

Second edition
August 2008

Just diagnosed
– an introduction to MS

MS

Multiple Sclerosis Society

2 What is MS?	– Why is it called multiple sclerosis?
6 What causes MS and who gets it?	– Genetic factors – Environmental factors – Who gets MS?
8 Types of MS	– Relapsing remitting MS – Secondary progressive MS – Primary progressive MS
11 Symptoms of MS	
13 Diagnosis of MS	– Neurological examination – MRI (magnetic resonance imaging) – Evoked potentials – Lumbar puncture
16 Coping with a diagnosis of MS	– Telling people you have MS – MS and you – Can I have children?
20 Managing your MS	– Finding the right information – Looking after yourself: good diet and exercise – Managing relapses – Disease modifying drugs – Other treatments and therapies
25 The people who can help	– You – Your GP – Your neurologist – MS nurses – Multi-disciplinary team
29 Sources of support	– The Multiple Sclerosis Society – Other organisations – Websites
34 References	

Introduction

If you're reading this booklet you've either just been, or are in the process of being, diagnosed with multiple sclerosis (MS). Or you could be the partner, relative or friend of someone who's received this diagnosis. You may be experiencing a huge range of emotions, among them anger, shock, fear or even relief (especially if it has taken some time to be diagnosed). It's likely that you also have hundreds of questions, many of which you don't know who – or how – to ask. While we can't promise that we can provide all the answers here, this booklet aims to give you an introduction to MS and to provide the means for you to seek the information and support you need.



There's space through the booklet to jot down your questions, and to keep a note of key contacts who should be able to answer many of them, such as your MS nurse, neurologist and the MS Society.

You didn't catch MS – you developed it. In simple terms, MS occurs when there is damage to the protective material – called 'myelin' – around the nerves in the central nervous system. The central nervous system is made up of your brain and spinal cord. When myelin is damaged, messages are slower or distorted or do not get through at all, causing the symptoms of MS.

MS is an autoimmune disease, which means the body's immune system attacks its own tissue in the mistaken belief it's a foreign body. In the case of MS, the immune system attacks myelin in the brain and spinal cord.

The easiest way to understand what happens in MS is to think of your body as an electrical circuit, with your brain and spinal cord as the power source and your limbs and rest of your body as the lights, computers, TVs, and so on. Your nerves are the electric cables linking them all together and the myelin is the insulation around those cables. Now imagine that the insulation gets damaged. The result? Faulty or temperamental equipment, and a possible short-circuit.

MS isn't contagious and although it can't be cured, it's not considered a terminal illness. Like diabetes, it's known as a chronic condition, which means that once you've got it, you've got it for life. On average, life expectancy for someone with MS is not much lower than for the general population.

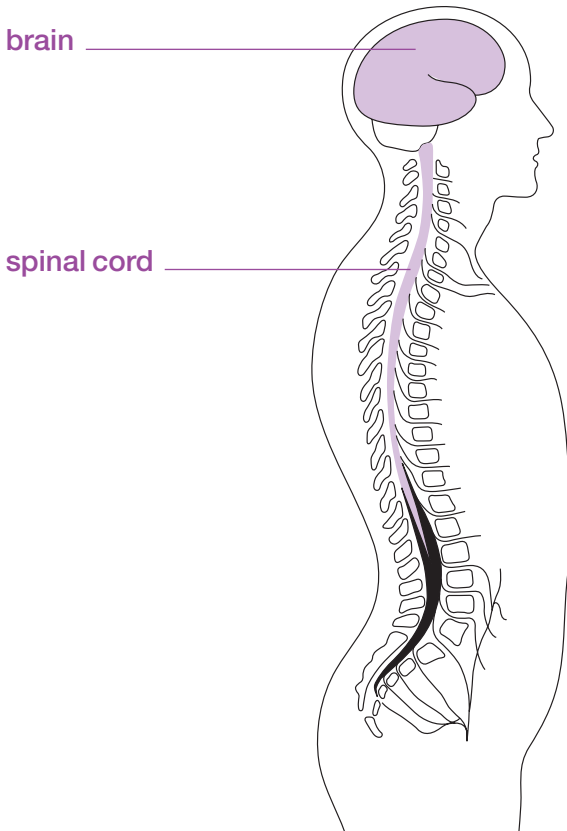
Research – into the causes of MS, new treatments for symptoms and new drugs to try to change the course of the disease – is going on all over the world and scientists have made significant progress in recent years. Although nobody has a crystal ball, doctors are optimistic that research will continue to discover more about MS and how it can be treated and managed.

Why is it called multiple sclerosis?

The word sclerosis comes from the Greek ‘skleros’ meaning hard. In multiple sclerosis, hard areas called ‘plaques’ (also known as lesions or scars) develop around the damaged nerves. ‘Multiple’ refers to the many different areas of the central nervous system that may have damaged myelin. The lesions show up on scans but having lots of lesions or scars isn’t always the same as saying that your MS is severe – many things about MS are complicated.

