A POCKET GUIDE FOR LIVING BETTER WITH MULTIPLE SCLEROSIS

TAKING

CARE

OF YOUR

14

TAKING CARE OF YOUR MS

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DISCLAIMER. This book provides general information about multiple sclerosis and related issues. The information does not constitute medical advice and is not intended to be used for the diagnosis or treatment of a health problem or as a substitute for consulting with a licensed health professional. Consult with a qualified physician or health care practitioner to discuss specific individual issues or health needs and to professionally address personal medical concerns.

IMY COUNTACTS

Emergency Contacts

Emergency response: 911
Name:
Relationship:
Cell Phone: ()
Home Phone: ()
Name:
Relationship:
Cell Phone: ()
Home Phone: ()
Medical
My General or Family Doctor:
Phone:
Other Specialist:
Phone:
Hospital:
Phone: ()
Health Insurance Providers:
Phone: ()
Website:
Local Pharmacy:
Mail-order Pharmacy:
Specialty Pharmacy:
Case Manager:
Phone: (



Other Professional Contacts

Name:	
Service / Function:	
Phone: ()	-
N.	
Name:	
Phone: ()	
Name:	
Service / Function:	
Phone: ()	
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Family Members	
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MS DEFINITIONS AND DIAGNOSIS

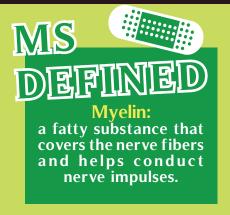
MS

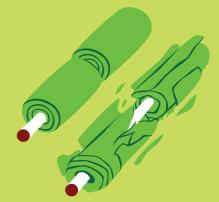
WHAT IS MULTIPLE SCLEROSIS (MS)?

MS is a chronic disease that harms the coating of the nerves in the brain, spinal cord and nerves to the eyes (optic nerves).

With MS, the body's own immune system attacks the tissue around the nerve fibers. These fibers are in the brain, spinal cord and optic nerves. Sclerosis: means scar tissue that can occur in areas of old damage from MS.







Myelin wraps the nerves and helps them send electrical signals that control movement, speech and other functions. Scar tissue forms when myelin is destroyed. Nerve messages can't be transmitted in the right way. So people with MS develop multiple areas of scar tissue due to this nerve damage. Depending on where the damage is, symptoms may include problems with muscle control, balance, vision or speech.

THE CAUSES OF MS

While medical science keeps studying MS and finding new treatment options, no one really knows the causes of the disease. It may be linked to a vitamin D deficiency. Genetics can play a role, but most people with MS don't have a family history. The risk of passing MS on to a daughter is about five percent and one to three percent to a son. Smoking, low Vitamin D levels, childhood obesity and exposure to the Epstein-Barr virus are causes.

WHO GETS MS?

Women are much more likely to get MS than men. It can strike people of any race, but whites are most at risk. Those between the ages of 20 and 50 have the highest chances of developing the condition.



MS SIGNS AND SYMPTOMS

NERVE DAMAGE

The toll MS takes on the nerves can be severe. Nerve damage brought on by MS can cause:

Numbness

Loss of strength in the arms and legs

Loss of balance

Muscle spasms

These conditions can lead to tripping, a loss of coordination and trouble with walking.



Optic neuritis (*noo-ri-dus*):

inflammation of the optic nerve that may cause eye pain, blurred vision, loss of color and blindness.

SPEECH PROBLEMS

Not as common as vision, speech problems can cause some people with MS to slur when they talk. MS can harm the nerves that carry speech signals from the brain to the tongue and mouth. Uncommonly, people with MS may have swallowing problems.

FATIGUE

Feeling overly tired is a common problem for those with MS. Even after a good night of sleep, you may wake feeling worn-out, sleepy and fatigued.

VISION PROBLEMS

Optic neuritis is often the first sign of MS. Worsening vision over several days with pain from eye movements is typical. Double vision and shaky vision are other visual MS symptoms.

THINKING PROBLEMS

About half of people living with MS have short-term memory problems. Completing multiple tasks at the same time becomes harder.

BLADDER CONTROL

Some people with MS have to urgently urinate, have bladder accidents or have trouble emptying their bladder.

Other common MS symptoms: Depression, spasticity, bowel problems, dizziness, emotional changes, sexual problems, pain and walking problems.

MIS DEFINED



Spasticity: feelings of stiffness, tightening, cramping and muscle spasms, especially in the legs.

HOW IS MS DIAGNOSED?

Doctors listen to your symptoms, do a neurological exam and perform tests, including an MRI scan to diagnose MS. Other tests that might be done are checking spinal fluid for specific immune proteins and a visual electrical test. Blood tests will likely be done to check for other diseases that might mimic MS.

MS is different in each person, but doctors have identified these four forms:

RELAPSING-REMITTING:

New or old symptom(s) flare during attacks or "exacerbations." Attacks (relapses) last more than one day. The new symptoms can go away completely (remit) or leave behind permanent problems. Eighty-five percent of people start with relapsing-remitting MS.

