

Understanding Relapsing Remitting Multiple Sclerosis

JUNE 21, 2015

A BRIEF GUIDE TO RRMS

What is Multiple Sclerosis?

Multiple sclerosis or MS is an autoimmune disease. This means that the immune system, which is normally responsible for attacking germs when an infection occurs, begins to misfire and starts attacking the body's own tissues.

MS affects the outer coating of nerves, called the myelin sheath. This myelin sheath helps to send messages from the brain and spinal cord to the rest of the body. Multiple sclerosis causes an inflammatory response that attacks and damages the myelin sheath. When this damage occurs to the nerve tissue, it disrupts the ability of the nervous system to communicate with the rest of the body.

What type of MS do I have?

You have been diagnosed with **relapsing remitting MS (RRMS)**. This is the most common type of MS.

People with RRMS may experience a variety of symptoms but there are some symptoms which are clearly related to MS versus others that are not.

What are some common MS-related symptoms?

- Fatigue
- Numbness
- Walking, Balance, and Coordination Problems
- Bladder and Bowel Dysfunction
- Vision Problems (Optic Neuritis)
- Dizziness and Vertigo
- Sexual Dysfunction
- Cognitive Decline
- Depression
- Spasticity

What symptoms are NOT related to MS?

- Vision disturbances, such as seeing lights or spots (auras), with or without headache
- Fever
- Cough
- Breathing problems
- Nausea or vomiting
- Worsening of MS symptoms that occurs at the same time that you are sick with any kind of infection

What is a Relapse?

A relapse is any new or worsening neurological symptom that lasts for at least 24 hours or more in the absence of other causes such as illness, fever, medication side effects or stress. Relapses are unpredictable and may occur months or years apart. They may be mild (not interfering with daily activities) to moderate (may have to change your daily routine until the symptoms resolve) to severe (may require staying home from work).

Relapses can be managed with corticosteroids. Steroids can be given in pill or intravenous forms. Steroids help to lessen the relapse symptoms and help to speed up your recovery. Not all relapses are treated with steroids. If you think you are having a relapse, contact your MS nurse to review your symptoms and discuss what if any treatment is required.

Relapses may come on over a period of days to weeks and last for several months. During this time you may notice that the symptom is gradually improving. Some symptoms persist or do not completely resolve even after 6 months.

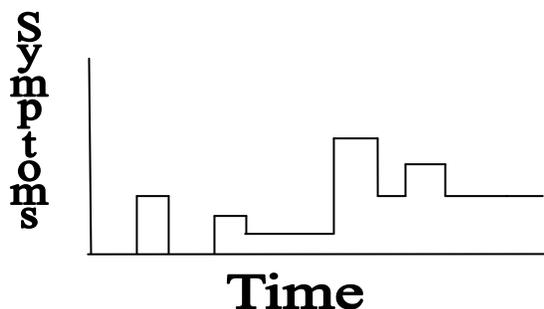
If you have a relapse that does not completely recover it does not mean that you have developed a progressive form of MS.

What is Remission?

Between relapses, you are considered to be in remission. This means that you are not having new or worsening MS symptoms. It does not mean that you are symptom free.

You may continue to experience symptoms on a daily basis. These symptoms can range from mild to moderate to severe but they stay stable or do not worsen day to day.

The picture below illustrates relapsing remitting MS.



Relapses are unpredictable. Some get completely better. Some do not and leave you with symptoms. Over time, the more relapses you have the more symptoms you will develop. These symptoms can be mild, moderate or severe and can interfere with daily activities.

Are there treatments available for RRMS?

There are medications that prevent relapses, reduce the number of new lesions on MRI and slow progression of disability. In essence they keep your MS symptoms stable and prevent it from getting worse. These medications are called Disease Modifying Drugs (DMDs). DMDs work best when started within the first few months after diagnosis.

Most people diagnosed with RRMS begin treatment with one of the DMDs.

These medications do not make you feel better, or reduce your symptoms. In fact, in the first few weeks on medication, you may have side effects but these are generally easy to manage. Your MS nurse will teach you ways to effectively manage DMD side effects.