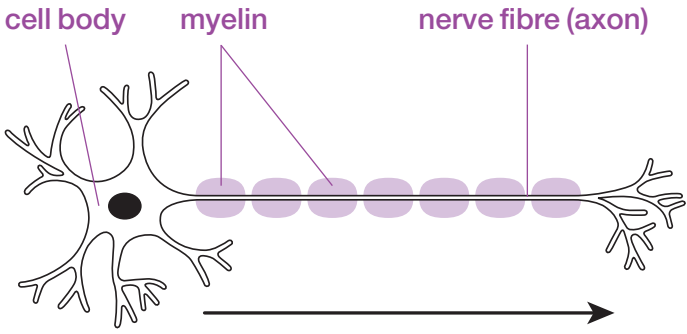


The central nervous system



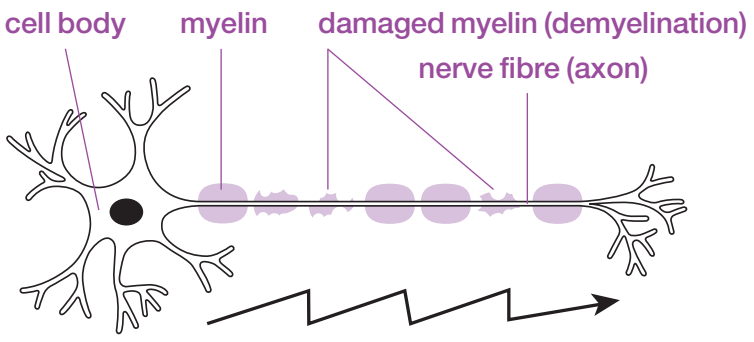
MS occurs when there is damage to the myelin around the nerves in the central nervous system. The central nervous system is made up of the brain and spinal cord.

Myelin



Myelin coats the nerve fibres (axons). Myelin helps the axons in the central nervous system conduct messages. Myelin also protects the axons.

Demyelination in MS



In MS, there is damage to the myelin (demyelination) which can cause messages to be slowed down, distorted or blocked. Messages can also be affected by damage to the nerve fibres themselves.

What causes MS and who gets it?

- Genetic factors
- Environmental factors
- Who gets MS?

Developing MS is not your fault and has nothing to do with your lifestyle or behaviour. Although nobody's yet certain why people get MS, research suggests that it is caused by a combination of genetic and environmental factors.

Genetic factors

MS is not directly inherited and, unlike some conditions, it isn't caused by one faulty gene. However, there does appear to be a genetic component – possibly a combination of genes – that makes some people more susceptible to developing MS.

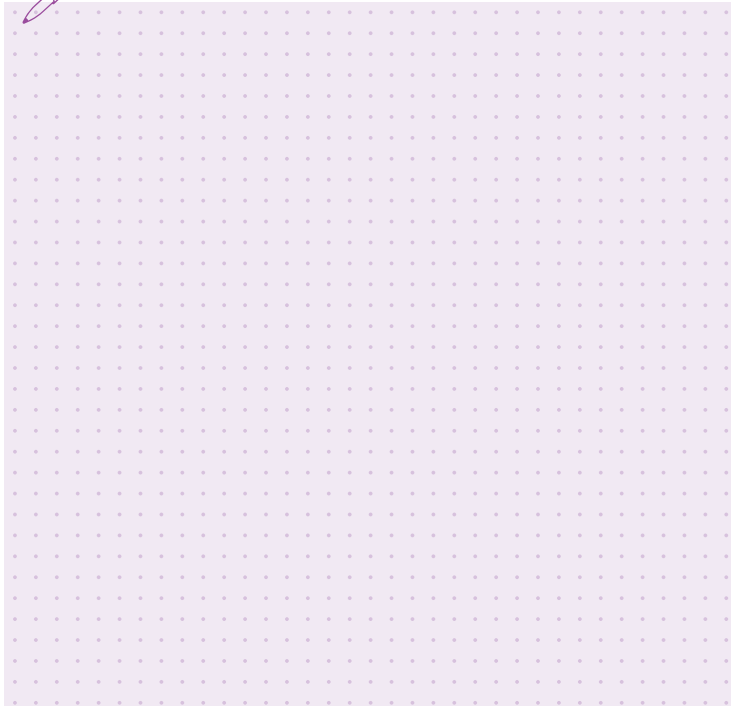
This doesn't mean that your relatives will develop MS, too. Even if you have an identical twin, it doesn't mean they will also get MS. Different research studies have produced different figures and while it's impossible to be precise, the overall chance of your children developing MS is small.¹

Environmental factors

Strangely, the further north you live from the equator, the more likely you are to develop MS. That's one reason why it's relatively common in Britain (and more common in Scotland than in the rest of the UK), North America and Scandinavia, but virtually unheard of in, for example, Malaysia or Ecuador. The reasons for this aren't entirely clear, but it's possible that something in the environment – possibly a virus – triggers MS.²

Who gets MS?

