

MS *in focus*

Issue 5 • 2005

● Healthy Living



multiple sclerosis
international federation

Multiple Sclerosis International Federation

Established in 1967, the Multiple Sclerosis International Federation links the work of national MS societies worldwide.

We are committed to working together, and with the international research community, to eliminate MS and its devastating effects. We also speak out on a global level for those affected by MS.

Our priorities are:

- Stimulating global research
- Stimulating the active exchange of information
- Providing support for the development of new and existing MS societies
- Advocacy

All of our work is carried out with the complete involvement of people living with MS.

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Letter from the Editor



Healthy living is the topic of this issue of *MS in Focus*. For people with MS, healthy living can have many different meanings: for some it means simply refraining from unhealthy habits such as smoking or drinking alcohol; for others, it includes

an array of activities and practices that promote fitness and overall well-being. True healthy living is a combination of including those things that are beneficial to good health, whilst excluding those that are harmful.

There are many aspects to healthy living that encompass not only physical health but also spiritual and mental well-being. Exercise, meditation, hobbies, sports, travel and volunteering are examples of practices that help the person with MS participate in family and social activities, and which can be satisfactory substitutes for other activities no longer possible due to MS. They can contribute to overall good health and to preserving a positive self-image.

Health-promotion interventions can be cost-effective ways for decreasing the burden of MS, especially when they are compatible with the person's lifestyle. Healthcare professionals can have an important role in promoting the exploration, initiation and maintenance of health-promoting behaviours, including strategies that enhance physical activity, socialisation, good nutrition and stress management.

This issue of *MS in Focus* discusses different aspects of healthy living that we feel are of interest to the person with MS as well as to the MS professional. On behalf of the Editorial Board we hope that you find Healthy Living informative and useful. We look forward to receiving your comments.

Michele Messmer Uccelli, Editor

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The next issue of *MS in Focus* will be on Relationships, Intimacy and Sexuality. Send questions and letters to michele@aism.it or marked for the attention of Michele Messmer Uccelli at the Italian MS Society, Vico chiuso Paggi 3, Genoa, Italy 16128.

Editorial Statement

The content of *MS in Focus* is based on professional knowledge and experience. The editor and authors endeavour to provide relevant and up-to-date information. Information provided through *MS in Focus* is not intended to substitute for advice, prescription or recommendation from a physician or other healthcare professional. For specific, personalised information, consult your healthcare provider. MSIF does not approve, endorse or recommend specific products or services, but provides information to assist people in making their own decisions.

Healthy living with multiple sclerosis

By Linda A. Morgante, Advanced Practice Nurse, Corinne Goldsmith Dickinson Center for MS, Mount Sinai School of Medicine, New York City, USA

Multiple sclerosis is a life-long neurological illness that creates variability and uncertainty in the day-to-day lives of those who have the disease. It is important to have a multi-faceted wellness programme in order to make the most of physical, emotional, social and spiritual health. Although there is no cure for MS, there is hope that one can renew and refresh along the way, and create a balance in life that promotes harmony.

Deciding to adhere to a healthy lifestyle or to maintain healthy habits is a choice for each person. This concept of choice is especially relevant for people with MS who often feel they have little control over the disease. Diet, exercise, stress management, travel, leisure activities and health-promotion activities are all aspects of living well that are, to a certain extent, under the control of the individual.

Although there are no particular diets that have been shown to affect the disease process in MS, food fuels the body, and provides energy. A well-balanced nutrition plan, low in fat, high in fibre, can help stabilise weight and improve bowel health. Adding dietary supplements such as multi-vitamins with minerals, calcium, and vitamin D should not replace proper food intake, but can be useful.

People with MS should be encouraged to check with their doctor or nurse before taking vitamins, minerals, or herbal supplements to ensure safety and compatibility with the traditional medications already prescribed.

Regular exercise is important for several reasons, and should be part of everyone's routine. Exercise not only improves cardiovascular health, but also helps improve strength and endurance, and is a factor in stabilising mood. Exercise can help relieve MS-related fatigue and manage spasticity. Aquatics therapy (also known as hydrotherapy) can be very helpful in MS because it provides an aerobic workout while keeping the body temperature down. Other helpful exercise regimens include stretching, and low impact aerobic workouts, combined with strength training, using light weights. People with MS should discuss exercising with their doctor or nurse, and may need a consultation with a physiotherapist before beginning a programme.

Coping with stress can be difficult in these demanding times. Stress makes most people feel bad, but those with MS may actually experience the consequences of stress in ways that make their symptoms feel worse. Stress may raise body temperature. People with MS tend to feel more fatigued, or have temporary worsening of MS-related symptoms when their body temperature is elevated. Relieving stress can be as easy as taking a few deep breaths, visualising a pleasant memory, or scene, or simply smiling. More regimented strategies include practicing progressive relaxation techniques, yoga, meditation, tai chi, or prayer. Some people enjoy the relaxation found in nature, art, music or other sources. The important message is that people should incorporate

whatever brings a calm and serene feeling into their daily routines.

Travelling is fun, but can be stressful when one has MS. There are many travel agencies that work with people with disabilities, and help to make the holiday a success. Some important points to think about when choosing a destination include the climate and average temperature (places that are hot or humid may not be ideal vacation spots), accessibility, proximity to a healthcare provider or healthcare facility, and whether there will be a refrigerator for storing medications for injection. Planning ahead is essential to enjoy any trip.

Some people with MS take very good care of the MS, but forget about the other parts of the body that require attention. Regular examinations by a primary care doctor may include a cardiogram, and monitoring of blood glucose, triglycerides, and cholesterol levels. Women should see a gynaecologist for a regular cervical smear test, breast examination, and bone density study. The last is especially important if there is a history of receiving multiple doses of steroid medication, or limited mobility related to MS. Individuals should consult their primary care doctor about what general health checkups are important and how often they should be done.

Feeling hopeful and optimistic can promote health, and aid in the healing process. When asked what they hope for, most people with MS say that they hope for a cure, or relief from the troublesome symptoms they are experiencing. These are promising times in the field of MS, but there is still no cure. However, there are interventions for MS that can reduce relapse rate, slow the disease progression, and help to alleviate related symptoms, such as pain and fatigue. Accessing good care is of prime concern among those who have the disease, and it is important to find a place that provides the kind of comprehensive care one needs to stay healthy. Good care by healthcare providers, who view MS in a holistic way, can be the best way to sustain hope despite the ups and downs of living with this unpredictable illness.



Making nutritional choices

By Dr Anne Payne, Lecturer in Clinical Nutrition and Dietetics, Glasgow Caledonian University, Glasgow, United Kingdom



We know that our health and happiness are intricately bound up in our choice of food and drink. We also know we gain a sense of well-being from taking control of our diets. It's not surprising that people with MS so frequently ask: "What type of food should I eat to stay healthy?"

