-term outcome. Therefore, there is clear need to include the so-called "soft signs" in MS when making treatment decisions. A first step towards this direction has already been taken by the development of a new algorithm for treatment optimization. Besides MRI, relapse rate and EDSS progression, the multiple sclerosis decision model (MSDM) considers cognitive functioning, fatigue and depression as aspects of relevance to decide whether a patient should be switched from one therapy to another. Whether this approach will be accepted by clinicians or ignored is currently under evaluation. The fact that this topic is debated at the 8th World Congress on Controversies in Neurology should be regarded as an important step forward in changing long-standing but apparently out-dated agreements.