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Cortical Hyperexcitability May Precede The Onset Of Familial Amyotrophic Lateral Sclerosis
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Amyotrophic Lateral Sclerosis from Bench to Bedside
Catherine Lomen-Hoerth, M.D., Ph.D.

Symptom Management of the Patient With Amyotrophic Lateral Sclerosis: A Guide for Hospice Nurses
Gail Houseman, APRN

Crystal structures of holo and Cu-deficient Cu/Zn-SOD from the silkworm Bombyx mori and the implications in amyotrophic lateral sclerosis.
Zhang NN, He YX, Li WF, Teng YB, Yu J, Chen Y, Zhou CZ.

The epidemiology of CuZn-SOD mutations in Germany: a study of 217 families.

CSF glial markers correlate with survival in amyotrophic lateral sclerosis.
Süssmuth SD, Sperfeld AD, Hinz A, Brettschneider J, Endruhn S, Ludolph AC, Tumani H.

CSF markers in amyotrophic lateral sclerosis: Has the time come?
Cudkowicz ME, Swash M.


ABSTRACT

Differences in quality of life modalities give rise to needs of individual support in patients with ALS and their next of kin.

Olsson AG, Markhede I, Strang S, Persson L.I.
OBJECTIVE: The aim of this study was to examine health-related quality of life (HRQoL), individual QoL, anxiety and depression in patients with amyotrophic lateral sclerosis (ALS) and their next of kin in relation to patients’ physical function over time.

Methods: 35 patients and their next of kin were studied using the Short Form-36 Health Survey (SF-36), Schedule for Evaluation of Individual Quality of Life-Direct Weighting (SEIQoL-DW), and Hospital Anxiety and Depression Scale (HADS) and patients also by the Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised and the Norris scale every fourth to sixth month, one to four times.

Results: Changes were found over time in both patients and their next of kin in the SF-36 but not in the SEIQoL-DW or HADS. Patients rated worse than their next of kin in the SF-36 physical subscales and next of kin rated worse than the patients in the global QoL score in SEIQoL-DW. Health, hobbies, and total relations were important areas in the SEIQoL-DW among all participants, but some important areas also differed between the patients and their next of kin. In most important areas among the pairs, the next of kin estimated their functioning/satisfaction worse than patients estimated their functioning/satisfaction.

Significance of results: There were few changes over time in the QoL among the participants. Although most of the estimates in patients and their next of kin were equal, there were also some differences. These results emphasize the importance of support for both patients and their next of kin and that support ought to be given on both individual bases and together in pairs. The SEIQoL-DW might give signposts in the care through the course of the disease about what should be focused on to increase satisfaction of the important areas of life and might help the person to find coping strategies to handle his or her life situation.

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and 19% wished they had started sooner. Forty-five percent of people were able to walk a few steps, and 55% were able to stand when their chairs arrived. When they first received the chair, 79% were satisfied with the overall comfort of the chair, and 86% were satisfied with the ease of use; currently, 69% are satisfied with the overall comfort, and 72% are satisfied with ease of use. There was a statistically significant difference in how patients used their wheelchair features initially and currently in terms of seat elevate and attendant control, but not tilt, recline, and elevating leg rests. The average cost for the power chairs was $26,404 (range, $19,376-$34,311), and the average cost a month is $917. Overall, 88% of respondents said they would get the same type of chair with the same features again, and 81% felt that the chair was a good value for the cost. CONCLUSIONS: We obtained first-hand knowledge from 32 patients with ALS/MND who are current PWC users on their use and satisfaction with their PWCs from initial to current use. Based on this survey, patients with ALS/MND seen for their wheelchair evaluation with experienced clinicians exhibit high use and satisfaction with their PWCs. Copyright © 2010 American Congress of Rehabilitation Medicine. Published by Elsevier Inc. All rights reserved. PMID: 20159132 [PubMed - as supplied by publisher]

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Prevalence of depression in amyotrophic lateral sclerosis and other motor disorders.

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Background: Research suggests the prevalence of severe depression in ALS is <20%. In contrast, studies have reported that severe depression affects 40-50% of patients with other neurodegenerative motor conditions (e.g. multiple sclerosis, Parkinson’s disease and Huntington’s disease). The comparison with such disorders has generated a clinical impression that patients with ALS have surprisingly low rates of depression. However, comparisons with such disorders do not take into account the markedly different pathological, physical and behavioural profiles associated with these disorders. To assess further the extent to which ALS is associated with a low prevalence of depression, we compared the prevalence of depression in patients with ALS to that in patients with neuromuscular disorders with more comparable disease profiles. Methods: The Beck Depression Inventory-II (BDI-II), the Major Depression Inventory (MDI), the Hospital Anxiety and Depression Scale (HADS) and the ALS Functional Rating Scale-Revised were sent to 212 patients from a tertiary referral Motor Nerve Clinic in London, UK. Results: Data were obtained from 51 people with ALS and 39 with other neuromuscular disorders. The non-ALS group included patients diagnosed with disorders that are characterized by motor neurone dysfunction and/or a decline in everyday function. Analyses revealed no between-group differences on severity and prevalence rates of depression according to the BDI-II, HADS Depression Subscale and MDI. Conclusions: Our findings do not support the impression that patients with ALS have lower rates of depression than patients with other varied neuromuscular disorders.