The simple answer – "a low animal-fat diet" – is true of relapsing-remitting MS and is good advice. However, the real answer is actually quite complex as individual needs in MS are as varied and unpredictable as the symptoms of MS themselves.

In the beginning

When MS is first diagnosed, most people are able to eat a varied diet. This is a good time to encourage the principles of a healthy-eating regimen, outlined in Table 1, as most people with MS are motivated to make positive changes. Those who have had MS for some time will be familiar with the concept of a healthy diet, low in animal fats such as butter and fatty meat, but rich in vegetable fats and oily fish. This type of diet has been advised by MS societies world-wide for many years.

The evidence in support of this type of diet suggests that omega-3 oils found in oily fish such as mackerel, sardines, herring and tuna may have an anti-inflammatory role in many conditions, including MS. Linoleic acid, a type of omega-6 polyunsaturated fat found in some vegetable oils, has been described as a treatment which may help slow down the disabling effects of MS. Health professionals are not unanimous about this, but there is no doubt that linoleic acid is a valuable part of a healthy diet. However, the daily recommended amount can be obtained through a balanced diet and there is no need for capsules if the diet is adequate. More than the recommended dose does not increase the potential benefits.

As many people with MS are minimally active, with low energy needs, the lower amounts of linoleic acid they need are best taken from concentrated omega-6 oils, such as sunflower oil, safflower oil or soya oil. These oils are also a rich source of vitamin E. This is thought to protect myelin and other tissues from oxidative damage. Vitamin E is found in abundance in wholegrain cereals as well.

Using omega-6 oils

Food oils can be easily consumed as a salad dressing, with added herbs for flavour, as a dip for bread, or sprinkled into sauces and soups. Heating them to a high temperature reduces their nutritional benefit, so they should not be used in frying, other than for a rapid stir-fry. In practice, people with MS should be encouraged to use a variety of omega-6 oils and spreads in moderation, to provide about 10 per cent of total energy intake.

As symptoms progress

Diet is of particular benefit in the clinical management of MS when symptoms of disability develop. Constipation, weight gain, urinary tract infections (UTIs), swallowing difficulty, malnutrition, pressure sores and fatigue may all benefit from appropriate food, fluid and nutritional care.

Early warning

Change in body weight and nutritional well-being in MS usually occurs slowly and so the onset of debilitating weight gain or malnutrition is often ill-defined and a pattern of poor eating habits has become well-established by the time any action is taken. This can be prevented by ensuring that weight and height are recorded at diagnosis and that weight is recorded at each clinic visit thereafter to enable a nurse, nutritionist or dietician to monitor “body mass index” (BMI), a measure of weight for height.

Poor mobility

Constipation, weight gain and UTIs often occur simultaneously in those with MS who use a wheelchair, due to limited mobility. Their diet should include a fair amount of bulky, low fat, high fibre foods, including soft fruits such as bananas, prunes and peaches, a good selection of vegetables, wholegrain cereals, and a daily intake of two litres or more of sugar-free fluids. Cranberry juice is popular in the prevention of UTI. However, cranberry drinks contain a lot of sugar so they should be used with caution. Cranberry capsules are an alternative to juice.

Modify with care

At no time is choice of diet of greater importance in MS than when the ability to swallow food or fluid is affected. Dysphagia, as this is known, causes coughing and choking during meals and commonly results in poor intake. This can lead to severe weight loss, possible dehydration, and to pneumonia if food particles are aspirated during coughing or choking. The diet should be modified with care.

To prepare soft but nourishing food, it may be necessary to finely mash chopped fish or meat into thick sauce or gravy with a fork. If a purée diet is advised by a health professional trained to assess swallowing ability, then a food blender may be needed. Sometimes drinks are taken more easily

Table 1: Tips for Healthy Eating

Choose low-fat dairy products, such as low-fat yoghurt and semi-skimmed milk.

Eat oily fish, such as salmon and mackerel, two to three times weekly.

Choose chicken, turkey and leaner cuts of red meat.

Grill, bake, steam or poach foods in preference to frying.

Use omega-6 vegetable oil or spreads in moderate amounts. These include sunflower, safflower, and soya products.

Avoid the animal fats contained in pastry, pies, cakes, chocolate and cream.

Eat wholegrain bread and wholemeal cereals.

Eat five portions of fruit and vegetables daily.

Drink two litres or more of sugar-free fluids daily.

Avoid “megadose” preparations of single vitamins.

when thickened a little with a special food starch. Thickening can help prevent a trickle of fluid from entering the lungs.

When malnutrition is a problem

Other symptoms of MS can also contribute to malnutrition and should be identified early. Severe tremor and postural difficulties may make eating physically difficult to accomplish. Tremor may also increase energy and nutrient needs. Many adaptive aids are available that can assist people who experience physical difficulties while eating or drinking. These include plates with rims and non-slip surfaces, special grip cutlery, weighted utensils, drinking cups with handles, special grip surfaces or weights and many others.

Poor vision affects the ability to shop, prepare meals and to eat. Online shopping using an adapted computer screen can be helpful for some people with visual difficulties. An occupational therapist can provide suggestions for adapting meal preparations and eating.

Fatigue and poor appetite cause weight loss as small, less frequent meals are taken. Fatigue can be especially problematic for people with MS who have the responsibility for meal preparation in the home. Table 2 lists some energy-conservation strategies that can be helpful during food preparation.

Poor memory or depression can reduce the motivation to eat. People with these types of problems should be encouraged to discuss these issues with their healthcare professionals.

Finally, some drugs for MS symptoms may cause poor appetite or a dry mouth, which makes it difficult to chew and swallow.

When malnutrition is a risk, the greatest nutritional need is for energy to help prevent loss of body weight and muscle strength. Food may need to be quite high in fat to provide concentrated nourishment. Full-fat dairy foods, such as milk, cream, cheese and butter should not be avoided as they can be stirred into sweet and savoury food to increase their energy

content. Milk, cheese and yoghurt are also rich sources of calcium. This is essential for bone health, especially when mobility is poor or when taking steroids.

Choose wisely

A multi-vitamin supplement can be reassuring, but if a good variety of high-energy food is available, expensive supplements (in pill form or drinks) should not be needed. Be wary of self-help books that suggest avoiding specific foods or taking expensive supplements. To date, there is no medical evidence to support any of these 'MS diet' or supplement claims, and while they may give people a temporary feeling of control and well-being, they may contribute to the onset of malnutrition and be expensive or even dangerous. So before following any special diet, people with MS should consult a qualified healthcare professional.

Table 2: Energy conservation strategies during meal preparation

- Use pre-washed, pre-cut foods.

