Pseudobulbar Affect

What is pseudobulbar affect?

Pseudobulbar affect (PBA) is a condition characterized by episodes of uncontrollable laughing and/or crying that are not appropriate to the situation. PBA often occurs in people with diseases that may affect the way the brain controls emotion. Such conditions include the following:

- Amyotrophic lateral sclerosis
- Alzheimer disease
- Multiple sclerosis (MS)
- Parkinson’s disease
- Stroke
- Traumatic brain injury

PBA differs from conditions that affect a person’s mood. People with PBA still experience emotions normally, but they express those emotions in ways that are exaggerated or not appropriate for the situation they are in.

In people with MS, PBA is more common in the later, chronic progressive stages of the disease. Patients with stroke may experience it sooner postinjury. Research is still being done to determine whether there are specific times when PBA occurs in different conditions.

What are the symptoms of PBA?

PBA changes how you express emotion, particularly by laughing or crying. Laughing or crying may be involuntary, uncontrolled, exaggerated, or inappropriate. Symptoms can arise suddenly and last from a few seconds to several minutes. Laughing or crying may occur without an obvious reason but may also be triggered by events that might normally cause you to laugh or cry. Individuals with PBA have a normative mood between episodes. PBA is often misdiagnosed as depression, bipolar disorder, generalized anxiety disorder, schizophrenia, personality disorder, and even epilepsy.

Symptoms may be severe, with long episodes that may lead to embarrassment, social isolation, anxiety, and depression. PBA may negatively impact health status, quality of life, workplace productivity, and daily function.

How is PBA treated?

The most common treatments are antidepressants, which have helped some people in small-scale studies. Benefits are normally seen within days of beginning treatment and with lower doses of medication than those used in the treatment of mood disorders.

There is currently only 1 medication approved by the U.S. Food and Drug Administration designed to specifically treat PBA. This medication is dextromethorphan/quinidine (Nuedexta). This medication was shown to be effective in patients with MS and amyotrophic lateral sclerosis who had PBA. However, further research is required to determine its effectiveness in treating people with PBA who have other neurologic conditions.

Who can I go to for help with PBA?

If you have a neurologic condition, you may already receive treatment from health care professionals who can help you find out if you have PBA. Some professionals who may be able to help are listed as follows:

- Neuropsychologists: specialists who can assess, diagnose, and treat changes in your behavior related to your neurologic condition
- Neurologists: physicians who diagnose and treat neurologic conditions
- Psychiatrists: physicians who can assess whether your symptoms are related to mental health or another medical issue that is not PBA
Physiatrists: physicians who treat physical and cognitive disabilities that result from neurologic conditions
- Occupational therapists: rehabilitation professionals who can help you function in daily life in spite of your PBA

Resources for people with PBA
- If you think you may have PBA, talk to your health care professional about your symptoms.
- Visit the National Stroke Association website (www.stroke.org/pbascale) to complete the PBA scale, a short questionnaire that will help you determine whether to talk to your doctor about PBA.
- Visit the National Stroke Association website (www.stroke.org) for more information about PBA.

Source
The information provided is based on research evidence whenever available.

Authorship
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