PRIMARY-PROGRESSIVE:

MS slowly but steadily gets worse. No relapses occur. This applies to 10 to 15 percent of MS patients.

SECONDARY-PROGRESSIVE:

Begins as relapsing-remitting type before becoming progressive. The vast majority of patients without treatment develop secondary-progressive MS.

PROGRESSIVE-RELAPSING:

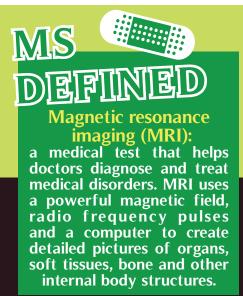
The underlying disease gets steadily worse. The patient has relapses which may or may not remit. This is the least common form of MS.

FIND_OUT_MORE

MS LivingWell:

Diagnosing Multiple Sclerosis: mslivingwell.org/learn-more-about-ms/diagnosingmultiple-sclerosis/

THE MRI



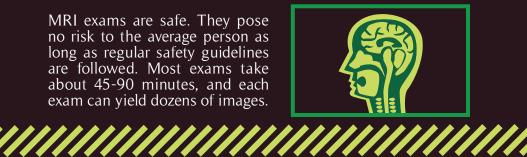
Use of MRI has greatly changed the ability to diagnose MS. These days, MRIs can detect changes in the brain and spinal cord caused by disease that may not even be causing symptoms.

MRI BASICS

An MRI test creates clear pictures of the body. Instead of using X-rays, an MRI uses a large magnet, radio waves and a computer to create the

images. Many times an MRI can locate damaged parts of the brain and spinal cord that couldn't be detected by X-ray or CT scan.

MRI exams are safe. They pose no risk to the average person as long as regular safety guidelines are followed. Most exams take about 45-90 minutes, and each exam can yield dozens of images.



MS OR STROKE?

MS shares a few of the same signs as a stroke: confusion, muscle weakness and slurred speech. Take anyone having trouble speaking or moving his or her arms or legs to the hospital right away. Getting treatment within the first few hours of a stroke offers the best chances for a full recovery.

WHAT AN MRI CAN DO FOR YOU 1. DETECT MS

An MRI is the best test to help diagnose MS. Almost all people with MS have abnormalities found through an MRI scan.

2. TRACK THE PROGRESS OF MS

MRI scans are used to monitor MS disease activity and response to treatment.

THE MRI PROCESS

You'll be asked to leave your watch and jewelry at home.
Wallets and purses should be placed in a locker at the facility. The magnetic strips on bank cards can be erased in the MRI machine.

You'll most likely put on a hospital gown.

Certain MRI exams call for a contrast material to be injected first. This allows the scan to see areas of concern within body parts.

During the scan you'll hear equipment noises. These muffled bumps, bangs and thumps will last for a few minutes each time. You won't feel any sensations during the scan.

After the exam, the doctor will talk to you about the results of the scan. Most MRI centers will give you a copy of the scan that you can take to your regular doctor.

In most cases you'll be able to go on with your usual activities right away.

Let your regular doctor know that you've had the MRI exam. He or she will reach out to the MRI center to get the report.

NOTE: If you are claustrophobic, contact your health care provider for options, including medications to help relax you.

FIND_OUT_MORE

National MS Society: Magnetic Resonance Imaging (MRI): nationalmssociety.org/Symptoms-Diagnosis/ Diagnosing-Tools/MRI

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MY MS Health Care Team

Managing multiple sclerosis really starts with building your health care support team. Here are some of the people you'll need on your squad in dealing with the disease.

NEUROLOGIST

This specialist treats diseases of the nervous system involving the brain and spinal cord. MS is a progressive disease, and new treatment advances happen all the time, so seeing this point person for your symptoms is critical in managing MS.

My neurologist: _

Contact info:

TIP: Be better prepared for your neurologist visits. Write out your top three concerns to be addressed, current medication list and MRI CD if the doctor needs it. Have these items ready for your appointment.

NURSE

The nurse holds your MS care team together. She will teach you and your family about MS and works to support your whole treatment plan. Your nurse will help with your overall wellness and introduce you to the programs and services you'll need.

My nurse:

Contact info:



PHYSIATRIST

A physiatrist is a physician skilled in medications and rehab. He/ she leads the rehab team and creates a treatment plan that will help you function best with the MS limits you may have. Your physiatrist can prescribe exercise, medications and the assistive devices you may need to pursue the highest quality of life.

My physiatrist: _____

Contact info:

PHYSICAL THERAPIST (PT)

Working to improve and enhance your mobility and everyday activities, the PT designs a treatment plan for you. With the goal of a better functioning you, your PT will consider your limits and abilities, your home and workplace areas and your support team. He or she will then create an exercise plan that improves your strength and balance, and teaches you about mobility devices and managing fatigue.

My physical therapist: _____

Contact info:

OCCUPATIONAL THERAPIST (OT)

Keeping you productive, safe and independent at home and work, the OT uses upper body exercises, special equipment and changes to your work space. Your OT will show you how to save energy, function well and improve your quality of life.

