ASSESSMENT OF DYSAUTONOMIC SYMPTOMS IN MS PATIENTS BY MEANS OF THE COMPOSITE AUTONOMIC SYMPTOM SCORE (COMPASS)-31 QUESTIONNAIRE

L. Mancinelli¹, F. Naldi¹, <u>V. Vacchiano¹</u>, M. Foschi¹, M. Ragionieri², F. Falzone³, F. Pinardi³, A. Lugaresi^{1,3}

- 1. Department of Biomedical and NeuroMotor Sciences (DIBINEM), Alma Mater Studiorum University of Bologna
- 2. Alma Mater Studiorum University of Bologna
- 3. UOSI Riabilitazione Sclerosi Multipla, IRCCS Neurological Sciences Institute, Bellaria Hospital, Bologna

Introduction

The autonomic nervous system might be involved in Multiple Sclerosis (MS) patients. The Composite Autonomic Symptom Score (COMPASS)-31 questionnaire explores autonomic symptoms from six domains, through 31 multiple choice questions [1].

Materials and methods

213 consecutive patients (P group: 18-65 years old, no major

Objectives

To assess the burden of autonomic symptoms, stratified by sex, disability and disease duration, in MS patients from a tertiary MS centre in Italy, through the completion of the validated [2] Italian version of the COMPASS-31 questionnaire, in a case-control design.

Table 1: demographic and clinical data

comorbidity) and 97 consecutive healthy individuals (C group: 18-65) years old) completed the COMPASS-31 questionnaire. Demographic data were collected for both groups and MS history data for the P group. We compared the COMPASS scores between the two groups and among subgroups of patients sorted by disease duration, by means of the Mann-Whitney U test. Spearman's rho coefficient between Expanded Disability Status Scale (EDSS) step and COMPASS result was calculated and, finally, a multiple linear regression model including EDSS, sex and disease duration as independent variables was performed.

Results

Mean age in the P and C groups was 44 ± 11 and 40 ± 13 years respectively, with a female percentage of 67.6% (P) and 56.7% (C). COMPASS score resulted significantly higher in the P than C group (median 18.1 vs 10.1, interquartile range 7.8-33.6 and 5.2-18.8) respectively; p<0.001) and in female than in male patients (median 19.4 vs 17.0, p=0.001), whereas not dissimilar between male and female controls (median 10.1 and 10.4). Among patients, COMPASS score correlated with the EDSS step (r=0.33, p<0.001), with a slightly lesser degree if adjusting for disease duration (r=0.27, p<0.001); the multiple linear regression showed a strong relationship between male sex and lower COMPASS score (B=-7.93, p=0.001), a positive association between higher EDSS scores and higher questionnaire results (B=2.52, p<0.001), and no effect of disease duration (B=-0.01, p=0.96).

	P group (n=213)	C group (n=97)
Gender (f:m)		
n	144:69	55:42
%	67,6:32,4	56,7:43,3
Age (years)	44 ± 11	40±13
Course		
RR	160 (75,1%)	
SP	34 (16,0%)	
PP	19 (8,9%)	
Disease duration	14±9 years	
EDSS (median)	2.0	

Discussion

Our research has demonstrated significantly higher COMPASS score in the P group, especially in female patients, though not to the point to discriminate patient from control in the single subject. Among disease factors, a greater disability shows some correlation with higher COMPASS results, while disease duration possibly has no effect.

Conclusions

limitations, we deem that the COMPASS-31 With some questionnaire might represent a useful tool for a quick evaluation of

Table 2: COMPASS scores in the P and C groups						
Domain	P group		C group		p value	
	median	range	median	range		
Orthostatic intolerance	8	0-40	0	0-20	0,001	
Vasomotor	0,00	0-4,17	0,00	0-2,50	<0,001	
Secretomotor	0,00	0-12,86	0,00	0-10,71	0,001	
Gastrointestinal	5,36	0-18,75	4,46	0-11,61	0,025	
Bladder	1,11	0-10	0	0-3,33	<0,001	
Pupillomotor	1,67	0-5	1	0-3,33	<0,001	
Total	18,12	0-86,33	10,14	0,67-39,54	<0,001	

dysautonomic symptoms in Italian MS patients. Formal autonomic testing is warranted in subjects with high scores.

Table 3: COMPASS scores and EDSS correlation, adjusted for disease duration					
Domain	corr. coefficient	p value			
Orthostatic intolerance	0,202	0,003			
Vasomotor	0,128	0,063			
Secretomotor	0,204	0,003			
Gastrointestinal	0,121	0,079			
Bladder	0,379	<0.001			
Pupillomotor	0,030	0,662			
Total	0,269	<0,001			

References:

1. Sletten DM, et al.: COMPASS 31: a refined and abbreviated Composite Autonomic Symptom Score. Mayo Clin Proc 2012,87(12):1196-201.

Pierangeli G, et al. Translation and linguistic validation of the Composite Autonomic Symptom Score COMPASS 31. Neurol Sci 2015,36:1897–1902.