- Use electrical appliances whenever possible (for example, dishwasher, blender, microwave, etc.).

- Prepare larger portions to be stored in the freezer for future meals.

- Use a home-delivery service for groceries.

- Keep a fan in the kitchen to avoid overheating.

- Sit while preparing meals (a chair with wheels can be very useful).

- Prepare meals during the time of the day when energy is highest.

- Keep commonly-used items on the easiest-to-reach shelves.

- Involve others in the work!



Tai chi promotes balance through movement and body awareness.

Choosing fitness: exercise and MS

Compiled by Michele Messmer Uccelli, Italian MS Society, Department of Social and Health Research, Genoa, Italy

There is a great deal of valuable information available on exercise. This article provides an overview of the major forms of exercise practised by people with MS, compiled from various sources. Sources are noted for the reader who would like further information.

Exercise is essential to general health and well-being and can also be helpful in managing many MS symptoms. An important study published by researchers in the United States in 1996 demonstrated the benefits of exercise for people with MS, including improved cardiovascular fitness, improved strength, better bladder and bowel function, less fatigue and depression, a more positive attitude and increased participation in social activities.

While exercising has many health benefits, not exercising poses risks for people with or without MS, including heart disease, muscle weakness, joint stiffness, decreased bone density with an increased risk of fracture, and shallow, inefficient breathing.

A physiotherapist experienced in MS can be helpful in designing, supervising, and revising a well-balanced exercise programme. With some guidelines, a good programme can help to develop the maximum potential of muscle, bone, and respiration, thereby avoiding secondary complications and gaining the benefits of good health and well-being. Any person with MS who is starting on a new exercise programme should consult an appropriate healthcare professional

beforehand. (Source: *The MS Information Sourcebook*, National MS Society, April 2003)

Strengthening, stretching and range of motion

Strengthening exercises help make the body stronger and work on the principle of resistance, which requires the muscles to work progressively harder. Resistance is achieved through using exercise machines, elastic bands or weights. These types of exercises can be focused on specific muscle groups that have been weakened by disuse. It is important to consult a physiotherapist before beginning any strengthening programme, since there can be a risk of worsening spasticity.

The movement of joints may be impaired due to tightness of the joint capsule, ligaments and tendons. If a joint is not used regularly it will become stiff and will eventually interfere with normal movement. The objective of *range of motion* exercises is to maintain joint flexibility. This is achieved by moving each joint throughout the full range of movement.

Stretching exercises are recommended for muscles and tendons that have lost their elasticity, resulting in feeling stiff and having

difficulty moving. These types of exercises are often helpful in preventing contractures, which is a “freezing” of a joint so that it cannot bend through its full range of motion. (Source: *Multiple Sclerosis: The questions you have, the answers you need*, 3rd Edition, RC Kalb. Demos Medical Publishing, 2004)

Aerobic exercise

Aerobic activity is any sustained, rhythmic activity that is able to raise the pulse and breathing rate. Some examples of aerobic exercise include swimming and cycling (with foot pedals or hand cycling). It is important to be consistent in following an aerobic exercise programme, with the recommended amount of time being 30 minutes, three to five times weekly. This may seem like quite a bit of exercise, especially for someone with mobility difficulties or MS fatigue. The 30 minutes can be broken down into shorter periods of time, although it is most effective, for cardiovascular fitness, to maintain an increased heart rate for a minimum of 20 minutes, at least three times weekly.

Yoga

Yoga is an Indian form of exercise, which, in traditional practice, aims to achieve complete awareness and tranquillity through certain physical and mental exercises. Yoga involves concentrated breathing and a range of stretches that revolve around the spine, increasing the body's flexibility and releasing tension. Some of the movements may be easy for a person with MS while others may need practice or adaptation. (Source: *The Multiple Sclerosis Resource Guide*, <http://www.msresourcenetwork.org>)

A recently published study from the United States found that, similarly to aerobic exercise, people with MS participating in a weekly yoga class along with home practice, had improved levels of energy and decreased fatigue. While yoga and aerobic exercise have many similar properties, yoga has particular benefits for people with MS in that it has a stress reduction or relaxation component and it can also improve balance.

Benefits of Flexibility

- Enhanced physical fitness
- Improved ability to learn and perform skilled movements
- Increased mental and physical relaxation
- Development of body awareness
- Reduced muscular soreness
- Reduced muscular tension
- Decreased stiffness

(Adapted and reprinted with permission of the Multiple Sclerosis Society of Canada from *Everybody Stretch: A physical activity workbook for people with various levels of multiple sclerosis*, 2003)

(Source: *Yoga Matters: Exercise for MS* by C. Haran <http://www.understandingms.com>)

Tai chi

Tai chi is a Chinese martial art of Buddhist tradition that, as a conditioning regimen, is gentler than most forms of yoga and can be performed seated. Tai chi is usually performed as an ordered set of slow, elegant motions that promote balance through thoughtful consideration of movement and heightened body awareness. The movements focus on proprioception, which is one's perception of movement and spatial orientation. This concept is especially important for people with MS who often experience difficulties with touch and balance. (Source: *InsideMS*, National MS Society, Volume 21, July-September 2003)

Aquatic exercise

Aquatic exercise or exercise in water is often recommended because it provides optimal exercise conditions for the person with MS. Water reduces the effects of gravity, and the weightlessness that occurs in water helps a person with weakened limbs attain a greater range of motion. In addition, chest-high water can provide support, enabling many people with MS to stand and maintain balance for exercises with less effort than normally required. The resistance that water provides can be used to strengthen muscles. Water also helps reduce the body heat that can be generated by exercise. Because the core temperature of the body remains lower, there is less over-heating, which is often a cause of temporary worsening of MS symptoms. Water temperatures of 80-84°F (27-29°C) are usually recommended. (Source: *The MS Information Sourcebook*, National MS Society, March 2003)

Conclusion

A person with MS has many fitness and exercise options and the choice will depend on one's lifestyle, physical functioning, and the availability of suitable facilities. The key is deciding, together with a physiotherapist or other healthcare professional, the most appropriate form of exercise, and then getting started.



Since MS symptoms can worsen with heat, aerobic exercise that is too vigorous may put a person at risk. Here are some tips for keeping cool while exercising:

- Exercise in a cool environment (air-conditioning, fans)
- Exercise in a swimming pool with a temperature of 80-84°F (27-29°C)
- Drink cold fluids to be well hydrated and to lower body temperature
- Use a cooling vest, cap or neck pad while exercising
- Sit in a cool bath before exercise
- Wear light clothing
- Wipe down skin during exercise
- Maintain a moderate pace

(Adapted and reprinted from: *Keeping Active When You Have MS*, MS Society of Great Britain and Northern Ireland, 2003)

The value of pet therapy

By Chiara Provasi, MA, Project Co-ordinator, Department of Social Health Services and Research, Italian MS Society, Genoa, Italy

Many people believe that pets are important to a healthy life and even claim that their animals have human-like abilities, such as sensing the feelings of their owners and reacting accordingly. In the past few years, studies have been conducted to understand whether there is therapeutic value in contact between humans and animals.