My occupational therapist: _____

Contact info:



SPEECH/LANGUAGE PATHOLOGIST (S/LP)

The speech/language pathologist evaluates and treats speech problems. He or she may also work with a nutritionist to help patients deal with swallowing issues and safe, healthy eating.

My speech/language pathologist: _____

Contact info:

PSYCHOLOGIST

Teaching MS patients about the disease and how to adapt to it in their lives is the main job of the psychologist. You can share your feelings and concerns freely in the privacy of your therapist's office. You'll learn coping skills, how to deal with anxiety, how to make decisions about your treatment and more. Your psychologist will assess and treat mood changes and depression.

My psychologist: _____

Contact info: _____

NEUROPSYCHOLOGIST

The neuropsychologist treats problems with memory, attention and problem-solving. He or she uses tests to determine your abilities and limits, and creates plans to help you achieve activities at home and at work.

My neuropsychologist: _____

Contact info: _____





SOCIAL WORKER

Your social worker will help you and your family members get in touch with community resources. These may involve getting a job, adapting your home, applying for disability, finding longterm care or other needed services.

My social worker: _____

Contact info:

NUTRITIONIST/DIETICIAN

This specialist gives you info on the role of diet in managing your MS symptoms. He or she will guide you through how to plan and make healthy meals, how different foods can help with symptoms and how to manage your weight.

My nutritionist:

Contact info: _____

PRIMARY CARE PHYSICIAN

While specialists focus on your MS, your primary care physician monitors your overall health and wellness. He or she will monitor you for high blood pressure and diabetes, which can be overlooked when focusing on MS symptoms, and helps coordinate the work of all of your specialists.

My primary care physician: _____

Contact info: _



MS MYTHBUSTING

MS MYTH	BUSTED!
MS is a death sentence.	Not true. The average life expectancy with MS is within five to 10 years of the average lifespan of everyone else. Only a small percentage of people with very severe MS can die from complications at a younger age. Depression needs to be addressed to prevent suicide.
MS is curable.	While there is no cure for MS yet, early and consistent treatment can minimize disability of the course of someone's life. Experts hope a true cure for MS may one day be a reality.
Having MS means you'll be bound to a wheelchair.	Most people with MS don't need a wheelchair to move about. However, your care team may suggest therapy programs and find devices to help you do daily activities and increase mobility to prevent the need for a wheelchair.
MS is the same for all people.	No two cases of MS are ever the same. It's hard to predict what effect it'll have on a person. Different people may have different symptoms. The course MS takes is hard to predict.
The risk for MS is all in your genes.	MS is an autoimmune disease, so genes can play a role. But they don't tell the whole story. A detailed family history may reveal another person in the family with MS or other autoimmune diseases such as rheumatoid arthritis, lupus or thyroid disease. However, most people with MS have no family history of MS.
Only old people get MS.	Wrong. MS is not an aging disease. MS is most often diagnosed between 20 and 50 years old. Young children, teens and the elderly can all develop MS.

MS MYTH	BUSTED!
People with MS can't work.	Most people when newly diagnosed can continue to work. Even when mobility changes, providers and health plans can help access devices and even programs as needs for support change. Sometimes workplace accommodations and FMLA laws can help people stay employed despite disability and infrequent relapses.
People with MS should not exercise.	This is an outdated thought. With MS, the benefits of exercise are far greater than the risks. Research found that aerobic exercise helped with MS symptoms. Bladder and bowel function, fatigue and depression seem to get better with a fitness plan. But there are precautions. See the pages later in this book on MS and fitness.
Women with MS can't get pregnant.	During pregnancy MS relapses actually decrease during the third trimester, but relapses can increase after delivering. Timing the stopping of medication prior to conceiving and restarting after delivery should be carefully planned with your doctor.
MS is on the rise.	Research hasn't really proved this to be true or false.
DISPROVED!	At one time people believed these to be causes of MS. They aren't.



Being exposed to heavy metals



Having physical trauma

The artificial sweetener aspartame

FIND_OUT_MORE

Everyday HEALTH®: 7 Myths About Multiple Sclerosis: everydayhealth.com/hs/ms-management-guide/myths-ms/



MY TREATMENT PLAN

Keep in mind that there is no cure for MS. When it comes to treating the disease, you have various approaches you can take. When used together, they can be effective in dealing with the symptoms that get in the way of daily life.

MEDICATIONS

Disease-modifying therapies (DMTs) have been proven to lower the number and severity of MS attacks. In addition, most of these medications reduce the chance of having worsening disability. Most of the medications can prevent the majority of new activity in the brain, seen on MRI scans. These drugs work in very different ways but with the same goal of blocking the immune system from attacking the protective coating (myelin) around the nerves.

High-dose steroids in the vein or orally can treat a new relapse. Other medications can help directly with symptoms, including bladder problems, fatigue and muscle spasms.

For the best results, stay on a long-term DMT treatment plan. Talk to your health care team about ways to improve your adherence to DMT meds.

