

Multiple Sclerosis

Frequently Asked Questions

Q. What is Multiple Sclerosis (MS)?

A. Multiple Sclerosis (MS) is a long-lasting disease that affects the central nervous system (brain, spine and the optic nerve [nerve in the eye that carries information related to seeing from the eye to the brain]). MS damages the myelin (protective covering of the nerves) causing scars or “plaques,” and reduces communication between the brain and nerves. This reduced communication causes the body not to work properly.

Q. What is the cause of MS?

A. No one quite knows what causes MS, but scientists think that it’s a disease that causes the white blood cells, which normally fight infection, to attack the body’s own healthy cells. The attack causes swelling in the central nervous system, which damages the protective covering of the nerves. After a while, this also damages the nerves themselves.

Q. What are the symptoms of MS?

A. MS symptoms may include balance problems, shaking, tiredness, clumsy movements, the need to go to the bathroom often, trouble making bowel movements, mood swings, sadness, numb feeling in the face, loss of hearing, muscle weakness or twitching, or sexual problems.

No two patients have the same symptoms. Symptoms are different for everyone. They may happen always or once in a while, and they depend on where the damage is.

Q. Are there different types of MS?

A. Yes, there are four types of MS:

- **Relapsing/Remitting MS (RRMS)** – There are attacks (flare-ups) and then a recovery (getting better) period. During recovery, symptoms can go away a little bit or completely.
- **Secondary Progressive MS (SPMS)** – After having RRMS for a while, the disease gets worse without any recovery periods.

- **Primary Progressive MS (PPMS)** – Symptoms continue to get worse from the start. There are no recovery periods. Little by little, the body and mind are not able to work as they normally do.
- **Progressive Relapsing MS (PRMS)** – The disease keeps getting worse, but there are attacks with or without recovery periods.

Q. What is an attack?

A. An attack, which is also known as an exacerbation, relapse or flare-up, is:

- An MS symptom or symptoms that suddenly get worse, **or**
- New symptoms that appear that last at least 24 hours and happen at least one month after the last attack.

An attack can last a few days to weeks. Be sure to tell your doctor **right away** if you have an attack.

Q. What are some of the medicines used to treat MS?

A. There are new treatments that can decrease attacks and make it take longer for the disease to get worse. The goal of treatment is to control symptoms and to help you maintain a normal life.

Patients with RRMS are often treated with injectable disease-modifying specialty drugs (medicines that are injected into the body). There are now four of these kinds of medicines approved by the Food and Drug Administration (a government organization) that people can inject into their bodies:

- **Avonex®**
- **Betaseron®**
- **Rebif®**
- **Copaxone®**

These medicines do not get rid of the disease and will not stop symptoms from happening again, but they can:

- Make many symptoms less painful or not as strong,
- Reduce the number of days you may be sick with an attack, and
- Make it take longer for the disease to get worse.

Your doctor will decide which medicine is best for you. If your MS does not get better with your medicine, you should talk to your doctor about other ways to treat your MS

Q. What are some of the common side effects (unpleasant things that happen to you when taking medicines) of the disease-modifying medications Avonex®, Betaseron®, Copaxone® and Rebif®?

A. Avonex, Betaseron and Rebif

Flu-like symptoms (tiredness, chills, fever, muscle pain and sweating during the first weeks of treatment). To help with these symptoms:

- Take the injection at bedtime.
- Taking Tylenol®, Advil® or Motrin® before each injection and during the 24 hours after the injection may help with the symptoms. **Check with your doctor first before taking any of these medicines to help with flu-like symptoms.**

Avonex, Betaseron and Copaxone can also cause long-lasting sadness, nervousness, grouchiness, guilt, trouble concentrating, confusion and trouble sleeping or eating. If you have these symptoms, you should tell your doctor as soon as possible.