It is estimated that around 85,000 people in the UK have MS – that's about one in every 800 people. (It is higher in Scotland, with about one in 500 people developing the condition.) The majority of people with MS are diagnosed with the condition when they are aged between 20 and 40, though it can occur in older people and, more rarely, in children. It's two to three times as common in women as in men.



Types of MS

- Relapsing remitting MS
- Secondary progressive MS
- Primary progressive MS

MS is an individual condition. For some people, MS is characterised by periods of relapse and remission while for others it has a progressive pattern. For everyone, it makes life unpredictable. Most people diagnosed with MS will be described as having relapsing remitting MS, except for the small number of people who have primary progressive MS.

Relapsing remitting MS

In relapsing remitting MS, symptoms occur for a period of time – days, weeks, or months – and then improve, either partially or completely.

Many people with MS call a relapse an ‘attack’ because this can describe the period of time they experience new problems or begin to feel unwell. A relapse is when new symptoms occur, or old symptoms re-occur, and last for more than 24 hours.

Relapses happen when inflammatory cells attack nerve fibres in the brain and spinal cord. If inflammation blocks messages in an area that has a specific function, such as the optic nerve, then symptoms occur. The myelin sheath can be damaged and, sometimes, the nerve fibre (or axon) itself is damaged, too.

When the inflammation subsides, symptoms settle down (there may be some damage left behind which can improve over time) or entirely disappear. This is known as a remission. Remissions can last any length of time, even years.

If, after 10 to 20 years, your condition hasn't worsened and you have very little or no disability, you might then be said to have 'benign' MS. It is difficult to give exact figures, but probably between 10 and 30 per cent of people with MS fit this broad description and have had many years without major disability. But using the word 'benign' can be misleading. 'Benign' MS doesn't mean that someone's condition has been completely problem-free; and a relapse can occur after many years of inactive MS. Unfortunately, it's still difficult to predict future MS symptoms, even by looking at the symptoms someone has already had.

Secondary progressive MS

When someone with relapsing remitting MS shows a sustained deterioration for at least six months – whether or not they have relapses as well – they are said to have secondary progressive MS. The progression probably results from the loss of nerve fibres (axons). Although myelin can repair itself (a process known as remyelination), axons cannot fully repair themselves.

It isn't always easy for doctors to tell when somebody moves from relapsing remitting to secondary progressive MS. Some people continue to have relapses in addition to progressive deterioration, while others don't. Although nobody's MS starts off being secondary progressive, it's possible to be told you have this type at the time of diagnosis if you've had unexplained symptoms for some time.

Not everybody with relapsing remitting MS goes on to develop the secondary progressive form. On average, approximately 65 per cent of people with relapsing remitting MS will have developed secondary progressive MS after 15 years.

Primary progressive MS

This form of MS affects perhaps 10 to 15 per cent of people who have MS. People with primary progressive MS tend to be diagnosed when they are a little older, usually in their forties or later. Unlike relapsing remitting MS, men are just as likely to be diagnosed with primary progressive MS as women.

While the other types of MS can affect both the brain and spinal cord, in primary progressive MS the majority of lesions tend to be found in the spinal cord. People with primary progressive MS never have any distinct attacks or remissions but begin with subtle problems that slowly worsen over time – their MS is progressive from the beginning.

Problems tend to affect one main area and, for the majority of people, these are related to walking.³ However, people with primary progressive MS can experience any MS symptom.

Symptoms of MS

MS is unpredictable. Symptoms can occur randomly – at any time, in any order. They may last for a few hours, or for days, weeks or months. Some symptoms may not have a clear-cut beginning, or they may persist.

Many MS symptoms, such as fatigue, are not visible to other people. It can be frustrating to describe or explain what they feel like and how they affect you.

As you get used to having MS, you'll probably find that there are certain triggers that make current symptoms worse or old symptoms reappear – heat and exertion are common culprits. Once you identify what affects you, try to avoid these triggers where possible. Don't panic if these external factors make your symptoms temporarily worse – this isn't the same as a relapse and it doesn't affect your MS in the long run.

This list of common symptoms is for information only – it isn't a comprehensive checklist of symptoms that people with MS experience. It's also unlikely you'll have to be concerned about all of these symptoms. Many people only experience a few of them. Some common symptoms are:

- sensory problems such as numbness or tingling of the hands and feet
- visual problems such as blurred or double vision, or a temporary loss of sight in one eye caused by optic neuritis (inflammation of the optic nerve)

- fatigue – an overwhelming sense of tiredness making physical or mental activity difficult
- dizziness (sometimes called ‘vertigo’)
- pain
- loss of muscle strength and dexterity
- problems with walking, balance and coordination
- muscle stiffness and spasms – tightening or rigidity in particular muscle groups (sometimes known as ‘spasticity’)
- bladder and bowel problems
- cognitive problems (problems with memory and thinking) – such as forgetting names
- sexual problems

If these symptoms occur, tell your doctor or health care team – they can be managed. Drug treatments as well as help from specialists, like physiotherapists and occupational therapists, can help people manage many MS symptoms very effectively.