PAIN MANAGEMENT

Pins and needles sensations, burning and tingling are common MS symptoms. Some people get electric shooting pain in the face called **trigeminal neuralgia**. Certain medications can help with these types of nerve pain. Muscle relaxants, massage and physical therapy are good for muscle cramping and tightness. If you're one of the people with MS pain, talk to your doctor about the options for relief.

PHYSICAL THERAPY

Physical therapy can help make your muscles stronger, fight off stiffness and get you from place to place more easily. If MS is affecting your balance, coordination or muscle strength, PT can help you learn to rely on other body parts and methods.

OCCUPATIONAL THERAPY

Occupational therapy can help you keep coordination in your hands for dressing, writing, eating and working.

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SPEECH THERAPY

If speaking or swallowing has become a problem due to MS, a speech therapist can help you get these functions back.

COMPLEMENTARY THERAPIES

There are many therapies people have used to relieve MS symptoms. Though nontraditional forms like acupuncture and others have not been well studied and may not be recommended by your doctor, some people with MS rely on them to help relieve pain and muscle spasms. Always let your doctor know about any special diets, supplements or other therapies you want to try.

Creating a treatment plan that works best for you calls for a close partnership with your medical team. They will weigh many factors to evaluate treatment options.

MS BY THE NUMBERS 400,000

Number of people with MS in the United States.

200+

People diagnosed with MS each week in the United States.

FIND OUT MORE

Healthline: Multiple Sclerosis (MS) Treatments healthline.com/health/multiple-sclerosis/treatment

DAILY MEDICINE SCHEDULE

Use this page to keep track of your medicines and when you take them. Enter the name of the medicine in the first column and the day and time you take them. Keep this chart with you when you travel and go to doctor appointments.

MEDICINE	DAY/DATE	TIME TAKEN	TIME TAKEN	TIME TAKEN
				17

DAILY MEDICINE SCHEDULE

MEDICINE	DAY/DATE	TIME TAKEN	TIME TAKEN	TIME TAKEN
18				

MS AND FITNESS

Exercise can help build strength, improve balance and even reduce MS fatigue. But overdoing it can make your symptoms worse for a day or two. Check with your doctor before starting an exercise program. Discuss what activities and level of intensity would be best for you.

Always check with your doctor before starting any exercise program.

Because the type of exercise that works best for you depends on your symptoms, fitness level and overall health, it's always best to talk to a doctor for help with your fitness plan.

Your doctor can recommend:

The types of exercise best for you

Which exercises you shouldn't try

How hard you should work out

How long your workout should be and any limits

Referrals to other professionals, such as a physical therapist, who can help create a personal exercise program that meets your needs

GOOD EXERCISES FOR MS



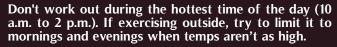


TIPS FOR EXERCISING SAFELY WITH MS

- Always warm up before starting your exercise routine. Always cool down at the end.
 - Start slowly. Start with 10-minute fitness sessions and work your way up to 30 minutes.
 - Always work out in a safe, well-lit place, free of slick surfaces and tripping hazards.
- Exercise while holding on to a grip bar if you have trouble with balance.
- Stop right away if you start to feel sick or if you hurt.
- Stick with activities you enjoy and that you find fun.
- Stay cool. Stay hydrated.
- Try to exercise at the same time every day.
- Know when to stop.

DON'T GET OVERHEATED

Exercise can cause your body heat to rise. For those with MS who are sensitive to the heat, this can mean MS symptoms may reappear or become worse. Mild tingling that only happens with exercise may not be harmful, but always discuss these exercise-induced symptoms with your doctors. Follow these tips to keep cool while exercising:



Drink lots of cool fluids.

Listen to your body. If you notice any symptoms that you didn't have before you started exercising, slow down or stop and cool down.

Try swimming and water aerobics as good ways to stay cool while you exercise.

MS AND WEATHER

Research has shown that MS may become more active during the summer. Heat and high humidity may make symptoms worse. Very cold temperatures and sudden changes in temperature may trigger flare-ups as well.

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Cooling vests can be a great option.

MY EXERCISE CHART Use this chart to keep on track with your exercise routine.

Date	Exercise	Repetitions/ Time Spent	Finished
			\checkmark

FIND OUT MORE

National Multiple Sclerosis Society: Exercise: nationalmssociety.org/Living-Well-With-MS/Health-Wellness/Exercise

IIIMS AND NUTRITION

EAT RIGHT, FEEL RIGHT

It's important for all people to eat healthy. But if you've got MS, it becomes a top priority. Eating nutritious food helps you feel well and manage MS symptoms. With MS, the immune system attacks the central nervous system. It can block or interrupt nerve signals and cause fatigue, numbness, movement problems, bladder and bowel dysfunction, and vision problems. A vital tool in living with these symptoms is your diet.

Getting good nutrition and the right amount of calories helps:

- Maintain your body's supply of protein
- Give you energy
- Heal your wounds
- **Fight infection**

THE BAD NEWS: There is no cure for MS.