Avonex, Betaseron, Copaxone and Rebif

Reactions at the place where the medicine is injected (swelling, redness, color change and pain). Some things you can do to help reduce these reactions are:

- Changing the place where the injection is given with each shot to give your skin time to heal.
- Use only sterile syringes.
- Make sure the drug is completely dissolved before injecting and is at room temperature.
- Put hydrocortisone cream or ointment on your skin for irritations that are not serious. **Check with your doctor first before using any creams or ointments.**
- Do not inject into areas where there are lumps, dips, knots, pain or changes in color.
- Keep the skin where the injection is given clean and dry.
- Tell your doctor about any cuts on the skin or liquid that leaks from the place of injection

Talk to your doctor if the place where the injection is given becomes hard. Do not inject into that place.

Copaxone

Chest pain or tightness, fast heartbeats, nervousness, redness in the face and trouble breathing can occur. These symptoms usually happen within minutes after injecting, last a few minutes and disappear without any other problems.

If you have these symptoms:

- Do not panic.
- Sit up straight in a comfortable chair.

If your symptoms don't get better or if symptoms get really bad, call the emergency phone number in your area.

Q. How should I take the medicine my doctor has ordered or prescribed for me?

- A.** It is very important that you take your medicine as your doctor tells you.

Following the directions for your medicine is necessary to **get the best results possible**. This means taking the right dose of your medicine at the right time, and correctly injecting your medicine as your doctor tells you.

Q. Can MS cause other types of problems besides physical ones?

- A.** People with MS have a high chance of developing **depression** (extreme sadness). This makes sense because having MS can cause serious physical and emotional issues such as anger, sadness, confusion and frustration. If you have been very sad in the past, your doctor should look after you closely. Avonex, Betaseron and Rebif can make depression symptoms worse.

Learning how to deal with problems can help reduce stress and improve the way you think about your sickness. There are many things that can help you, such as keeping a positive attitude, certain exercises, treatment with massages, getting lots of rest and sleep, music, counseling and medicine.

Speak to your doctor to find out which things may be right for you.

Q. Is it safe to get pregnant?

- A.** MS does not lower a woman's chance of getting pregnant and carrying a child throughout the entire pregnancy. If a woman's muscles are weak from MS, she may not be able to push hard enough when giving birth. As a result, the doctor may have to do different things to help deliver the baby.

Some studies have shown that during pregnancy, MS symptoms usually do not get worse. However, women may have symptoms again 3 to 4 months after giving birth.

Women should talk to their doctor before trying to get pregnant. Women should not get pregnant if taking any drugs used to treat the disease, such as Avonex, Betaseron, Copaxone and Rebif.

These medicines can cause a woman to miscarry (lose the baby before it is born). Women who are pregnant or plan to get pregnant should also talk to their doctors about all medicines they are taking.

Q. Will I need rehabilitation?

A. You may need one or more kinds of rehabilitation (treatment to help you get better). This is different for every patient. The goal of rehabilitation is to help you perform your best physically, mentally and socially (with other people) while improving your life.

- **Physical Therapy (PT)** will help you keep and get back muscle strength and movement.
- **Occupational Therapy (OT)** will help you keep and get back the ability to do your daily activities (like eating, dressing, bathing and chores around the house). It will also focus on how to save your energy.
- **Speech Therapy (ST)** will help patients whose ability to speak and swallow has been affected by MS. ST can also help with memory, reasoning and concentration problems.
- **Vocational Therapy (VT)** focuses on improving or keeping your job skills and employment by retraining you or using devices designed to help you do daily tasks and making your workplace more convenient for you.

Q. Where can I get more information on MS?

A. There are many organizations that can give you more information about MS. Some of these organizations are:

- Multiple Sclerosis Foundation: **888.MSFOCUS (673.6287)**
- Multiple Sclerosis Association of America: **800.532.7667**
- National Institute of Neurological Disorders and Stroke: **800.352.9424**
- National Multiple Sclerosis Society: **800.FIGHTMS (344.4867)**