"I have found my pets to be one of my greatest comforts during the ups and downs of MS. Even during deep fatigue, when I can't even listen to the hum of the floor lamp (much less the TV), my little female lovebird curls up on my chest and takes a nap with me."

The term "pet therapy" indicates a complex series of uses of the human-animal relationship for

medical (physiological) and psychological (emotional) purposes. Pet therapy has been used in many different groups, including people with learning, psychomotor and attention deficit disorders, Down's syndrome, autism, psychiatric disorders such as anxiety and depression, chronic illness, and with the elderly.

"My neurologist was concerned about having my dogs in the house due to balance, mobility, etc. There have been days this last year that I'm not sure I would have gotten out of bed if I didn't have to take care of them. They lick my face when I cry, they make me laugh and put up with me when I'm in a bad mood!"

In some studies, pet owners reported reduced fear, improved self-esteem and significantly fewer minor health problems and emotional concerns than people who had no pets. But it has also been shown that it is not necessary to actually own the pet in order to receive some benefits from an animal-human "relationship". The mere presence of a friendly animal can be beneficial as well. "Visiting pets" or "therapy pets", are just two of the names given to describe programmes in which animals help people just by visiting them. This may be an interesting possibility for people with MS who would have significant difficulties taking on the responsibility of their own pet due to problems with balance, mobility and co-ordination, fatigue and other MS symptoms.

Not only does the human benefit from interacting with animals, but one study found that dogs experience some of the same positive physiological reactions as their human counterparts.

To learn more about pet therapy visit:
<http://www.dog-play.com>,
<http://www.deltasociety.org>





Travel for all

By Debbie Fogle, Access-Able Travel Source, Wheat Ridge, Colorado, USA

The decision to travel

As with many other aspects of life, MS can have a dramatic impact on how we travel, where we travel or even if we travel at all. Travelling with MS may be as complicated as arranging for an accompanying attendant or as easy as making sure the medication is properly packed. The decision to leave the comfort and familiarity of home and venture off into the world of unknowns can be a difficult but rewarding one. No matter what a person's condition or destination may be, planning is the key to a successful trip.

Assessing individual needs is an important part of the planning process. If the person is taking medication such as interferon that needs to stay cool, travelling with a portable cooler (soft-sided is more versatile, but less durable) and ensuring that a refrigerator is available in the hotel room is important. If the person has concerns about fatigue, renting an electric scooter or wheelchair at the destination should be encouraged. As heat can make symptoms worse, climate should be considered when choosing a holiday destination.

For every obstacle there is usually an adequate solution. Knowing where to find resources is crucial. Thanks to the World Wide Web there is a world of information at our fingertips.

Cruising

Taking a cruise is a good vacation option. Not only is there a high degree of accessibility on most cruise ships, but the many trendy workshops, spas and health/fitness programmes on board make cruising fun. It is nice to visit many destinations but only have to unpack bags once. Most major cruise lines offer comfortably equipped, accessible staterooms; the shore excursions may or may not be accessible, depending upon the cruise line and the destination. The best way to negotiate the waters of accessible cruising is to contact a travel agent who specialises in arranging travel for people with disabilities.

Air travel

Air travel can be challenging with plane changes, long flights and, of course, the dread of having mobility equipment damaged. Fortunately there are some things one can do to prepare for a smooth flight. After deciding on travel dates, it is important to make reservations as far in advance as possible and to inform the reservation agent if the person travelling uses a wheelchair or scooter.

Websites such as Access-Able Travel Source were born from the need to compile and share access information. Access-Able was founded in 1995 by Bill and Carol Randall when Carol's MS progressed to the point of needing a scooter to get around. The Randalls loved to travel but had trouble finding access information so they started gathering their own. Almost 10 years later Access-Able has over 5,000 entries relating to access that include: accommodation, transportation, equipment rental/repair, travel tips, feature destinations and an extensive list of resources such as accessible cruise ships, specialty travel agents and links to sites for even more access information. Visit www.access-able.com

Let them know if assistance through the airport or boarding the plane will be needed. Most airlines will provide an aisle chair for transfers through the aircraft to the seat.

For security as well as personal comfort, a passenger who needs medication for a trip should carry it, along with relevant medical certification, in carry-on luggage. A wheelchair or scooter should always be checked at the boarding gate and returned to the passenger at the arrival gate. To help minimise risk of damage to equipment, it is helpful to tape on clear instructions as to how the batteries are disconnected and any other disassembly procedures. It is also important to remember that any small removable parts should be taken off equipment and stored in carry-on luggage. Travellers with disabilities should be sure to ask about the airline's liability policy regarding damaged mobility equipment when making reservations. If, by some chance, equipment arrives damaged, it should be immediately reported to the airline.

How to find accessible accommodation

Finding an accessible hotel is not difficult if one knows where to look and what questions to ask. Avoid central reservation services and, when possible, speak directly to the hotels, since the staff on site will have better information about their facilities. When a person with MS knows his or her own needs he or she is better prepared to ask appropriate questions. Being as specific as possible is key. Instead of asking "Do you have wide doorways?" the question should be "How wide are your doorways?" Getting an actual measurement may require that the hotel has to call back, but accurate information is essential.

Most major hotel chains throughout the world offer accessible rooms, and more and more country inns and bed and breakfasts advertise their accessibility. Internet search engines are a good resource for locating these places and some websites allow you to filter a search by accessibility. It is advisable to always call the facility itself with specific questions. An individual's needs may not be met by someone else's definition of "accessible."

Ground Transportation

Most of the world's major cities have some degree of accessible public transportation. Often a search of their websites will reveal more. Quite a few resorts have accessible shuttles, and this should be verified when making the hotel reservation.

Some cities have on-call accessible taxi services, but more often arrangements need to be made 24 to 48 hours in advance.

Resources such as Access-Able Travel Source have a links page. Information provided by these links includes where to rent accessible recreational vehicles (RVs), and how to find transportation in New Zealand, Australia, Europe and North America. We have a link to VIA Rail in Canada, Amtrak in the USA and the Eurostar from London to Paris.

No matter what one's dream destination may be, planning is the key to an enjoyable trip.

Note: Before travelling abroad it is helpful to check country-specific websites for disabled travellers' information. Some of these sites provide information for visitors on accessing healthcare services.