Diagnosis of MS

- Neurological examination
- MRI (magnetic resonance imaging)
- Evoked potentials
- Lumbar puncture

There is no single and simple test to see if you have MS. MS can be hard to diagnose and the process may take some time. As well as looking for signs of MS, the doctor will also consider other possible conditions and explanations for your symptoms. Some people describe this frustrating time of uncertainty as being in 'Limboland'.

The MS Society website has information about 'Limboland', including an online discussion board for people in a similar situation. The MS Helpline is also there for people who are going through the process of diagnosis, their friends and family.

Doctors make a 'clinical diagnosis', which is based on your medical history and examination, and is supported by a number of tests, often including a scan. To diagnose MS, it must usually be demonstrated that attacks involve two or more areas of the central nervous system, on two or more occasions. For example, one occasion may be optic neuritis affecting your eyes, and on another occasion it may be numbness in a limb. Sometimes MS is diagnosed after only one occurrence of symptoms, if there is also evidence of new MS activity in the central nervous system at least a month later. The doctor must also rule out the chance you might have some other condition with similar symptoms.⁴ Below is a brief explanation of the main tests, why they're done and what they aim to show.

Neurological examination

This is a physical examination to check how your movements, reflexes and sensory abilities, such as eyesight, are affected. The neurologist will be able to tell if your condition shows signs typical of MS or other conditions.

MRI (magnetic resonance imaging)

The MRI scanner uses strong magnetic fields to create an image of the brain and spinal cord. The MRI image may show areas of tissue that are inflamed or damaged in the central nervous system.

Evoked potentials

These tests measure how quickly electrical signals travel between the brain, the eye, the ear and the skin. Small electrodes linked to an EEG machine are taped to the scalp. In MS, the electrical impulses within the nerve cells will be slower.

Lumbar puncture

Lumbar punctures are not carried out as often as they used to be. Nowadays, you're likely to have one only if a diagnosis of MS has not been confirmed with the other tests. A lumbar puncture, also known as a spinal tap, is performed so the doctor can take a sample of the cerebrospinal fluid that

surrounds the brain and spinal cord. People with MS often have antibodies in this fluid, which show up in tests as 'oligoclonal bands'. This shows the immune system has been at work in the central nervous system.



Coping with a diagnosis of MS

- Telling people you have MS
- MS and you
- Can I have children?

There are no rules governing how you should feel or behave when you're told you have MS. Just as the condition affects each person differently, so every individual has a unique response to the news. Nobody else – whether it's your doctor, partner, family or friends – can tell you what you should or shouldn't be feeling or how you should react.

You might burst into tears or feel stunned into silence. You could feel sorry for yourself and ask, why me? Conversely, you could feel angry and want to lash out at other people. Or you might feel grief for the loss of your identity as a healthy, carefree person.

It's not unusual to feel guilty or wonder what you've done to deserve MS. Neither is it uncommon to feel relief; after years of unexplained symptoms, suspicions and fears, you finally have an answer.

You might want to shout your diagnosis from the rooftop, or you might wish to keep it a secret. Your diagnosis could spur you to read everything ever written about MS, or it could make you feel you want to bury your head in the sand and ignore it. Then again, it's possible to feel a combination of all of these, either together or one after the other, at any time over the next few years. They are all normal responses.

Telling people you have MS

At some point, you're likely to want – or need – to tell people you have MS. You will probably have to educate them about the condition, so you will need to make sure you're mentally and emotionally prepared, have the facts at your fingertips and are ready for any potential questions. The way you do this, how soon and who you tell, is up to you.

For some people, this can require a great deal of courage and support. For others, it's like revealing a secret. Still others see it as no big deal and just drop it into general conversation.

Take your time – you don't need to rush into this – and think carefully about the words you choose. If you need advice or specific information on explaining MS to anyone, including children, there are publications available and the MS Helpline can also help.

Before you tell people, be aware that they might not react as you'd expect, however well you know them. They could feel more upset than you anticipate or even be surprisingly blasé about it. Although you're the one with MS, it's important not to forget that your diagnosis will affect their lives, too.

Are there people I must tell?

There's no law to say you must tell your employer, unless it poses a health and safety risk, but it might be a requirement of your contract – check this. However, if you drive, you do have to tell the DVLA that you have MS. You also need to declare you have MS if you buy some types of insurance, and it is sensible to check all existing policies to be sure you are still covered.

It might be a good idea to tell your employer you have MS if you think you may need time off in the future, or will need help or adjustments made. ('Will I have to give up my job?' and 'Do I have to tell my employer?' are two of the most frequently asked questions to the MS Helpline.) It's not an ideal world and not all employers are sympathetic or understanding, but you do have rights. Get advice and be aware of your rights.

MS and you

Although it might feel like your world has been turned upside down when you're first diagnosed, it is perfectly possible to learn to live with MS. Only a small minority of people with MS need to use a wheelchair on a full-time basis. Many people with MS hold down jobs, bring up families and have active social lives. Life doesn't stop when MS starts.