THE GOOD NEWS: Numerous treatments are available.

The leading causes of death in people with MS are heart disease and cancer, the same as in the general population.





NUTRITIONAL GUIDELINES FOR PEOPLE WITH MS

\checkmark	Eat a variety of foods from each food group.
\checkmark	Stay at a healthy weight through a proper balance of exercise and food.
\checkmark	Choose foods low in saturated fat and cholesterol, unless otherwise told by your health care provider.
\checkmark	Limit how much sugar and salt you eat.
\checkmark	Limit alcohol to one or two servings a day. Talk to your doctor about a safe amount for you.
\checkmark	Drink eight 8-ounce glasses of water per day.
\checkmark	Limit the amount of caffeine you have.

EAT RIGHT, FEEL RIGHT

There is no single diet that can treat or cure MS. Medical experts who study the disease advise the same low-fat, high-fiber diet recommended by the American Cancer Society and American Heart Association. Those basic guidelines can benefit people with MS. Keep these recommendations in mind, too:

SAY NO TO A FULL-FAT DIET

Choosing low-fat milk, cheese, yogurt and other dairy products is another method that can make your overall health better.

CHOOSE DIET SODA OVER SUGAR SODAS

While alcohol, coffee and soda can increase bladder urgency, the caffeine in diet sodas can help with fatigue, so it's something of a trade-off.

CHOOSE FRUIT OVER REFINED SUGAR

It's not known if refined sugars are linked to MS flare-ups. But cutting way down on sweet foods is good for managing weight, an important part of controlling MS. Extra weight can bring on MS-related fatigue. Reach for the fruit for dessert instead of cake. Fruits high in fiber help ease constipation and other MS symptoms.

EAT RIGHT, LIVE LONG

Having MS doesn't mean you're sentenced to a rigidly restrictive diet. Just keep in mind that eating low-fat, high-fiber foods gives you energy and guards against many other health problems.



ASK A NUTRITIONIST

Your health plan may afford you the chance to talk to a nutritionist. Ask your doctor to refer you to a nutritionist to discuss your MS and prepare a list of questions.

QUESTIONS FOR THE NUTRITIONIST:

FIND_OUT_MORE

WebMD: MS and Your Diet: Is There a Link?: webmd.com/multiple-sclerosis/features/ms-and-diet

Multiple Sclerosis Society: Diet & Nutrition: nationalmssociety.org/Living-Well-with-MS

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GRAINS	

VEGGIES

VEGGIES	

FRUITS			

DAIRY

PROTEIN



VITAMINS, HERBS AND SUPPLEMENTS

Many people with MS find that adding supplements to their regular treatments is good for their symptoms. A healthy, well-balanced diet with lots of fresh fruits and vegetables is a must. They give you a healthy dose of the vitamins and minerals you need. But if you're not getting that needed nutrition in your diet, you may want to try these supplements. Talk to your doctor about which ones are best for you.

SUPPLEMENT

WHAT IT DOES

Vitamin	Could slow the progress of MS.		
D	Low vitamin D levels increase the risk of developing MS. The vast majority of people with MS in the United States are deficient in Vitamin D. People with MS with lower levels of Vitamin D have been associated with more MS attacks, more MRI activity and more disability.		
	Your doctor may want to check your blood level of Vitamin D to determine the correct amount to supplement. Many people with MS require 5000 IU of Vitamin D3 to get adequate blood levels. Foods high in Vitamin D include fatty fish such as salmon and fortified milk and orange juice.		
Vitamin	Vitamin B12 does not lessen MS symptoms.		
B12	B12 deficiency can mimic MS due to symptoms of fatigue, tingling and memory loss.		

SUPPLEMENT	WHATITDOES
Vitamins A, C and E	Unproven MS benefits. Antioxidant vitamins like A, C and E can help fight damage caused by oxidants. No studies show that those with MS benefit from taking antioxidant supplements. Eat at least two to four servings of colorful fruits and vegetables every day to get the antioxidants you need naturally.
Calcium	Can build strong bones. Calcium and Vitamin D help build strong bones. Many people with MS are at risk for osteoporosis, a bone-thinning disease. You can get calcium from dairy products, eggs and green leafy vegetables. If you take a calcium supplement, don't do more than 2,000 mg a day if you're over 50. If you're between ages 19 and 50, 2,500 mg is the max.

MORE ON VITAMIN D

Researchers are starting to find out the role Vitamin D plays in immunity for the nervous system. Studies have shown that those with higher Vitamin D levels are less likely to develop MS. Higher levels may also lead to reduced MS activity, slower rate of progress and a lower degree of disability.

Sunlight is a major source of Vitamin D. Research shows that people who get more exposure to the sun early and throughout life have lower chances of developing MS.

FIND OUT MORE

MultipleSclerosis.net: Vitamins, minerals, and supplements multiplesclerosis.net/natural-remedies/ vitamins-supplements/

Vitamin D Council: Vitamin D and Multiple Sclerosis: Vitamindcouncil.org



ADAPTING TO MS

These functional changes around the home can help you manage daily activities on your own.