GENERAL TRAVEL RESOURCES

(Locate many others by using a web browser and the key words "accessible travel")

Access-Able Travel Source

www.access-able.com

Global access

www.geocities.com/Paris/1502

Accessible journeys

www.disabilitytravel.com

ACCESSIBLE TRAVEL PUBLICATIONS

Emerging Horizons

www.emerginghorizons.com



Staying active: leisure activities and sports



© Tim Parnell/CORBIS

time, and how much will depend on the individual. Support is important for guiding the person through the search for new opportunities. The process often begins by looking at the individual's personal history – a sort of leisure and interests checklist.

Was the person athletic prior to MS? If so, in which activities? What hobbies did the person pursue prior to MS? Are there any dreams that the individual has not yet realised due to a lack of time? The answers to these and other questions form the basis for an appropriate search for new activities. There are so many leisure activities and sports available for a person with MS, with or without disability. The aim is to choose those that correspond most realistically to the interests, expectations and physical limitations of the individual.

By Paul Van Asch, Director of
Physiotherapy, National MS Centre,
Melsbroek, Belgium

Changing one's lifestyle is certainly not an easy task, but it is not impossible. The aim for most people with MS is to stay at their jobs for as long as possible. Workplace adaptations, job redesign and flexible work time are some of the possibilities that need to be explored before people with MS decide to leave their jobs. If a person does have to stop working, then it is vital for their self-esteem and well-being that they identify fulfilling and enjoyable substitute activities.

Making lifestyle changes is an undertaking for which communication and professional support are key factors for success. Accepting change requires

Leisure activities

Often, a wide variety of leisure activities are available in the local community. It is a good idea to discover what is available locally and what is required for participation. Participation may depend on the person's ability to reach the location where the activity takes place. People with MS with disabilities need to assess the accessibility of the venue when deciding on an activity that takes them out of the home.

Reading, gardening and cooking

There are a number of different tools and devices that make activities such as reading, gardening and cooking enjoyable for people with MS who experience symptoms such as upper limb weakness, mobility problems and visual difficulties. Automatic page-turners and stationary bookstands can be very helpful for reading. Large print or audio

books – on cassette or compact disk – are excellent aids for people with visual difficulties. Gardening and kitchen tools with special grip handles are examples of appliances that can help the person with difficulties safely continue a pleasurable activity.

The World Wide Web provides many possibilities for anyone with access to a computer. The computer adaptations and aids now available for people with problems related to vision, fine motor and upper extremity control are practically endless. The Internet can be considered a leisure pastime for many, but also a way for some to continue working from home.

Sports

Participating in sports can have a positive effect on a person's general health and well-being. Some sports may have to be performed in a different way with some adaptations or specific aids, but with patience and a bit of courage, almost everyone can find a sport that will fulfil his or her expectations.

Skiing in a seated position allows people with even severe disabilities to experience the thrill of this exciting sport. The four-track method assists those who have problems with balance.

Bowling combines sport and socialising with family, friends and others. As with other adaptable sports, the possibility of taking part is not conditioned by one's level of disability, since many adaptations and aids are available.

Horse riding can be performed in a therapeutic setting, or as simple recreation. The positive effects on trunk balance and lower limb spasticity are well documented. Visit the website of The Federation of Riding for the Disabled International <http://www.frdi.net/>.

Wheelchair tennis can be a good substitute for those who played tennis prior to MS or as a new endeavour. The game stimulates upper limb force as well as grip strength. It also offers opportunities for socialising.

Diving is a new world for many people with MS. This type of sport is advisable only following a complete medical examination. Diving clubs for disabled people exist in many countries and many programmes have specially trained diving "buddies" to guide the fledgling diver with a disability. Regular training, either in an indoor or outdoor swimming pool, depending on the weather, is necessary. The positive effect of diving on respiratory capacity is a well-known phenomenon. The International Association for Handicapped Divers (IAHD) has focused upon providing the means for those with physical disabilities who wish to become scuba divers. Visit <http://www.iahd.org/>

Fitness and exercise classes can be a source of socialising, health and fun. Over the past years the construction of fitness equipment has improved so that many types are accessible for people with disabilities. See *Choosing fitness: exercise and MS* in this issue of *MS in Focus* for more information.

Sports competitions in which people with disabilities, including those with MS, can participate are now held all over the world. Individual areas of competition are typically divided in different levels, taking into account the athlete's level of functioning. The Paralympics, an elite sporting event for athletes with a disability, offers a good example of the different types of sports accessible to people with disabilities, even at a competitive level. Visit www.paralympic.com

Conclusion

Although MS can force a person to make lifestyle changes, keeping active while incorporating individual interests and expectations remains achievable. Communication, information and acceptance of support are useful tools to guide the person through the wide variety of leisure activities and sports available. This article has explored only some of these. MS societies, websites and healthcare professionals, particularly physiotherapists, can be excellent sources of additional information on these and other activities.

Preventive Health

Regular monitoring of one's general health status is very important. Often people with MS and their carers spend so much time coping with the disease that they have little time to dedicate to preventive health.

The table lists screening examinations that a person should have regularly, based on advice

from their doctor. The need for and frequency of these examinations may depend on age, medical history, ethnic group and family history. Since internationally accepted recommendations are not available for most of these procedures, a primary care doctor should be consulted.

Blood pressure check

A procedure that uses a small, portable instrument called a blood pressure cuff (sphygmomanometer), which registers the blood pressure in units called millimetres of mercury (mm Hg).

Breast self-examination (BSE)

A visual and physical examination of the breasts to detect changes in colour, the appearance of dimples, lumps, and other abnormalities.



Chest x-ray

A safe radiology test that involves exposing the chest briefly to radiation to produce an image of the chest and the internal organs of the chest.

Colonoscopy

A procedure using a viewing tube that enables an examiner to evaluate the appearance of the inside of the colon (large bowel).

Complete blood count

A calculation of the cellular elements of blood, a major portion of which measures the concentration of white blood cells, red blood cells, and platelets in the blood.

Complete skin examination

A procedure performed by both the healthcare professional and the individual, to detect new growths, sores that do not heal, changes in the size, shape, or colour of any moles, or any other changes on the skin.

Coronary artery disease screening (CAD tests)

A screening procedure to detect blood flow-limiting blockages in the coronary arteries that involves stressing the heart under controlled conditions.

Digital rectal exam (DRE)

An examination to detect abnormalities that can be felt from within the rectum – the healthcare professional inserts a lubricated, gloved finger into the rectum and feels for anything that is not normal.

Dual X-ray absorptiometry or DEXA (bone density scan)

A test that uses a machine (DX scanner) that produces two x-ray beams, each with different energy levels. One beam is high energy while the other is low energy. The amount of x-rays that pass through the bone is measured for each beam and depends on the thickness of the bone. Based on the difference between the two beams, the bone density can be measured.

