



**National
Multiple Sclerosis
Society**

**MS Learn Online
Feature Presentation
Successful Strategies
Featuring Dr. Jock Murray**

Tom

Hi I'm Tom Kimball

Tracey

And I'm Tracey Kimball. Welcome to MS Learn Online. One of the challenges I have is knowing when I should contact my doctor about an exacerbation or a new symptom.

Tom

It's a conversation we've had many a time. How do you know if what you're experiencing is a real concern or is no big deal. This gets into an area that the professionals call "Disease Management and Strategies.

Tracey

Our medical correspondent Rick Somers spoke with neurologist Dr. Jock Murray. Rick started the conversation by asking about exacerbations.

>>Rick Somers: When you have a patient that calls and says I'm going through an exacerbation, what's your first reaction? How do you direct them?

>>Jock Murray: The first thing we need to determine is the degree of involvement that occurs. Some patients will call and they're having some numbness in their hand. That's quite a different issue to manage than the patient who calls and says they can't walk or they've lost vision in their eye. And so we try to determine initially the degree of involvement.

Because if it's major, then we want to take action immediately. If it's very minor, they mention that they feel more numbness in their arm today, then we would tell them usually to wait and see. Because many of those will settle down on their own and intervention isn't necessary, because they will get better. And the most common intervention that we use gets people over the episode faster; we don't know that it makes them get over it better. So, there's not a great demand that we treat everybody.

So, if it's mild and it's already getting better on its own, then we tend not to intervene. Otherwise, we do. If it's particularly serious and it's involving their life, they have difficulty getting to do the things they need to do and take the responsibilities, then we do intervene and treat.

>>**Rick Somers:** So, I wake up one morning and I'm feeling tingling and numbness, and I want to contact a doctor, and I contact you. I speak with your receptionist. Tell me what the normal course of action would be.

>>**Jock Murray:** Well, the first thing we need to deal with is that initial episode. Does that need to be treated? And our decision about that usually is whether it is serious, such as loss of vision in an eye or difficulty walking, or with balance. And if it's interfering with your life and your work, we would intervene and treat. If it's fairly minor, and so the residual symptom is really some numbness in your arm or hand, we would tend to wait. Because treatment for an acute attack gets people over it faster, it doesn't necessarily get them over it better. And the usual treatment is to use very high-dose, short-term corticosteroids.

>>**Rick Somers:** What's your feeling about an approach where somebody says let's just kind of put it on the back burner, ride it out and see how it goes, as opposed to jumping at the opportunity to possibly do corticosteroid infusion or something?

>>**Jock Murray:** Well, some people are anxious to have anything treated, because we use very short-term corticosteroids over three days. We use infusions that are very high. And a newer approach is often to use very high-dose oral steroids, to get the same kind of effect.

So, it's a treatment that doesn't have many risks or problems with it, because it's so short-term. But normally, if it's mild, we try to reassure the person and ask them to wait. We do often follow them by phone over the next week to make sure that the problem is actually spontaneously improving. If it is, we don't treat.

>>**Rick Somers:** If you have patients that are on multiple therapies for whatever, how do you go about overseeing and managing, and do you have pharmacy involved with that as well?

>>**Jock Murray:** Yes, we do. We have pharmacy involved, we have nurse practitioners who monitor people, and we do regular reviews of all the medications the patients take.

There is a tendency, not just in MS, but in society now, for people to be on large arrays of medications for this, that and the other. And one common thing is something gets started and no one ever reviews when it should be stopped, or no one ever reviews whether it's having any effect or not.

And so we do periodic reviews and try to keep people on medications that are effective, having some results, and not causing any significant side effect.

>>**Rick Somers:** In a quick synopsis, do you have successful strategies for people in managing their MS, in dealing with the disease on a daily basis?

>>**Jock Murray:** Yes, and that's a very important question, because people often tend to think about the treatment of MS in terms of drugs. A lot of the treatment is fairly broad in its concept.

The first thing I think that's important in the management of an MS patient is that they be informed. They must understand and know about the disease because they're going to have to manage it. It's their disease, it's not the doctor's disease. So, they have to understand what MS is about. Understand the nature of the symptoms, the problems that may occur, and then strategies to deal with it. And there are lots of things that can be done to help people manage symptoms and problems that occur.

The other thing is to look for the emotional reaction that often occurs in the disease like MS and help deal with that. Attitude of the patient has much more to do in terms of their quality of life and managing the world than drugs do. And so a person who is very positive and learns how to deal with things and is a problem-solver does very well, no matter what.

So, I like to try and link in with the attitudes of patients, and where attitudes are a problem or information is lacking, spend some time trying to deal with that aspect.

Tom>>> Dr. Murray had some good points about treating new symptoms, managing – for some people – a multitude of medications and the importance of staying informed.

Tracey>>> I particularly liked his comment on attitude. That's something I work on every day.

Tom>> We'd like to thank Dr. Jock Murray for taking the time to join us.

Tracey>> And thank you for joining us.