 Install grab bars inside and outside of the shower or tub.
 Use a nonslip mat in the tub and other slick surfaces.
 Add a raised seat and safety rails to the toilet.
 Lower kitchen counters so you can prepare meals while in a seated position.
 Get rid of any throw rugs. They're a tripping hazard.
 Add a shower chair to the shower.

MODIFY YOUR MOTIONS

Daily chores and leisure activities can cause you to become tired very quickly if you're dealing with MS. The disease can make simple movements difficult. Use these tips to change how you do everyday activities and you'll find some relief.

WHILE DRESSING:

Sit in a chair with arm rests while you get dressed. This will help you keep your balance.

When putting on pants, roll from side to side to get them up over your hips. Do this while seated in a chair or lying on the bed.

Wear loose-fitting clothes that have elastic waistbands.

In cold weather, wear wrap-around clothes instead of pullover ones. Clothing that opens in the front instead of the back will be easier to put on and take off.

Wear clothing with large, flat buttons or use Velcro closures.

Use a buttonhook to button clothing.

Use a zipper pull or tie a loop to the end of the zipper to zip pants or jackets.

WHILE BATHING: Use grab bars to get in and out of the bathtub or shower. Use a bathtub bench or a shower chair with back support. Put longer lever handles on faucets to make them simpler to turn. Use a handheld hose for showering and bathing. Wash yourself with a scrubbing brush or a sponge with a long handle. Instead of bar soap, try using soap-on-a-rope, or bath mitts or sponges with soap inside. Because really hot water can cause fatigue and worsen MS symptoms, use lukewarm water. Sew straps on towels to make them simpler to hold while drying. Place a towel on the floor outside the tub to dry your feet so you don't slip. Put a towel on the back of your chair and rub your back on it to dry. Use a terry cloth robe instead of a towel to dry off.

WHEN USING THE TOILET:



Use a raised toilet seat and/or safety rails to help with standing and sitting.



Never use towel racks or bathroom tissue holders to help you stand.

Use extended faucet handles so they're simpler to turn.

WHEN EATING AND DRINKING:

- Rest your elbows on the table to give more motion at your wrists and hands.
- Sit with your knees and hips bent at a 90-degree angle in a straight-back chair.



Use utensils with built-up, lightweight handles or a "spork"—a spoon and fork in one.

- Use a nonskid mat to steady items on the table.
- Use a plate guard or plate with a raised lip so food doesn't spill.
- Use a long straw with a spill-proof cup or a plastic mug with a large handle.

WHEN WORKING IN THE KITCHEN:

- Use a jar opener for tightly sealed containers.
- Keep jar lids or containers closed loosely so you can open them.
- Use an extended lever to help you with lift-tab cans.
- Use pans with a wide base that aren't easy to knock over.
- Use a food processor to cut and peel veggies.
 - Use plastic containers that won't break.
- Store food in small, easy-to-open containers.
 - Place utensils, pots, pans and measuring cups on a pegboard or in a cabinet that's easy to reach and doesn't call for bending. Sit when getting things out of lower cabinets.

Use both hands to pour liquids.

Use scissors to open cellophane packages. Use a box top opener to open boxes.

WHEN CLEANING:



Use mops, brushes, dustpans, brooms and window washers with long handles to help you reach without bending.

Sit to fold laundry, wash dishes, iron clothes, vacuum or mop. Adjust counters so you can reach them from a seated position.

WHEN SHOPPING:

Call ahead to make sure the store has what you need.



Call ahead to reserve a wheelchair or electric cart if you're not bringing your own.

Ask a friend or family member to drive you or call a taxi.

MS BY THE NUMBERS At least 2 to 1

The ratio of women with MS to men.

FIND_OUT_MORE

Everyday Health: Adapting Your Home for Multiple Sclerosis: everydayhealth.com/health-report/multiple-sclerosispictures/adapting-your-home.aspx#/slide-1



STAYING MOBILE WITH MS

Most people with MS can still keep moving. Many can be helped by the use of an assistive device. These mobility aids can make daily errands outside of the home manageable. They let you go places without having to depend on others. They can keep you from falling and prove to your loved ones that you're far from helpless.

DEVICE

LEG

BRACES

WHAT THEY DO

An ankle-foot brace can make the ankle more stable when leg muscles that raise the foot are weakened. The brace fits into a shoe and keeps the toes from dragging.

CANES



A cane in helpful for both leg weakness and balance. Physical therapy can ensure that the cane is being used correctly.

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DEVICE	WHAT THEY DO
WALKERS	Walkers give support and balance for those with a good deal of leg weakness or balance issues. Walkers with wheels can further aid in getting around.
WHEEL- CHAIRS OR SCOOTERS	For the best mobility, wheelchairs and scooters offerthemostindependence. People with extreme fatigue or who tend to fall due to balance issues will find better mobility with one of these devices.

Keep in mind that it's always a good idea to see a physical therapist to learn the right way to use any of these assistive devices.