Electrocardiogram (ECG/EKG)

A non-invasive test that positions electrical sensing devices on the body to reflect underlying heart conditions by measuring the electrical activity of the heart.

Faecal occult blood tests

Special chemical tests performed on stool samples to detect traces of blood (undetectable to the naked eye) that may be due to slow bleeding from colon polyps or cancers.

Fasting blood glucose

A method for learning how much glucose (sugar) there is in a blood sample taken after not having eaten for a period of time, usually overnight, commonly used in the detection of diabetes mellitus.

Flexible sigmoidoscopy

A procedure to examine the rectum and the lower colon for rectal bleeding or other abnormalities, using a flexible tube gently inserted into the anus and advanced slowly into the rectum and then the lower colon.

Liver blood enzymes

A blood test that determines the presence of certain liver enzymes in the blood stream rather than only in the cells of the liver.

Mammogram

An x-ray test that produces an image of the inner breast tissue on film, visualising normal and abnormal structures within the breasts.

Oral examination

A procedure to detect changes in the colour of the lips, gums, tongue, or inner cheeks, and for scabs, cracks, sores, white patches, swelling, or bleeding.

Cervical smear (Pap test)

A procedure in which a sample of cells from a woman's cervix (the end of the uterus that extends into the vagina) is collected and smeared on a microscope slide. The cells are examined under a microscope in order to look for changes that may indicate cancer.

Prostate specific antigen (PSA)

A blood test that measures the amount of PSA (a protein produced by the prostate gland) present in the blood stream, which is used to screen for cancer of the prostate.

Testicular self-examination

A procedure for detecting the early signs of testicular cancer that involves checking the testes visually and physically for new swelling or other changes.

Thyroid scan

A nuclear medicine procedure that takes an image of the thyroid gland as it accumulates radioactive material that is ingested by mouth.

Tuberculosis Skin Test (PPD Skin Test)

A procedure that injects a purified derivative of tuberculosis into the skin to determine if there has been prior infection, which is confirmed when a hard, raised area at and around the injection site appears.

Urinalysis

An analysis of the urine that can detect evidence of diseases, even some that have not caused significant symptoms.

Visual field test

A method of measuring an individual's entire scope of vision, mapping the visual fields of each eye, in order to detect any signs of glaucoma, damage to the optic nerve and/or damage to the retina.



Your questions answered

Q. A relative of mine read about the Kousmine diet for MS and suggested that I should try it, since it is supposed to cure MS. I don't believe it's a cure, otherwise we'd all be on it! But does it help MS symptoms?

Matt

A. This diet stems from a Swiss physician's belief that MS is caused by an inappropriate diet, (although this has never been proven). It consists of an initial three-day period during which the person eats almost nothing. The regimen is no meat and low fat and sugar, supplemented with a number of vitamins. There is no evidence that the Kousmine diet has any affect on MS, although a low fat diet is healthy and recommended for everyone

Q. I was recently diagnosed with MS and have been an avid jogger for the past 10 years. My family has been encouraging me to consider finding a new form of exercise. I feel ok and really prefer not to give up jogging. Will it make the MS worse?

Giò

A. There is no evidence that any particular form of exercise worsens MS, although any type of exercise that causes you to exert yourself to the point of raising the body temperature could, for some people, cause a worsening of symptoms, which is usually temporary (see *Exercise* in this issue of *MS in Focus*). Some joggers with MS find it useful to wear a cooling vest while running, although there are a number of other strategies as well. It is important that you, as newly diagnosed, maintain activities you find enjoyable and satisfying. Do not make lifestyle changes that, perhaps, are not necessary. It is also important for all people with MS to listen to their bodies and regulate activities appropriately, especially for those who experience fatigue.

Q. I've had a long history of taking steroids for my MS. Recently I read that people with MS are at risk of osteoporosis because of taking steroids. Is this true and if so, how can I find out if I have a problem?

Jamey

A. There seems to be a slightly higher risk for people with MS than for other people for osteoporosis, which, defined simply, means low bone mass. Low bone mass is dangerous because it makes bones more fragile, resulting in a higher risk of fracture. Chronic steroid use is only one risk factor. The others include limited physical activity and low vitamin D intake due to poor diet and limited exposure to sunlight. There is also an important genetic role for developing osteoporosis. To measure bone density, as a preventive measure, people with MS should periodically undergo a test called dual photon x-ray absorptiometry, commonly known as a bone density scan.



Interview with Jorge Rosquillas

When were you diagnosed with MS?

April 1981

What was the most significant lifestyle change you made due to MS?

It has been a continuous process. In the beginning, the weakness that affected the right side of my body forced me to stay in hospital and then at home for three months. When I recovered, life returned to normal, although I still experienced tingling in my arms and legs, but I tried not to worry about it. At that point, I didn't make any significant changes to my lifestyle.

MS has not changed my outlook on life. I have come to think of MS as a way of life, not an illness.

However, I decided to postpone my plans to develop a practice in a big city hospital, and also my plans to carry out graduate studies in paediatric oncology.

My wife Gilde and I, along with our two sons, Jordi and Dirk, moved to a small town where I started work as a rural paediatrician. In 1988, vision in my left eye had greatly diminished. I was required to stop driving, but continued working by using my other senses. I developed an excellent capacity for observation, paying special attention to people's voices, their profiles, movements and always looked in the direction of their eyes.



Jorge Rosquillas

Currently I experience a greatly limiting fatigue and so, during the day, I try to distribute my energy reserves evenly so that I am able to carry on working.

Did MS affect your employment? If so, how did you adjust to, or manage the change?

MS didn't affect my work as a paediatrician. I continued my medical practice and kept my certification up-to-date with the Mexican Paediatrician Society. I had to make some changes when my vision diminished, but I never had to give up my practice. Gilde took some time away from her work at a special education school to join me full time in my consulting office, and together as a team we were able to deal with the demands that accompany the running of a medical practice.

Have you adapted your diet in any way because of MS?

I haven't adapted my diet, but I try to keep a healthy balance of lots of fruits and vegetables, seeds, sunflower oil, a lot of chicken and fish, and a limited amount of red meat.

Has MS changed any physical activities you participated in before diagnosis? If yes, were you able to find satisfying alternatives?

MS has changed my physical activities. I used to enjoy walking and cycling; now it is difficult for me to walk more than 200 metres before fatigue sets in, and cycling is no longer possible. I have successfully substituted these activities with reading, watching television, and listening to music.

Has living with MS changed your outlook on life? If so, in what way?

