Towards a quantitative MS assessment

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Introduction

The clinical assessment of persons with MS (pwMS) is currently mainly based on the EDSS [1]. In recent years, several scales incorporating quantitative assessment of sensorimotor and cognitive function have been established [2-5]. However, these tests are considered not sensitive enough to detect peculiarities in pwMS with subtle changes due to therapy or disease progression [2, 6]. Here, we introduce the Watzmann Severity Scale (WSS), a digitally assessed, quantitative sensorimotor estimate of disease severity in pwMS.

Methods

We assessed grip force, index finger tapping, visuomotor control (drawing a figure of eight and following a moving target), simple reaction times (visual stimuli), and quality of gait (spectral arc length based approach [7]) in a total of 30 patients (51a \pm 10a, EDSS 4.4 \pm 2.1, median: 4.0, range: 1.0-8.0) and computed the z-score based vector product of Glass' delta (G Δ) (both upper-limbs if applicable). 0% represented the mean of normative data from healthy, age-matched controls, negative values above average, and positive values impaired performance.

Results

WSS scores ranged from -26% to 87% (34.0%±32.9%, median: 31.2%) and were strongly correlated with the EDSS (R²=.76, 2nd degree polynomial). pwMS revealed impairments in all dimensions but reaction times (grip force G Δ =.59 p<.01; tapping G Δ =.51 p=.02; visuomotor G Δ =2.23 p<.01; gait G Δ =3.8 p<.01; reaction times p=.93). During a 16.5d ±7.1d in-hospital stay at Medical Park Loipl, scores of 19 patients improved significantly (p=.02, Cohen's d=.24), with 47% positive (>3% gain) and 11% negative responders (>3% loss).

Discussion

The WSS showed a strong, non-linear correlation with the EDSS, while being able to recognize even subtle changes of performance in different sensorimotor dimensions over the course of an inhospital stay. pwMS revealed strongest impairments in visuomotor control and gait. The ongoing study aims to provide a quick, objective, reliable and low-cost assessment of impairment in pwMS.

References

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