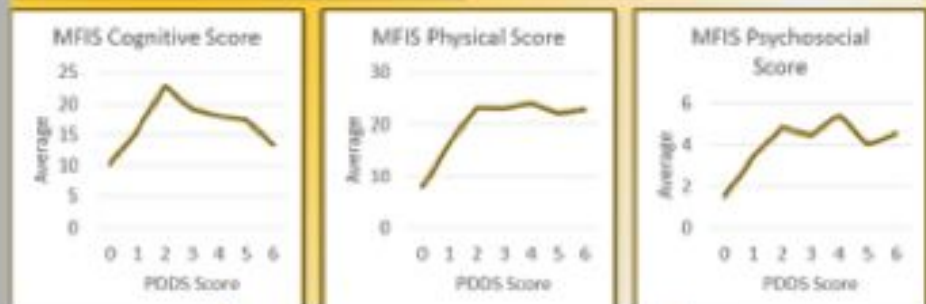
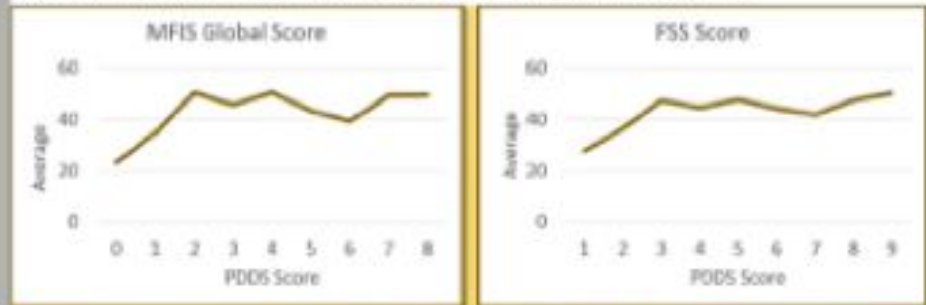


Limitations of Patient Reported Outcomes: Who Tells the Truth?

- Specifically asking people with MS targeted questions regarding the presence and degree of fatigue in routine care can be problematic and ideally requires discussion more than a simple "yes/no" and "how much?" question.
- Patient Reported Outcomes (PRO) for fatigue such as Modified Fatigue Impact Scale (MFIS) and Fatigue Severity Scale *provide more "fatigue" questions than are typically discussed or asked in a "routine care discussion"*.
- **However even use of these 2 PRO fatigue scales for evaluating "fatigue" in PwMS on the same day result in discordant results and does not predict the other individual contributing causes of fatigue.**

Cohort: **224 PwMS** (Gender: 73% female, Average Age: 50 ± 10 years). Average MFIS (global, physical, and psychosocial) and FSS scores all increase with early disability but remains elevated beyond even low levels of disability (PDDS 2), whereas MFIS cognitive fatigue increases and peaks at low levels of disability but declines with increasing physical disability. Variability of all PRO measures is maximum at low levels of PDDS disability and the variability declines with increased PDDS disability for all fatigue measures.



PwMS Fatigue Distribution Groups: FSS & MFIS