Being told you have MS can make the future seem uncertain and it's natural to worry about the effects on your job, family, home and financial situation. Over time, you're likely to re-assess things and adjust, but it's important not to rush into any major decisions without consultation or support. There is information to help you think through your options. Counselling helps some people and it might be helpful to talk to your GP, MS nurse or neurologist.

Can I have children?

For both men and women with MS, having MS needn't stop you from having a family. The general view these days is that pregnancies make no difference to the overall course of MS and having MS makes no difference to the likelihood of your baby having a disability. During pregnancy, many women with MS feel very well and suffer fewer relapses than at other times. However, there is an increased risk of a relapse in the months immediately after giving birth.⁵

Looking after a baby when you have MS can be exhausting, particularly if you suffer from fatigue. It's not easy to plan for the unknown and it's a learning process for all new parents, with or without MS. Talk it through with your doctor.

Managing your MS

- Finding the right information
- Looking after yourself: good diet and exercise
- Managing relapses
- Disease modifying drugs
- Other treatments and therapies

Finding the right information

Getting the right information about MS is vital and will mean that you'll be in a better position to make informed decisions for yourself.

There's so much MS information around, particularly on the internet, that it can be hard to know where to start. It's essential that the information you read is accurate, unbiased and up to date so you can manage your condition effectively and make the right choices. Beware: many companies try to cash in on conditions like MS by trying to sell unproven supplements, therapies and equipment.

Accurate information on managing MS is available from your health care team, the MS Society and other charities. (See Sources of support on page 29 of this booklet.)

Looking after yourself: good diet and exercise

In general, doctors believe that people with MS benefit from eating a well-balanced and healthy diet, choosing low-fat foods, with plenty of fruit and vegetables. Try to keep intake of saturated fats (from meat and dairy products) to a minimum. Essential fatty acids (such as linoleic acid and alpha-linolenic acid) do seem to play a part in helping to maintain a healthy nervous system.⁶ They're found in sunflower and soya oils, seeds, peas, beans and lentils, green leafy vegetables such as broccoli,

while their polyunsaturated derivatives are in oily fish, such as tuna, mackerel and salmon.

There are all kinds of diets sold to people with MS. They tend to restrict or eliminate particular food groups, or require you take additional supplements. Special diets can be expensive and difficult to follow and may be dangerous if not followed under strict medical supervision. Overall, there is very little scientific evidence to support the claims made for them.

As well as a balanced diet, it is important to take regular gentle exercise if you have MS. Not only will it keep you fit and healthy, but it will also strengthen your bones, build your muscles and make you more supple, all of which can make relapses less disabling and help to prevent longer-term problems with muscles or posture.⁷

Managing relapses

If you have a severe relapse, your doctor may prescribe a course of steroids in addition to other treatments that your health care team might think beneficial to you. Steroids for MS are different from the steroids sometimes taken by athletes to build muscle. Steroids for MS, ‘corticosteroids’, can help speed up recovery from a relapse. There is general agreement though that steroids do not improve the recovery or slow the progression of MS. They can have some side effects.⁸

Disease modifying drugs

In recent years, drugs have been developed that can affect or modify the course of MS – the disease modifying drugs. They are thought to suppress the immune response in MS against myelin. Although not a cure for MS, the disease modifying drugs act to reduce the number and severity of MS attacks.

The most commonly used disease modifying drugs are beta interferon (two kinds: 1a and 1b) and glatiramer acetate. The trade names for beta interferon 1a are Avonex and Rebif. Beta interferon 1b has the trade name Betaferon. The trade name for glatiramer acetate is Copaxone.

Beta interferon and glatiramer acetate do not work for everyone, but on average they reduce the frequency of attacks in relapsing remitting MS by about 30 per cent. Clinical trials have also shown some benefit for people with secondary progressive MS but only where relapses are the cause of increasing disability. Unfortunately research to date has not shown any benefits from these drugs for people with primary progressive MS.⁹

Across the UK, people with MS who meet the criteria for treatment (broadly speaking, two relapses in the last two years and able to walk) are eligible for these drugs on the NHS – ask your neurologist, MS nurse, GP or the MS Society for more information.

Another disease modifying drug, natalizumab (trade name Tysabri), has been approved on the NHS for people with more active relapsing remitting MS. Natalizumab can reduce the number of relapses by up to two-thirds and two-year trials have shown benefits for reducing short-term progression.¹⁰ The MS Society has more information on natalizumab.

