To the Editors, *Acta Neurologica Scandinavica*,

We write in response to the letter by Dr Attarian regarding our paper, “Anxiety, depression and fatigue at 5-year review following CNS demyelination,” (ANE-L-01-16-055) published at *Acta Neurologica Scandinavica*. We greatly appreciate the kind words by Dr Attarian regarding our work and are delighted its met with positive reception.

With regards to his comments about the relevance of sleep disorders like obstructive sleep apnoea to fatigue and mood, we could not agree more. We had thought to examine this highly relevant parameter in our analysis, particularly of fatigue but also of mood, but unfortunately we did not have this data in a form that could be used. Participants were queried at baseline and subsequent reviews for their being diagnosed with medical conditions aside from the demyelinating condition which brought them into the study, and to enumerate these in free-text form. Of the 279 AusLong participants with baseline data, 4 participants reported having been diagnosed with sleep apnoea, while in subsequent annual reviews 2/236 additional persons reported this diagnosis.

We were loath to evaluate this variable quantitatively, however, because it was not systematically queried of participants but rather relied on passive reporting. Thus it may very well be that other participants may have had this comorbidity and failed to report or recall at review. We would point out that our analysis of whether persons reported having any non-MS medical conditions diagnosed since the preceding review showed a positive association with both fatigue and anxiety & depression scores, and it is possible that part of this effect may have been persons with sleep-related...
comorbidities. Again, however, the failure to systematically query sleep precluded our evaluating it as a distinct covariate in this analysis.

Certainly future studies of mood and fatigue in multiple sclerosis would benefit from systematically assessing sleep quality and sleep-related conditions, as indeed these are quite relevant to these aspects of disease and quality of life in MS. We thank Dr Attarian for pointing out the importance of this element.

Sincerely,

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