SERVICE ANIMALS

Service dogs need a high level of commitment. They aren't cheap; they need training, grooming, feeding, picking up after and vet care. Ask yourself if you have the time and resources to make this option work for you.

Service dogs can be trained to:

■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■	
Alert you to sounds	
■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■	
Retrieve items for you	
Pull your wheelchair	
Give you balance support	
Turn lights on and off	

WALKING WITH MS

For people with MS, the right shoe can mean the difference between walking ease and agony. Here's what you should look for in your search for the proper footwear:

LIGHTWEIGHT

Heavy shoes take more of your energy and effort to lift when walking.

A LIGHT TREAD

A lighter tread reduces ground friction, keeping the foot from dragging.

SECURE FASTENING

Shoes with laces, elastic binding or Velcro fasteners adjust for a better fit for your foot than slip-on shoes.

A BROAD BASE

If the heel is too narrow, the shoe could make you tip. A wide heel will keep you stable while standing.

EXTRA DEPTH

Shoes with added-depth are built a bit higher all-around. They give you support and space for a better fit, as well as room for orthotics or a brace.

A FIRM HEEL

Shoe heels should feel solid, not soft when you press on them. Loose sling-backs, flip-flops and clogs won't give you the support you need.

THE RIGHT SIZE

A shoe too small can restrict blood flow. One too large can make your stance unstable. The best fit provides $\frac{1}{2}$ to 1 inch of toe room while standing, with no heel slippage.

A LOW HEEL

Choose a shoe with a heel that's only 1.5 inches or less, and no more than 2 inches. This will help with balance. A low heel also lets your foot roll instead of slap when you walk.

A STURDY SHANK

Positioned under the sole, the shank is made of steel or plastic. It runs from the heel of the shoe to forefoot and cuts down on side-to-side foot motion.

FIND_OUT_MORE

Multiple Sclerosis Association of America: Mobility and Walking Issues: mymsaa.org/ms-information/symptoms/mobility/

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MS doesn't have to slow down your professional life. With some changes at your place of work and with the right advice from job counselors, you can keep on working.

If you're looking for a job that matches your skills, keep in mind that state government agencies and some health care facilities offer job placement services. They can help find the right job for you or help you keep the job you've got. They may have tests to help you assess your interests, strong points and limits.



JOB REHAB

A job rehab program can help you:

Identify your talents and abilities

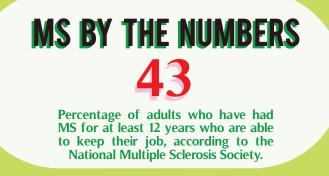
Research career interests

List job preferences

Come up with job goals

Get in touch with a job rehabilitation counselor. He or she will guide you through the process as you research jobs and decide on what to do. A job rehab counselor can also help you update your résumé and brush up on interviewing skills.





STAYING SAFE AT YOUR WORKPLACE

Another role of the job rehab counselor is to watch you perform your work tasks to make sure you can do them safely. This person can recommend changing your job duties or having the workplace make safety improvements to help you.

Your rights are protected by Americans with Disabilities Act. Employers need to make "reasonable accommodations" for any disabilities your MS causes you. This means your place of work must make changes to the way your job is done or to the equipment you use in doing your job.

JOB COACHING

Some community agencies offer job coaching for people with severe disabilities. A job coach works with you to set up your job duties based on your strengths and limits. In this way you can get help on the job to learn procedures and tasks, while meeting your company's expectations they have for you.

FIND OUT MORE

National MS Society: Employment: nationalmssociety.org/Resources-Support/Employment

MS AND PREGNANCY

Most doctors believe that getting pregnant is safe for women with MS. Research shows there's no greater risk of complications during pregnancy. Many women even have fewer MS symptoms during that time. Doctors think the high levels of hormones and proteins may subdue the immune system. The result is less of a chance for new attacks.

Talk with your doctors before getting pregnant. Some MS medications have the possible risk of harm to the fetus. Almost all MS drugs are not typically taken while trying to become pregnant, during pregnancy or while nursing.

In the months after delivery, the chances for an MS relapse can go up. If you desire to breastfeed your newborn, discuss the pros and cons of holding off on starting disease-modifying treatment after you deliver.

FIND OUT MORE

National Multiple Sclerosis Society: Pregnancy nationalmssociety.org/Living-Well-with-MS



DEPRESSION AND MS

BEYOND BLUE

Depression is one of the most common symptoms of MS. The condition can range from feeling sad for a short time to serious clinical depression lasting months or longer. Studies have shown that clinical depression happens more often for people with MS than it does in the general population or with most other chronic diseases.

You can't control depression. It's not an indication of weakness. It doesn't mean you're less of a person. When it happens, it calls for the same consideration and treatment as any other MS symptom. Ignore it and it can make your quality of life worse, as well as your other MS symptoms.