Other treatments and therapies

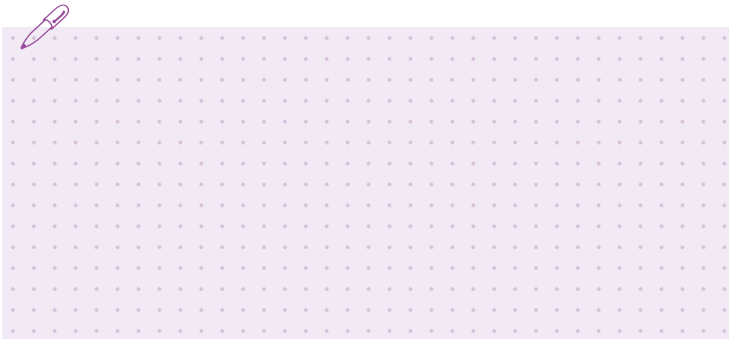
Some people with MS find that complementary therapies help to relieve particular symptoms or help them feel better. Acupuncture, yoga, meditation, aromatherapy, herbal preparations, homeopathy and osteopathy are just some of the therapies that are widely available.

Do alternative therapies work for people with MS? There is no clear answer. Complementary therapies are difficult to research and there is very little high quality research information available. Most do little harm but do be wary of treatments that make big promises, or claim to be scientifically proven to cure MS. They may be a waste of time and money and could be potentially dangerous – natural doesn't always mean harmless. Always check out a therapy you wish to try with a health professional.

Cannabis: Many people with MS say that cannabis can relieve some of their MS symptoms, and some research suggests there may be benefits from cannabis-based medicine for those experiencing spasms, stiffness, pain

and certain bladder problems.^{11, 12} The cannabis-based drug Sativex is now available in Canada to treat neuropathic pain in MS. Sativex is available on prescription to some people in the UK on a 'named patient basis'. Clinical trials are currently underway to see if it is effective at relieving certain MS symptoms. Details of this and information on any changes in the situation are reported on the MS Society website www.mssociety.org.uk. Cannabis itself remains illegal in the UK and you could be prosecuted or imprisoned for possessing large quantities or growing it in your home. Be aware that, like any drug, cannabis has side effects.

Hyperbaric oxygen therapy (HBO): This involves breathing oxygen under increased pressure in a specially constructed chamber. Some people claim it improves symptoms and slows down disease progression but others have reported a worsening of MS symptoms. Over the years, rigorous testing hasn't shown any measurable benefit to people with MS.¹³ It can also be expensive, and exposure to oxygen at higher pressures than normal for longer periods than normal can be dangerous.



The people who can help

- You
- Your GP
- Your neurologist
- MS nurses
- Multi-disciplinary team

It's worth knowing who can do what, and where to begin to get the help you need. At the centre of things is you.

You

As the person with MS, you will get to know more about your condition than anybody else. You understand how individual symptoms affect you, both mentally and physically, and you're best placed to monitor any changes in your condition. Use your personal knowledge to avoid triggers that can make your symptoms worse. Remember that getting the right information about MS is vital and will mean that you'll be in a better position to make informed decisions for yourself. The more you know, the more you can help the professionals you deal with to help you.

Your GP

Your local GP is your first point of contact. GPs aren't usually MS specialists – many will only ever see one or two MS patients in their careers, so don't expect them to understand the intricacies of the condition. Your GP can supply repeat prescriptions for drugs and should be able to help you deal with some of the symptoms, referring you on to more specialist help when you need it. They can also liaise with your neurologist or MS nurse. A GP will hold all your medical records, so will know about your entire medical history. It's important to try and find an understanding GP who

is open-minded and willing to learn from your personal experience and knowledge of the condition.

Your neurologist

The neurologist is key in diagnosing, treating and prescribing appropriate treatment for people with MS and they can play an active role in the longer-term management of MS, too. Your neurologist should liaise with your GP and other specialists. Unfortunately, there is a shortage of neurologists in the UK, so you might not get to see yours as often as you wish. The Department of Health produces a brief guide to help you get the most out of appointments, called *Questions to ask*. It's available to download at www.dh.gov.uk or contact the MS Society information team.

MS nurses

A point of contact for people with MS and their families, MS nurses tend to work closely with neurologists and have an in-depth knowledge of the condition. If you have any questions about your symptoms or MS in general, the MS nurse should be able to fill you in. Some run educational courses for people who are newly diagnosed with MS and their partners. They can become the key to coordinating the kind of care you need. Your GP or neurologist should be able to tell you if there is an MS nurse in your area, or contact the MS Society service development team on 020 8438 0742.

