

## MS and the MMPI-2

Thank you Glenn.

Regarding the MMPI-2 31 elevation, my report read as follows: Care must be taken in interpreting the patient's MMPI-2 profile due to her MS history. Individuals with multiple sclerosis typically have some elevation on the 3/1 scales by virtue of the presence of sensorimotor and neurologic symptoms on these scales. Patients with primary progressive and relapse-remitting multiple sclerosis have been found to have an average elevation on the 3 and 1 scales of about 71 T, with a standard deviation of about 10 (Nelson et al., 2003; Larrabee, 2003).

Nevertheless, the patient's extreme elevations on the 3 and 1 scales (106T and 99T, respectively) were much beyond those expected for an individual with multiple sclerosis. Based on Nelson's sample of relapsing remitting or progressive multiple sclerosis, the patient's 3/1 scales were 2 to 3 standard deviations above the mean compared to the average multiple sclerosis patient.

Re: David Ranks and Glenn's question: The neuro-correction factor was taken from Nelson, LD. et al., Measuring personality and emotional functioning in multiple sclerosis: a cautionary note, Archives of Clinical Neuropsychology, 18, 4, 2003, 419-429.

Frankly, I decided not to use the FBS in my initial report since starting this post, until I had an opportunity to do neurocognitive symptom validity testing. Now I have just gotten a call that the case is settling and I don't need to do any additional work. Thanks for your feedback. I think it will come in handy for the MS patient I see in litigation.

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