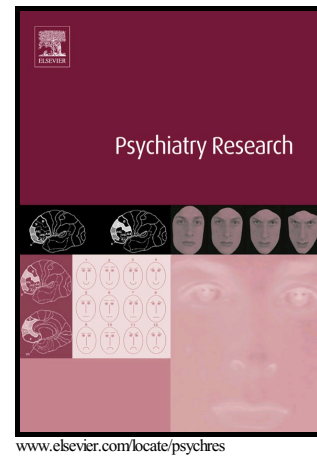


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Multiple sclerosis in Saudi Arabia: anxiety, depression and suicidality

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Besides the episodes of neurological deficits characteristic of multiple sclerosis (MS), cognitive and psychiatric complaints are also very common. In a large study of more than 4,000 MS patients who completed the Hospital Anxiety and Depression Scale (HADS), rates of anxiety (54.1%) and depression (46.9%) were staggering ¹.

Research on MS in Saudi Arabia has been very limited. Almost all published studies have been single hospital-based and all from the capital city, Riyadh. Two recent large-scale studies have provided some up-to-date insight into the disease characteristics in Saudi Arabia. The study by Al Deeb revealed a female: male ratio of 2:1, with a mean age of onset of 30 years ². The clinical pattern observed was akin to that of “Western” MS but with a “more benign course” ². Al Jumah and his colleagues evaluated genetic variations in Saudi patients with sporadic and familial MS ³. Patients with familial MS were found to be younger at disease onset (30.7 vs. 33.7 years) and had a higher female: male ratio (3.4:1 vs. 1.9:1), ³.

MS research in Saudi Arabia is in its infancy, and no study to date has examined the prevalence of psychiatric comorbidities in MS patients in Saudi Arabia. In a longitudinal hospital-based study of psychiatric comorbidities in Saudi patients with neurological disorders, 24 consecutive MS were included (Alamri, unpublished). The demographics of our sample were similar to previously published studies ^{2,3}, with a female: male ratio of 1.7:1 and 70.8% being under the age of 35.

When administered the Arabic HADS, six patients (25%) have reported moderate to severe anxiety or depression (defined as HADS score ≥ 11 on either anxiety- or depression- subscale). The mean total HADS score was 11.8 (± 7), and depression (20.8%) was much more common than anxiety (4.2%). Three patients (12.5%; all male) have contemplated suicide. Higher HADS scores were not associated with sex (12.3 in females vs. 11.1 in males, $p = 0.72$), disease duration (11.8 in patients < 2 years since diagnosis vs. 11.9 in patients > 2 years since diagnosis, $p = 0.96$), marital status (12.1 in single patients vs. 11.4 in married patients, $p = 0.85$) or employment status (12.9 in employed patients vs. 11.4 in unemployed patients, $p = 0.56$).

This is the first study, albeit small, to shed light on the burden of psychiatric manifestations in MS patients in Saudi Arabia. Whilst depression rate is similar to that of a recent study from UAE ⁴, the identified high incidence of suicidal ideation is unsettling and may in fact be an underestimate. This is because patients in this study were recruited from a tertiary outpatient clinic (as opposed to community-based patients) and a higher HADS score threshold (11 vs. 8) was utilised.

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