



Pseudobulbar affect

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Pseudobulbar affect (PBA), also called emotional lability, is a condition affecting some people with amyotrophic lateral sclerosis (ALS), as well as people living with other neurological disorders. It is characterized by uncontrolled displays of laughter or crying.

Pseudobulbar affect is not a mood disorder, and the emotional displays do not always reflect a person's true feelings. It is a neurological problem within the brain that causes emotional responses that are not suited to the situation.

Pseudobulbar affect can be one of the more challenging symptoms of ALS among those affected by it. You may feel embarrassed by these symptoms, and may withdraw socially because of it.

Fortunately, there are effective treatments available that can reduce the number of episodes you experience. Friends and family can also provide important support.

WHAT CAUSES PSEUDOBULBAR AFFECT?

Pseudobulbar affect is caused by neurological damage or disease. When certain systems in the brain are disrupted, a person can experience emotional lack of restraint, causing stronger-than-usual reactions to situations.

Pseudobulbar affect occurs not only in people living with ALS, but also in those living with multiple sclerosis, Alzheimer's disease, traumatic brain injury, stroke, and brain tumors. Among those with ALS, PBA is more common in those with bulbar onset ALS.

WHAT ARE THE SYMPTOMS?

Pseudobulbar affect can be diagnosed by a neurologist. Many times, a neurologist can recognize the signs of PBA from you or your loved one's description. There are also questionnaires that can measure PBA in patients with ALS or MS.

The symptoms of pseudobulbar affect include:

- Uncontrollable laughter or crying that does not match your feelings.
- Prolonged crying and laughing that is difficult to stop.
- Laughter or crying that is disproportionate when discussing topics with emotional content.
- Spontaneous expression that is unrelated to the situation.

HOW CAN PSEUDOBULBAR AFFECT BE MANAGED?

Understandably, pseudobulbar affect can feel like another layer of challenge on top of an already-challenging diagnosis. The good news is that there are effective treatments available.

Pseudobulbar affect used to be treated primarily with antidepressants, which address the effects on the serotonin system in the brain.

However, recent research has found that a combination of two drugs, dextromethorphan (DXM) and quinidine, effectively treats pseudobulbar affect in people with ALS.

This combination is available for prescription in a product called Nuedexta.

A randomized, controlled clinical trial found that this DXM and quinidine combination reduced PBA episodes by about half, in people with ALS and people with MS.¹

A neurologist may prescribe Nuedexta, antidepressants, or another medication to help with pseudobulbar affect.

WHAT ELSE CAN HELP?

Although pseudobulbar affect is not a mood disorder, living with it can have psychological effects.

It is challenging to live with and manage emotional lability. The symptoms may cause you to feel embarrassed, to have less social interaction, and ultimately a lower quality of life. But with the right support, people with ALS can successfully manage and live with PBA.

Family and friends can support a person with pseudobulbar affect in many ways:

- It helps if they understand that the episodes are not your fault. They are caused by a neurological problem in the brain.
- You might ask your loved ones to explain what is happening to others during an episode, if you are unable to talk. This can help reduce your anxiety. However, you may also not want any extra attention drawn to the situation.

There are also things you can do to manage pseudobulbar affect:

- You can speak to others about your feelings about PBA, which can help them understand how to approach the situation.
- Remember that the episode will pass. You can try to figure out what is most comforting during or after the episode. Some people like to make light of a situation, while others prefer a different approach.
- You can speak up about your experiences at neurologist appointments so your care team can assist in getting a diagnosis and treatment.

REFERENCES & ADDITIONAL RESOURCES

¹[Dextromethorphan Plus Ultra Low Dose Quinidine Reduces Pseudobulbar Affect](#)
[Pseudobulbar affect: prevalence and management](#)
[Laughter, crying and sadness in ALS](#)
[ALS Guide: A resource for people living with ALS](#)

KNOW THAT WE ARE HERE TO HELP! For people and families living with ALS in Ontario, ALS Canada can assist in connecting you to support services, equipment, and ALS clinics. Whether you are a person living with ALS, a family member or a caregiver, we will strive to support you along this journey. If you live outside of Ontario, please contact your provincial ALS Society for information on support available in your region. Learn more at www.als.ca.

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SUMMARY

- Pseudobulbar affect is a condition that affects some people living with ALS.
- It is characterized by emotional episodes, where a person experiences laughter or crying that is not related to the situation at hand.
- Pseudobulbar affect can be difficult to handle, but there are medications, coping strategies, and other forms of support available. Your neurologist can help treat your symptoms.
- Friends and family can help by understanding that the episodes are not your fault, and are caused by a neurological disorder.