

Minutes in-between meeting Melsbroek

Much of the meeting was taken up with discussion around the cognitive manual

1. Medication - it was felt there was no section in the manual discussing medication and the question was raised as to whether this should be here. Following a lengthy discussion it was felt this might not be necessary.
2. Content - currently all information is written in different styles e.g. Layman or professional - agreed that all content should be written in the same style.
3. Appendices - discussion was had around the length of the manual and it was agreed that much of the information could be placed in appendices e.g. Cognitive Tips for patients; Strategies for Lifestyle; sources of further information.
4. Memory and Thinking to be added to the Cognitive Tips appendix
5. Crisis - felt this needed to be added and Jannie (jenc@sclerosehospital.dk) agreed to write something around this.
6. Cognitive Reserve - felt a section around this needed to be included and Michelle Priard agreed to write this.
7. It was suggested in the further information appendix a link was included to MSQI inc. MHI as this would be helpful to clinicians.
8. In the section Cognition in MS - good to know it was suggested a comment about current thinking around cognitive function and MRI should be added.
9. In the Neuropsychological Assessment Section - a comment about working with people who have motor, visual and verbal disability should be added including ideas of how to adapt assessment and what tests might be more helpful.
10. It was felt a section highlighting confounding factors in cognition should be added.
11. Extra tests to be added:
 - Attention: Concentration Task D2, Ruff 2 & 7, Selective Attention Task (can get from PAR)
 - Memory and learning: Camden Memory Tests - visual and verbal, Doors & People.
 - Working Memory: Brown Peterson, TAP, Digit Span, Spatial Span, Lottery subtest from the TEA

12. An extra section around mood is needed to remind clinicians need to rule out depression or mood issues. Assessment tools could be HADS or MHI.

13. Screening measures felt should add the MSNQ, mention the BICOMS (currently being validated). Also felt should encourage quality of life to be considered.

14. Behavioural assessment should be added in order to get an idea of pre-morbid behaviours compared to current - DEX from the BADS or FrIsBe.

15. Under computer based training programmes the Vienna test system should be replaced by Cogni plus.

16. A complete section on factors that affect cognition should be added - maybe together with the mood section.

17. Felt mindfulness should be added to strategies that improve stress and aromatherapy removed. Also a sentence about stress inoculation training should be added.

18. The section on sleep to be removed.

19. The section on exercise to be removed.

AOB

The next in between meeting could be held in Venice or Barcelona - members of these sites to confirm at Hamburg. The weekend chosen was November 16 - 17 2012

Hamburg meeting: Jannie Engelbrecht would be happy to present on "cognitive workshop using patients in Denmark". Michelle/Meike happy to present on the output from this meeting. It was felt a "psychology based" topic needed to be included but there were no volunteers or suggestions to topic.

This meeting was attended by:

Members of core SIG:

Wim

Anita

Bente

Michelle

Meike

Luc

New people:

Jannie Englebrecht - neuropsychologist in denmark jenc@sclerosehospital.dk

Nicholas Moyano - neuropsychologist - n.moyano@hotmail.com

Mariette Eijkenaar - rehabilitation psychologist from Netherlands
m.eijkenaar@hotmail.nl

J Poettgen - psychologist at university of Hamburg j.poettgen@uke.de

Aunore Nerincx - neuropsychologist from Melsbroek

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