

## **Updates in Affective Disorders in Multiple Sclerosis: Expert Guidance on Management of Depression and Anxiety**

### **KEY TAKEAWAYS**

- Affective symptoms such as depression and anxiety are common in people with multiple sclerosis (MS) and may appear early in the disease course.
- Depression in MS may not be solely a psychological reaction to disability or diagnosis. It is often intrinsic to the disease itself, reflecting underlying neurobiological changes.
- Symptoms of depression and anxiety are frequently underrecognized in people with MS but have a significant impact on quality of life, treatment adherence, and clinical outcomes.
- Whereas depression can affect nearly every aspect of a person's life and is associated with increased morbidity and mortality, it is treatable, highlighting the importance of early recognition for optimizing outcomes in people with MS.
- Brief, validated screening tools such as the Patient Health Questionnaire-2 (PHQ-2), Patient Health Questionnaire-9 (PHQ-9), and Hospital Anxiety and Depression Scale (HADS) can be integrated efficiently into routine MS care.
- When screening for depression in individuals with MS, it is essential to include a direct question about suicidal thoughts or intent.
- Treatment selection for depression and anxiety in people with MS should be tailored to the individual's needs, preferences, and comorbidities, using a shared decision-making approach.
- Pharmacologic treatments such as selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), bupropion, and vortioxetine can be effective. Clinicians caring for individuals with MS and affective disorders should not hesitate to titrate these medications to therapeutic doses or to consider alternative therapies when response is incomplete.
- Nonpharmacological strategies, including cognitive behavioral therapy, structured exercise, mindfulness-based interventions, and potentially transcranial magnetic stimulation, may provide meaningful benefit for individuals with MS and comorbid depression.
- Interdisciplinary collaboration is an essential aspect of MS care. Patients are best supported when neurologists, mental health providers, rehabilitation specialists, and community-based clinicians or organizations coordinate care.
- Clinicians in smaller or general practice settings can still deliver effective mental health support in MS by identifying and partnering with local or virtual mental health resources.