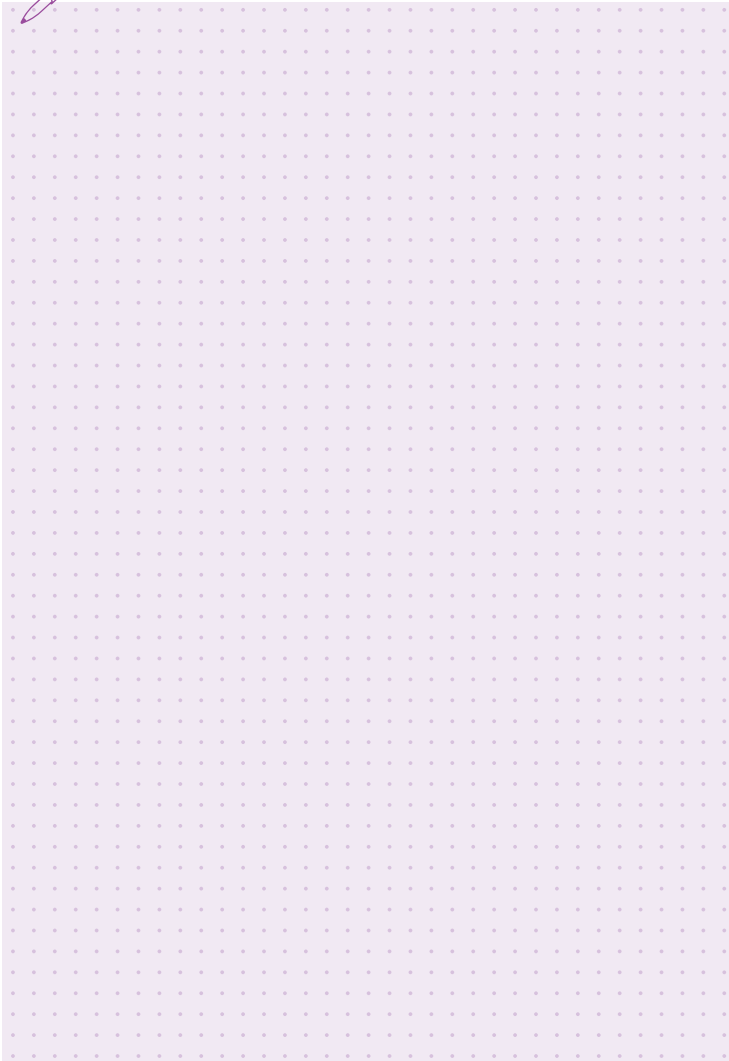
Multi-disciplinary team

In MS, there needs to be a coordinated programme to tackle and manage the range of MS symptoms, making the best use of specialists in different fields or disciplines.⁸ The term ‘multi-disciplinary team’ is one you can use to describe the different specialists who have expertise in certain areas that might be relevant to you. All ought to work as a team, too, arriving at a programme that’s tailored to you.

As well as your neurologist and MS nurse, your multi-disciplinary team could be made up of the following people who you might want or need to see at some point in the future:

- a physiotherapist, for advice and treatment of mobility and other physical problems
- an occupational therapist, to help you deal with fatigue and provide practical solutions for any problems that affect your daily life at work and home
- a social worker, for information and help with such things as applying for benefits and housing
- a counsellor, to help you and the people close to you to deal with the impact of MS on your life and relationships

Your GP or MS nurse should be able to refer you to any of the above, or to other experts, such as continence advisers, dietitians and specialists in pain management.



Sources of support

- MS Society
- Other organisations
- Websites

MS Society

The MS Society is the UK's largest charity dedicated to supporting people with MS, their families and carers. It is the main source of reliable information about MS and the largest funder of MS research in the UK.

MS Helpline

The award-winning MS Helpline offers confidential emotional support and information to anyone affected by MS, including family, friends, carers, newly diagnosed or those who have lived with the condition for many years. Information about MS is available in over 150 different languages by speaking to a Helpline worker via an interpreter. Calls do not appear on itemised bills. Call freephone 0808 800 8000 Monday to Friday, 9am–9pm, except bank holidays, or email helpline@mssociety.org.uk

Publications and website

The MS Society produces publications on a wide range of subjects. These include diagnosis, the different types of MS, symptom management, insurance, pregnancy and MS, disease modifying drugs, employment, complementary therapies and a respite care directory. To request a publications list and order form, write to the information team at the MS Society (see back cover for details). Booklets can also be downloaded or ordered online at www.mssociety.org.uk