MS BY THE NUMBERS 7.5

Percentage over the general population that a person with MS is more likely to commit suicide, according to a study. Experts don't fully know the extent of MS and depression. They've learned that there are many factors that can add to its likelihood:



A reaction to stress and difficult life situations. Those with MS run a higher risk of depression after being diagnosed, during a flare-up or when the disease gets in the way of regular daily functions.

As a result of the MS disease process itself. MS can harm areas of the brain that deal with emotional control. Depression can result, due to these emotional changes.

As a result of changes in the immune system. Mood changes often go along with immune changes for people with MS.

As a side effect to some medications. Some meds prescribed to treat MS attacks may worsen or trigger depression.

WARNING!

If you're having thoughts about hurting yourself or someone else, call the National Crisis Hotline at 1-800-273-TALK (8255) or text "ANSWER" to 839863.

SYMPTOMSOFMS-CAUSED DEPRESSION:

- Feeling sad or irritable
- Loss of energy
- No interest or pleasure in everyday activities
- Feeling guilty, hopeless or worthless
- Loss of appetite or increase in appetite
- Sleep troubles—either insomnia or sleeping too much
- Fatigue
- Crying
- Difficulty in making decisions
 - Aches and pains you can't explain
- Headaches
- Stomachaches and problems digesting
- Problems with thinking or concentrating
- Sexual problems, no sex drive
- Lasting thoughts of death or suicide

TREATING DEPRESSION

Oftentimes psychotherapy and/or antidepressant medications are needed to best treat depression. Support groups and the care and concern of family and friends can help with milder forms of depression, but professional therapy and meds are best for treating severe clinical depression.

There are many antidepressant drugs available. These must be used under your doctor's supervision. Because these drugs vary in how they work, you may have to try different ones or doses until you find the combination that works best for you. Talk to your doctor about a depression treatment plan.

FIND_OUT_MORE

WebMD: Multiple Sclerosis and Suicide webmd.com/multiple-sclerosis/guide/ms-depression

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YOU'RE NOT ALONE CELEBRITIES WITH MS

THESE PEOPLE ARE PROOF THAT HAVING MS DOESN'T HAVE TO SLOW YOU DOWN FROM FOLLOWING YOUR DREAMS.

- MONTEL WILLIAMS TALK-SHOW HOST
- ANNETTE FUNICELLO ACTRESS
- ANN ROMNEY WIFE OF PRESIDENTIAL NOMINEE MITT ROMNEY
- DONNA FARGO COUNTRY SINGER
- NEIL CAVUTO FOX NEWS CHANNEL HOST
- **INTERCENT OF CLAY WALKER COUNTRY SINGER**
- TERI GARR ACTRESS
- TAMIA HILL SINGER-SONGWRITER
- DAVID LANDER ACTOR
- HAL KETCHUM COUNTRY SINGER

FIND OUT MORE

WebMD: Famous Faces of Multiple Sclerosis: webmd.com/multiple-sclerosis/ms-treatment-13/ slideshow-faces-of-ms



THE FUTURE OF MS

THE OUTLOOK

Due to recent advancements in treating MS, most patients can live fairly normal lives. While the condition may make it harder to get around or perform certain tasks, it doesn't lead to severe disability every time. Thanks to proven medications, rehab therapies and assistive devices, many people with MS stay active, keep their jobs and continue to live their lives.

In the last 20 years, options for those dealing with the disease have greatly increased. New medications are being developed, approved and used to treat MS with great success. At present, new drugs are being researched that aid in renewing the myelin lost due to MS. New stem cell therapies are also undergoing research that could lead to big breakthroughs soon.

The cause and cure for MS are still not known. The best way to fight the disease is to keep it from getting worse. This is sometimes easier said than done. But research continues to produce more treatments that work. The goal is to one day find a permanent cure. Clinical trials of new drugs and therapies have proven to be successful. If you're interested in taking part in clinical trials, talk to your doctor. It may greatly help you and others.

QUESTIONS FOR MY DOCTORS AND HEALTH CARE TEAM

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QUESTIONS FOR MY DOCTORS AND HEALTH CARE TEAM

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MY NOTES

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MY NOTES

MY NOTES

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National Multiple Sclerosis Society nationalmssociety.org 1 (800) 344-4867

Multiple Sclerosis Association of America mymsaa.org

> AbleData: Assistive Devices abledata.com

> > Disability Resources disabilityresource.org

National Rehabilitation Information Center naric.com

> Assistance Dogs International assistancedogsinternational.org

Centers for Medicare and Medicaid Services medicare.gov (410) 786-3000

> National Alliance for Caregiving caregiving.org (301) 718-8444

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TAKING CARE OF YOUR MS



There's no doubt that a diagnosis of multiple sclerosis is a life-changing event. This booklet can guide you through the basics for coping with MS and its many challenges.

DIAGNOSIS AND DEFINITIONS
SYMPTOMS
YOUR HEALTH TEAM
TREATMENT PLANS
HEALTHY FOODS
FITNESS
STAYING MOBILE
WORKING
PREGNANCY AND MS
DEPRESSION

ANDMORE



Because Where's It @? Media cares about the environment, this book was printed on recycled paper.

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