MS has not changed my outlook on life. I have come to think of MS as a way of life, not an illness. We all have different limitations, and the key is to recognise them and not cling to one specific goal. We must always think about, and be prepared for "Plan B". For me, MS meant the difference between being an absent father who had an extremely busy career, and having a well-integrated, healthy and happy family life. I will never know how my life would have been without MS, and I prefer to look at the results as they are now; for me, they are very good. I don't think my outlook would be any different if I didn't have MS.

Do you practice any kinds of well-being strategies to stay healthy? (e.g. meditation, weekend getaways, hobbies etc).

My life revolves around my family, my wife and my sons. Gilde and I continue working 100 per cent to our fullest potential. I think being busy is the best therapy for staying in shape, mentally and physically.

What do you feel are the most important things for maintaining healthy living with MS?

I feel it is really important to be optimistic and not to let myself surrender to pessimism and frustration. I am always setting new goals in my life, and above all I recognise that I am a very lucky person. I laugh a lot, and accept things as they occur.

Results of the online survey on healthy living

Responses to an online survey on the MSIF website (www.msif.org) have revealed what some of our online readers do to stay healthy – 232 people with MS responded.

This is what we learned:

Exercise

More than a third of respondents exercise between one and three hours every week and nearly a third dedicate at least four hours per week to exercise. Although this is promising, nearly a third of respondents exercise less than an hour a week and a number of people are not exercising at all.

Leisure and physical activities

People responding to our survey engage in a wide range of activities, with the majority enjoying aerobic exercise, physiotherapy and walking. While less popular among respondents, swimming, weight training and yoga are other activities enjoyed by some people with MS.

Preventive Health Measures

Dental examination	73%
Vision test	58%
Blood pressure screening	55%
Cervical smear	48%
Breast examination	47%
Cholesterol screening	34%
Bone density test	14%
Cholesterol screening	6%
Prostrate cancer screening	5%



Travel

Travelling appears to be difficult for many people with MS. Fifty-eight per cent of respondents report that they travel less since being diagnosed with MS and nine per cent no longer travel.

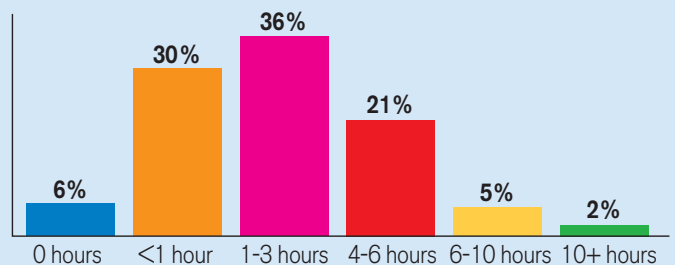
Illness prevention

Based on survey results, it appears that some people with MS see performing certain preventive medical examinations as important to healthy living. The box provides details on the most commonly performed preventive health measures as reported by survey respondents. These results underline the important role of healthcare professionals in encouraging people with MS to perform relevant examinations on a regular basis.

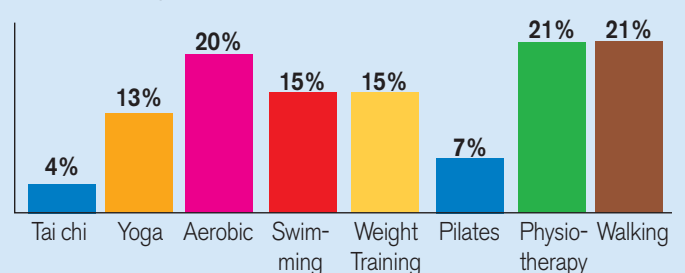
The results of the survey indicate that many people with MS participate in a number of behaviours that promote health, while some

remain less active. The tendency to choose healthy behaviours may depend on one's personality, lifestyle and way of dealing with MS, among other factors.

Amount of weekly exercise



Different types of activities and exercise



Slovak MS Union Family Picnics

By Juliana Ilencikova, Manager International Affairs, Slovak MS Union

Rationale:

The Slovakian MS Union organises outings for people affected by MS and their families. This provides an economical way for people with MS to maintain, and continue to build, social networks within the MS community, share similar experiences and take part in a variety of activities at a minimal cost.

Objectives:

- To offer inexpensive social gatherings for people with MS who may be unable to continue socialising through the workplace and/or clubs or sports teams
- To motivate people with MS, who may leave their homes infrequently due to accessibility and transportation difficulties, to meet with others with MS
- To provide young children, who have a parent with MS, with the opportunity to meet and play with other children in a similar situation and to encourage adolescent children to share their experiences with others their own age
- To help people with MS and their families get out to relax and enjoy themselves, thereby increasing their quality of life
- To raise MS awareness among people with MS, and support activities offered by local branches of the Slovak MS Union

Background:

It is quite expensive to organise social meetings for people with MS, and funding provided by the government is very limited. Accessibility can be an obstacle; a person using a wheelchair typically requires two assistants in

order to be able to leave his or her home and to move about the city – resulting in further expenses. Outings provide people with MS and their families with the opportunity to enjoy a day out, where they can discuss and share their personal experiences in an accessible and supportive environment.

Marketing the programme:

Promotion of the outings is the responsibility of each branch chairperson. Members of larger chapters of 30 members or more receive a short announcement and invitation by post. Members of smaller chapters of 30 members or fewer receive a personal phone call from their chairperson with the outing details. Whether by mail or telephone, invitations are extended two weeks prior to the outing. Chairpersons will also invite people with MS from other towns where there is no local MS branch. This is an inexpensive way to promote the programme in other communities and, depending on the need, could result in the opening of a new MS branch.

Programme Structure:

The chairperson of each branch organises the outings. This includes purchasing the food and drinks for everyone who attends. However, members often bring extra food or drink as a contribution. The outings are held outside city limits, in specified picnic areas or in members' gardens. There are no fees for the use of the grounds and they do not have to be booked in advance because the outings are held in public picnic areas or back gardens.

The events are informal and relaxed; members



Informal, relaxed events include activities like roasting sausages around a campfire.

are encouraged to spend the day as they wish, but the main activities include socialising with other members, singing along to a guitar and accordion, roasting sausages around a campfire, swimming (when the chosen area has a lake or pool), and, currently, Trnava and Presov branches offer hippotherapy (therapy with horses) as part of the outing.

Outcomes:

Around 20 people attend each branch outing, enabling over 500 people affected by MS per year to participate in the branch outings. In Slovakia there are no specific support groups for children and teenagers with a parent with MS, so this fills the need for them to become involved and express how they are feeling about MS in their family.

Project costs:

- Food and drink for all participating members
- Invitations and announcements

- Activities (e.g. horses and a trainer)
- Transportation to and from the picnic site

Limitations:

Families have to have transportation to the meeting place. Since it is held outside the city, it may not be reachable by public buses or trains. Due to financial constraints, there are some members who are not able to travel due to the cost of transportation. As it is held outdoors, it is only possible to meet when the weather is fair.