Your neurologist and MS nurse will help you to make an informed decision about which medication is right for you.

What are some ways to remember to take my medication?

It is very important that you remember to take your medication as prescribed. It can be difficult to remember when to take medication; however, associating your medication with a repetitive, every day task will help you to remember.

How will I know if my treatment is working?

When you first start on treatment (for the first 3-6 months), we are most concerned about helping you to manage medication side effects and ongoing MS symptoms.

It is possible that you may have a relapse during this time. If you have a relapse it does not mean that you have "failed" the treatment. It will take between 3 and 6 months for the DMDs to reach their full effectiveness.

Your MS nurse is available by phone to discuss any questions you may have and to provide you with suggestions on how best to manage medication side effects and ongoing MS symptoms.

At clinic visits, your neurologist will be assessing the effectiveness of your treatment by asking you about your current symptoms and any changes or relapses that you may have had since your last visit. We will also see how well you are tolerating your treatment. Periodically you will have an MRI scan.

Your relapse history, treatment tolerance, and MRI findings will help us know if this is the best treatment for you.

As these treatments are helpful over the long-term, it is important to start and stay on treatment.

What Else Should I Do?

Take Vitamin D:

We recommend that persons with MS take Vitamin D **2000-4000 IU per day**. It can be taken in one single dose at whatever time is convenient for you. Vitamin D plays a role in overall health and adequate intake has been shown to reduce the risk of MS and may help to lessen MS disease activity.

Exercise Regularly:

Regular exercise can help lessen MS symptoms, improve overall health, and may help you get over relapses faster. Even 15 minutes of activity 3 times per week is beneficial. Start with a comfortable amount and increase as tolerated. Talk to your MS nurse or neurologist if you need some help with how to start on a program of physical activity.

Eat Healthy:

There is no one special diet for MS. We recommend following Canada's Food Guide – ensure your diet is high in fiber, low in fat, low in salt, and incorporates as many fresh non-processed food choices as possible. Ensure that you are drinking 1.5 litres of water per day. Avoid caffeinated, sugary, artificially sweetened or alcoholic beverages as these can worsen some of your symptoms (particularly bladder symptoms).

Quit Smoking:

Recent research shows that people with MS who continue to smoke are at risk of more disease activity and more progression of their disease than people who are non-smokers. Ask your family doctor or pharmacist about smoking cessation strategies.

See your Primary Care Provider Regularly:

It is important to see your family doctor/nurse practitioner on a regular basis to address any health concerns that are not related to your MS such as yearly wellness examinations, immunizations, and prescription renewals for medications.

Your family doctor should be your first contact for **both** MS-related and non-MS-related symptoms. Your doctor is able to prescribe medications to treat your MS symptoms and in some cases is able to manage your relapses when they occur. It is also important to have regular eye and dental exams as these are part of having overall good health.

Who is on my Health Care Team?

Your MS Team consists of a neurologist, nurse practitioner, nurses, and research professionals. This is a speciality team designed to assess your MS and prescribe treatments approved for the management of MS.

From time to time we may refer you to other specialists with expertise in managing a specific symptom you are having. Some of these specialists include physiotherapists, occupational therapists, massage therapists, physiatrists (rehabilitation physicians), pharmacists, psychologists, psychiatrists and urologists.

Remember your Primary Care Provider is an excellent resource in managing your overall health. You should aim to see your primary care provider (doctor or nurse practitioner) at least once per year even if you are feeling well.

It is also important to have regular dental and eye examinations.

Where can I get more information?

There are many helpful resources available including the following websites:

MS Society of Canada – www.mssociety.ca

National MS Society (USA) – www.nationalmssociety.org

Consortium of MS Centers – www.mscares.org

Can Do MS – www.mscando.org

MSology – www.msology.com

MS Clinic Contact Information

If you have questions about your MS you can contact your MS Clinic Nurse. Together, your MS Clinic Nurse and your Neurologist can help you to find the answers you need.

Your MS Clinic Nurse:

Dalhousie MS Research Unit

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Acknowledgements

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Funding for the project was obtained in an unrestricted educational grant from EMD Merck Serono Canada.