

# Hopelessness in Multiple Sclerosis: Psychological and Organic Correlates

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## 1. Introduction

Hopelessness, intended as "cognitive schemas whose common denomination is negative expectations about the future" (Beck et al.1974, p.864), results from the combination of affective, motivational and cognitive dimensions, respectively: negative feelings about the future, loss of motivation and negative/uncertain future expectations [1]. Despite representing a frequent feature of depression [2], hopelessness has been recorded in other psychiatric disturbances (i.e. schizophrenia, post-traumatic stress disorder, obsessive-compulsive disorder) and linked to poor outcome [3-5]. In addition, since hopelessness encompasses negative attributions about the future, it is widely recognized as a reliable predictor of suicidal behavior, particularly when trait hopelessness is considered [6].

Interestingly, the impact of hopelessness is not limited to psychopathology, being applicable to physical conditions. For example, hopelessness seems to facilitate atherosclerosis progression, while representing an independent predictor of short-term mortality after critical illness [7, 8]. According to literature, persons with multiple sclerosis (MS) are likely to experience feelings of hopelessness [9], the latter showing both clinical and organic correlates, as discussed in the following paragraphs of this short communication.

**2. Keywords:** Multiple sclerosis; Hopelessness; Psychology; Neurobiology

## 3. Hopelessness in MS: Psychological Correlates

MS has a detrimental effect on the patients' quality of life [10] and represents a disruptive event, not only in terms of actual disability, but also regarding the high level of uncertainty characterizing its prognosis. As a result, persons with MS may experience the loss of control over their future, ultimately feeling hopeless, as confirmed in a study reporting the association between negative perception of control (unrelated to functional abilities) and hopelessness in a sample of patients suffering from MS [11].

It is worth considering that hopelessness may exist regardless to depressive symptoms, thus representing an independent common feature of MS [9], particularly when the more “aggressive” forms are considered [12]. The psychological correlates of hopelessness in MS include an impaired ability to cope with the disorder, a poorer quality of life and a higher suicide risk [12]. A study published in 2014 suggested that the rates of hopelessness detected among persons suffering from secondary progressive MS may increase over time [12]. Such an increase may be re-conducted to the accumulated disabilities and the progressive impact of MS on the patients’ quality of life, but it may also find an explanation in the organic correlates of hopelessness, as reported below.

#### **4. Hopelessness in MS: Organic Correlates**

Research has shown a correlation between hopelessness and impaired central serotonergic function [13], the latter contributing to the blood-brain barrier disruption characterizing the early stages of MS exacerbations [14]. In addition, an altered blood pressure regulation in response to orthostasis, indicating a dysfunctional autonomic nervous system, is a condition frequently reported in both hopeless and MS individuals [15, 16]. The sympathetic vasomotor dysfunction may contribute to a common symptom of MS, namely fatigue [16], whose occurrence could be anticipated, via hopelessness, in individuals affected by HIV [17]. Moreover, both hopeless and MS patients share a disrupted biological clock, crucially involved in the immunological and metabolic brain alterations favoring demyelination [18, 19]. Early research using PET imaging reported the involvement of several brain areas in the cerebral representations of hopelessness, among which frontal cortex, temporal lobe and hippocampus [20]. A study focusing on grey matter volumes in suicide attempters versus non-attempters related a volume reduction in the left angular gyrus (regulating self-generated thoughts) to higher levels of hopelessness [21]. Other evidence suggests that decreased serotonergic input and metabolic activity in the ventromedial prefrontal cortex (VMPFC), involved in self-referential processing, may be crucial organic correlates of hopelessness [22]. The alterations affecting the VMPFC determine a less efficient anterior cingulate cortex-VMPFC cross-talk, ultimately favoring impulsive behaviors due to a reduced cognitive inhibition [22]. Interestingly, the dissociation between brain areas is rather frequent in MS and relates to impaired decision-making and neurobehavioral abnormalities [23, 24].

The since here reported findings prompt questions regarding the relationship between hopelessness and MS, as commented below.

#### **5. Conclusion**

The evidence discussed in this short communication highlights the link between hopelessness and MS, the former showing both psychological and organic correlates. The neurobiological bases of hopelessness suggest that its link with MS may extend beyond the psychological aspects of this invalidating disorder. In the light of the literature, in fact, one may wonder whether hopelessness is just a co-morbid “feeling” or it may represent a MS symptom, increasing over time due to the progressive neurobiological alterations affecting the brain. Further studies are needed to shed light on the nature and practical implications of the relationship between hopelessness and MS.

#### **6. Disclosure**

The authors have no conflicts of interest to disclose.

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