Suggestions:

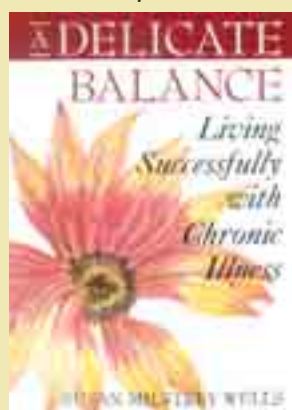
If a country wants to try organising a family picnic on an informal basis and it is successful, they should try to convince their MS Society to promote it as a national programme. Also, if someone from the group has fundraising experience, ask that person to take on the search for a sponsor. Funding could be used to pay for pamphlets and their distribution, so that more people can be made aware of this activity.

Reviews

A delicate balance. Living successfully with chronic illness.

By Susan Milstrey Wells

*Review by Jaume Sastre-Garriga, MD
Institute of Neurology, UCL
National Hospital for Neurology and Neurosurgery
Queen Square, London, UK*



A Delicate Balance is the account of a journey through chronic illness, from diagnosis and stigma to the final goal of turning limitations into opportunities. The author gathers information from interviews with people affected by different

chronic illnesses, with their carers and family members, and with health professionals involved in the care of these people. The author combines all this first-hand material with her own research to create a relevant tool for the mutual understanding of all people involved in this journey – the journey of many lives.

It is an easy book to read, thanks to her concise style and its excellent organisation. The book sets out with the aim of sharing the views of all those affected by chronic illness. Once these views are exposed, they cause us to reflect about others and about ourselves. I think the aim is achieved.

The first five chapters of the book are mostly concerned with the issues of diagnosis and treatment. I found the chapter on alternative treatments extremely interesting, not only because of the great amount of information, but also because of the extreme objectivity with which it is communicated. This chapter enlightens us with some typical behavioural patterns: individuals who have decided to try one therapy and then become its adamant defenders, or health professionals who

maintain that, if a therapy has not been proven to work, then it does not actually work. A reader may or may not agree, but the point of view of the writer is detached enough so that one can make one's own decisions.

The subsequent chapters are about coming to terms with the condition, both individually and in terms of relations with others, especially at work. Every cloud has a silver lining and the last chapter of the book is about the teachings that chronic illness have to offer those affected.

In summary, this book is an objective account of all aspects of living with chronic illness. It will appeal and teach something to people living with an illness, family, friends and health professionals.

Publisher: Perseus Books Group (Cambridge, Massachusetts.) Copyrighted in 2000. First paperback printing in June 2000. Price: US \$17.5 or Canadian \$25.95. ISBN: 0-7382-0323-X

Yes, You Can!!! Go Beyond Physical Adversity and Live Life to Its Fullest

By Janis Dietz, PhD

Review by Kristjan Otsmann, journalist, Estonia

The author demonstrates that life itself offers the joy of living, but individuals hold the responsibility to live it right. She provides various examples of people who have successfully managed their life with MS, and shares their advice for coping with it.

It is an easy book to read, the style is clear and her message is simple, yet persuasive: "You have to concentrate on things you can do instead of things you can't." It is influenced strongly by Dale Carnegie's books (*How to Win Friends and Influence People* and *How to Stop Worrying and Start Living*) but she extends Carnegie's ideas to people living and trying



to cope with MS. Carnegie's motivational and practical teachings are as sound today as when they were first written. The author's examples of people who have managed their life with MS or other chronic neurological diseases are convincing and helpful.

Every example is like a short story, which readers can relate to their own lives. Perhaps there are a few too many examples and the stories are somewhat repetitive; however, this does not take away from the pleasure of reading shared success stories.

The book is somewhat too "American" for people living in Europe, but is still very useful for non-American readers. My view is that the author is aggressive in her method of convincing individuals to set goals, and perhaps pushes them to achieve their goals in too forceful a manner.

It is a good book because the author gives clever instructions for living a great life in spite of MS. She encourages her readers to strive to be better, to understand and to be understood, to commit to excellence, to control one's life and to do it with enthusiasm.

Publisher: Demos Medical Publishing, USA
Price: US \$15.95 ISBN 1-888799-48-X

YOGA for MS and related conditions

Review by Elsa Teilimo

This is a video designed to be used at home, and is aimed at anyone whose mobility is limited.

The style of the video is simple. Sophisticated equipment is not needed for any of the exercises: a sofa, couch or chair and a belt or a strap for leg exercises is all that is required. In cases where individuals are unable to lift their legs, hands or

arms, a helper will be required.

The quality is good; the background music is Asian-influenced and soft, and the background colours are kept light; the female instructor's voice is soft and articulation is clear – she is not a super-model but an ordinary person demonstrating the exercises diligently.

The video is just the right length, lasting 48 minutes. Exercises are performed in different stages (using the sofa, sitting, standing, and on the floor) and in 24 different positions. Special focus is placed on proper breathing techniques throughout the programme. There is an instruction sheet enclosed with the video describing all the exercises, which you can take to your doctor for consultation prior to starting the programme.

I found this non-complicated video quite good. Exercises are simple but effective and they are performed in a calm, quiet way. Because they are simple, they are easy to remember afterwards, so you may not always have to use the video. The instructions sheet is enough. At the end of the workout there is a 10-minute relaxation cool-down, which I found especially effective.

The exercise programme may be very beneficial for persons with MS. It would be good for anyone for whom normal aerobics videos are too difficult or who has some kind of mobility limitation. Unlike other exercise programmes, it is also suitable for people in wheelchairs. I will certainly recommend *Yoga for MS and related conditions* to my MS Society and friends.

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With many thanks

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A new chapter has been added to the International MS Nurse Care Plan – a comprehensive and practical guide to the specialised field of MS nursing.

A group of world-renowned MS nurses convened in October 2004 to finalise it and ensure that it was developed in accordance with continuing medical education (CME)

regulations and free of commercial bias.

This new chapter is focused on Treatment Optimisation. The introduction of the newer disease-modifying therapies have heralded a new era in the management of relapsing MS. However, ensuring optimal medical and health outcomes for patients using these therapies depends on various factors, including:

- patient appropriateness for and readiness to initiate treatment
- treatment efficacy
- monitoring and management of possible side effects
- benefit-to-risk profile
- the patient's physical, cognitive, and psychosocial status

Since nurses are the main healthcare professionals to have day-to-day contact with patients, they play a pivotal role in identifying and overcoming problems and, thereby, help ensure optimal treatment outcomes. The new chapter outlines an evidence-based nursing approach that is designed to guide and assist nurses through this demanding and long-term process of treatment optimisation.

Maria Grazia Cali

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www.seronosymposia.org