patients underwent a clinical assessment, an Expanded Disability Status Scale (EDSS), a brain Magnetic Resonance Imaging (MRI) with contrast. Furthermore, the study group patients performed the Dysphagia Handicap Index (DHI) and Flexible Endoscopic Evaluation of Swallowing (FEES).

There was a statistically significant difference in percentage of smokers, being higher in dysphagic group than non- dysphagic group (p-value = 0.03). DHI and DYMUS questionnaires scores showed statistically significant differences in smoker than nonsmoker dyspahgics (p-value = 0.01 and 0.04 respectively). Finally, FEES results showed significantly higher silent aspirations in smoker versus nonsmoker dysphagics (p value = 0.001).

Smoking status greatly influences MS-related dysphagia. Smoking increases the incidence and severity of developing swallowing difficulties in MS, specifically rising the risk of silent micro aspirates, thus increasinng MS-related morbidity and mortality.

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Sexual Dysfunction in Women with Early Multiple Sclerosis

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Sexuality and intimacy are crucial to our well-being. Among other manifestations of Multiple Sclerosis (MS), sexual dysfunction (SD) is highly prevalent, yet it is still under-reported and under-diagnosed. Our objective is to address the prevalence and pattern of sexual dysfunction in female patients with early MS.

A comprehensive clinical interview to identify SD in female patients (n=43, age 18-48 years) with early MS in the first 6 months of diagnosis according to McDonalds criteria 2010. All patients were subjected to Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-19), Fatigue Scale for Motor and Cognitive functions, Hospital Anxiety and Depression Scale (HADS), Expanded Disability Status Score (EDSS) and hormonal assessment. Radiological findings were compared between those with SD and those without. Assessment was done after at least 8 weeks of steroids intake and before starting any disease modifying drugs (DMDs). Exclusionary criteria: Post-menopausal, sexually inactive, physical disabilities hindering sexual courtship (FS>2 in motor/sensory/coordination), endocrinal disorders and patients on medications affecting sexual activities.

Mean patients age (±SD) was 24.71±3.55. According to MSISQ-19 scores, SD was reported in 24/43 (55.81%). Three levels of influence were reported; Primary, secondary and tertiary SD (MSISQ-19 subscales). They all had manifestations of primary SD; with decreased libido, less intense orgasm and inadequate lubrication being the most prevalent (47% n=11, 40% n=10, and 13% n=3 respectively). 7 patients (29.1%) had manifestations of secondary SD. Tertiary SD was prevalent in all patients and was mostly related to lack of confidence about sexuality and fear of rejection. Fatigue (P=0.006) and depression (P=0.002) were significant predictors. Higher Prolactin levels, Luteinizing hormone (LH) and Follicle stimulating hormone (FSH) were detected in 6, 7 and 5 patients respectively. No statistical difference in MRI brain/spine lesions sites between both groups of patients.

Sexual dysfunction assessment should be incorporated in our routine assessment of MS since SD is a core disabling manifestation to the patient and to the integrity of relationships and families.

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Functional and Dysfunctional Impulsivity in Relapsing Multiple Sclerosis

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Multiple sclerosis (MS) is a demyelinating disabling disease of the brain and spinal cord. MS can be related to neuropsychiatric disorders. However, behavioural aspects of MS are rarely explored. The aim of our study was to investigate functional and dysfunctional impulsivity in MS and the factors that may influence it.

This was a cross-sectional study conducted between Mars and September 2019 at the MS Center of Neurology in Razi Hospital Mannouba. Patients diagnosed with relapsing MS according to Mc Donald criteria filled FIDI scale for impulsivity evaluation, Beck inventory to measure depression and EMIF scale to investigate fatigue.

Sixty patients were recruited: 47 women, 13 men. The mean age was 38 years. The median EDSS score was 2.6. Mean disease duration in months was 111.6. The mean number of relapses was 6 and the mean delay in treatment initiation was 44.4 months. The mean score of functional impulsivity (FI) was 5.2 and the mean score of dysfunctional impulsivity was 5.2. The mean Beck score was 13.7 and the mean EMIF score was 104. There was no significant difference between men and women on FI (p=0,772) or DI (p=0,16). There was no correlation between the number of relapses, the disease duration and the delay in treatment initiation on functional or dysfunctional impulsivity in MS. There was a negative correlation between FI and EMIF score (p=0,007; r= − 0,359) and a positive correlation between DI and depression (p=0,017; r= 0,350).

Disease duration, number of relapses and mean delay in treatment initiation do not seem to affect functional nor dysfunctional impulsivity in MS. The fatigue seems to decrease functional impulsivity while depression seems to increase dysfunctional impulsivity in MS.

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Prognostic Factors Stratification in Multiple Sclerosis

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Ethnicity was identified as a risk factor for Multiple sclerosis (MS) severity. In fact, studies suggested that North-Africans have a more severe disease course than Caucasians. The aim of our study was to identify MS prognostic factors that might predict disability accumulation in a cohort of Tunisian patients with MS.

We conducted a retrospective study in the department of Neurology of Razi Hospital. We included patients with relapsing MS followed between 2002 and 2018 with at least three years of follow up and a baseline brain and spine MRI performed during the first year from the disease onset. Cerebro-spinal fluid (CSF) analysis was done if clinically required. Expanded Disability Status Scale (EDSS) was used to quantify disability progression. The statistical tests were performed at the 0.05 level of significance using the Statistical Package for the Social Sciences software version 23.0 (SPSS). We evaluated the influence of prognostic factors on the risk for disability accumulation based on univariate and multivariate Cox regression models.