

## Clinical Briefing

# Clinical Briefing: Pseudobulbar Affect

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A patient suddenly bursts out crying in your office, seemingly for no apparent reason. You consider the possibility that the patient is suffering with depression and ask him to fill out a screening form; the nine-item Patient Health Questionnaire (PHQ-9). You are surprised to find that the patient has a relatively low score, suggesting that major depression is not the cause of the sudden crying outburst. Family members tell you, however, that such brief, out-of-the-blue crying spells have been occurring frequently. What is the cause of these outbursts?

It is very possible that the patient is experiencing pseudobulbar affect (PBA), an increasingly recognized syndrome that is most common among patients with a variety of neurological disorders including Alzheimer's disease, multiple sclerosis, Parkinson's disease, other forms of dementia, brain tumor, stroke, amyotrophic lateral sclerosis and traumatic brain injury (TBI). The characteristic presenting sign of PBA is sudden, frequent, uncontrollable outbursts of emotion—often laughing or crying—that are stereotypical and seem to bear no relationship to the patient's actual mood at the time. An important tip-off that the patient has PBA is a failure to respond to psychotropic medication used to treat depression, mania, and anxiety disorders. Patients will often describe the syndrome as "losing control of my emotions."

The estimated prevalence of PBA across these neurological conditions is about 10% and it is estimated that anywhere from 1.8 to 7.1 million Americans suffer with PBA. Hence, in any patient with this kind of emotional outburst, the clinician should consider and screen for PBA. A useful tool for this is the seven-item Center for Neurologic Study-Lability Scale (CNS-LS). The patient completes the scale and the physician tallies the score and evaluates the result in combination with information gleaned from history, physical, and laboratory tests. A score of 13 or higher on the CNS-LS suggests the possibility that the patient has PBA. Information about the CNS-LS can be found at:

[https://commondataelements.ninds.nih.gov/Doc/NOC/Center for Neurologic Study Lability Scale NOC Link.pdf](https://commondataelements.ninds.nih.gov/Doc/NOC/Center_for_Neurologic_Study_Lability_Scale_NOC_Link.pdf)

In addition to depression, several other conditions must be ruled out before making the diagnosis including bipolar disorder, especially when the presenting symptom is laughing outbursts. Administration of the Mood Disorder Questionnaire (MDQ) may be helpful in diagnosing bipolar disorder. Several other neurological disorders can also involve emotional lability and need to be considered, including Frontotemporal Dementia and Dementia with Lewy Bodies.

The combination of dextromethorphan/quinidine (Nuedexta) is the only medication approved by the FDA specifically for the treatment of PBA. Although not FDA-approved for this indication, there are studies suggesting that tricyclic and SSRI antidepressants may also be effective for treating PBA.

Shortly, Care Management Technologies (CMT) will release a new measure that will aid in identifying, through data analytics, individual consumers who have an underlying neurological disorder and may be suffering from pseudobulbar affect. Thus, with proper diagnosis, an effective treatment plan can be initiated.

CMT is a healthcare decision support organization. CMT offers a range of vital services and supports to assist payers and providers achieve maximum care for those served delivery while obtaining resource maximization through the use of healthcare data analytics especially in the arena of behavioral health.

### References:

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