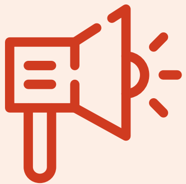
MND Association | For professionals

Cognition and behaviour



Be aware that MND may first present with cognitive features, including:

— behavioural changes

— emotional lability (not related to dementia)

— frontotemporal dementia.

The multidisciplinary team (MDT) should regularly assess, manage and review cognition and behaviour.

At diagnosis, and if there are concerns, explore any changes with the person, their family and carers.
If needed, refer the person for a formal assessment in line with the NICE guideline on dementia (NG97).

Tailor all discussions and MDT assessments to the person's needs, taking into account their communication ability, cognitive status and mental capacity. For example, adjust the format of the assessments if the person has cognitive or behavioural changes.

Cognitive status, along with communication abilities and mental capacity, should be taken into account when discussing the person's preferences and concerns about care at the end of life.

Think about discussing advance care planning with people at an earlier opportunity if you expect their communication ability, cognitive status or mental capacity to get worse.

When managing the MND symptoms of a person with cognitive or behavioural changes,consider the following:

If the person has saliva problems:

— Consider glycopyrronium bromide as a first-line treatment for sialorrhoea, because it has fewer central nervous system side effects.

If the person has severe cognitive problems that may be related to respiratory impairment:

— Measure SpO_2 at rest and breathing room air.

— Do not perform other respiratory function tests (FVC, VC, SNIP and MIP) if the interfaces are not suitable for the person.

— Consider a trial of non-invasive ventilation (NIV) only if they may benefit from an improvement in sleep-related symptoms or correction of hypoventilation.

— Continue NIV if the clinical reviews show an improvement in sleep-related symptoms.

Additional information and resources available at **mndassociation.org/cognition**.

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