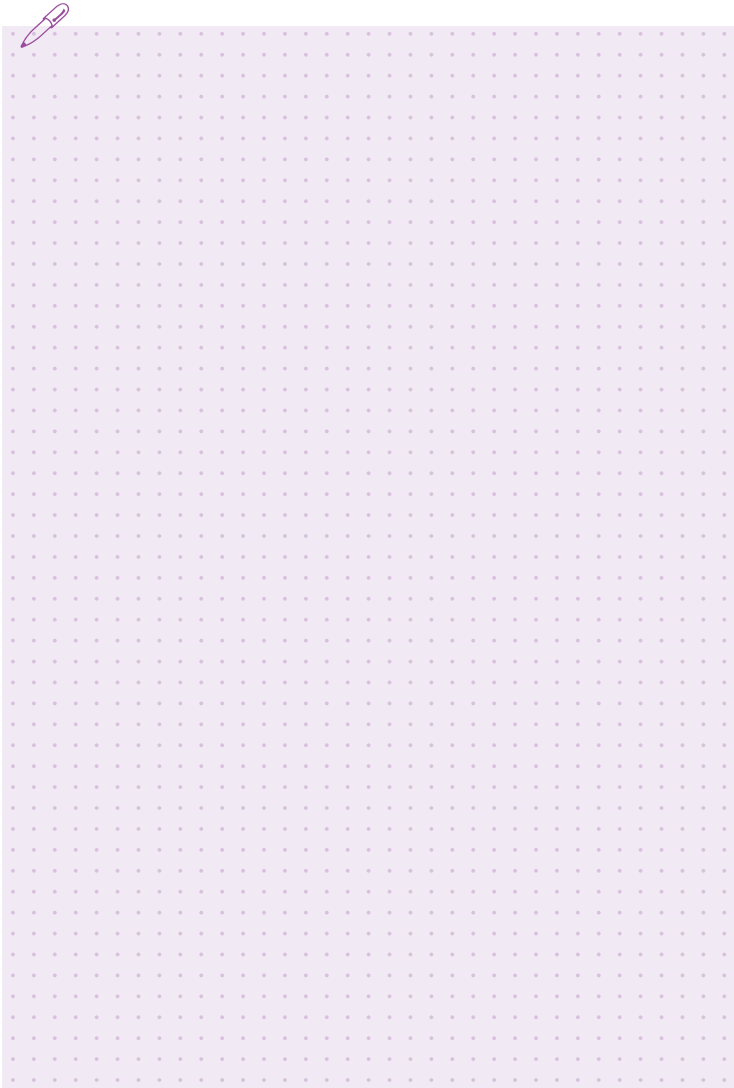
The website also provides a wide range of information, chat rooms, discussion boards and the latest news on issues of interest to people affected by MS.

Membership of the MS Society

Membership is open to anyone who has an interest in the work of the MS Society – people with MS, families, carers, friends, donors, supporters, health and social care professionals. Members receive a copy of the Society's bi-monthly magazine, *MS Matters* and can influence the future direction of the Society by voting on issues. For a membership form, contact the MS Society National Centre or one of the other national offices – or join online at www.mssociety.org.uk/joinus. See the inside back cover for our contact details.

Local support

The MS Society has a network of over 300 local branches. The branches – run by trained volunteers – provide information about MS and local services, a chance to meet others affected by MS and take part in a range of activities. For more information, check the MS Society website or call 020 8438 0759. Trained volunteers also staff local information and support centres in many locations. Call 020 8438 0799 for the details of your nearest centre.



Other organisations

MS National Therapy Centres

A federation of therapy centres around the UK. They Offer a variety of therapies, often including physiotherapy.

PO Box 126
Whitchurch SY14 7WL
Telephone 0845 367 0977
www.ms-selfhelp.org

Multiple Sclerosis Trust

A UK-based charity for people with multiple sclerosis, their family and friends and health professionals.

Spirella Building
Bridge Road
Letchworth Garden City
Hertfordshire SG6 4ET
Telephone 01462 476 700
www.mstrust.org.uk

Revive Scotland

Based in Western Scotland, this charity provides social, recreational, educational and employment support and opportunities for anyone affected by MS.

MS Therapy Centre
16 Chapel Street Estate
Maryhill
Glasgow G20 9BQ
Telephone 0141 945 3344
www.revivescotland.org.uk

Websites

In addition to the MS Society's website, there are others with information on living with MS, the latest research and news, plus chatrooms.

www.mssociety.org.uk

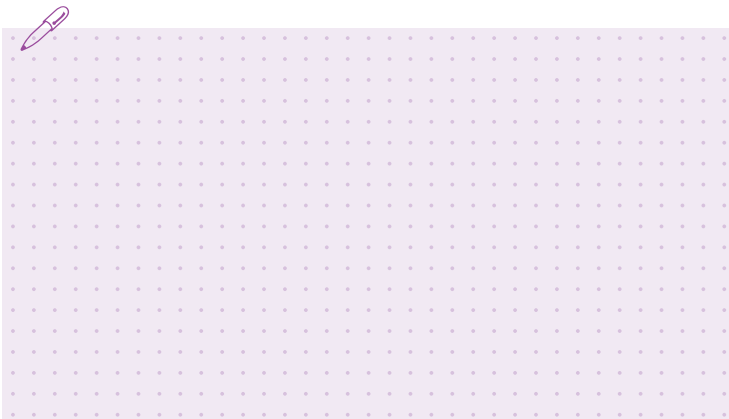
The MS Society website is updated daily. It includes discussion boards for people newly diagnosed and those awaiting a diagnosis (in 'Limboland').

www.mswebpals.org

Also known as 'Jooly's Joint', this is an online community of people with MS.

www.msif.org

Run by the MS International Federation, this website contains information about MS, treatments and research. It can be read in a number of languages and has links to MS societies around the world.



References

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Just diagnosed – an introduction to MS

If you're reading this booklet you've either just been, or are in the process of being, diagnosed with multiple sclerosis. Or you could be the partner, relative or friend of someone who's received this diagnosis. This booklet aims to give you an introduction to MS and to provide the means for you to get the information and support you need. Presenting all the basic facts about the condition, this publication will also be of use to people who have been living with MS for some time.

Multiple Sclerosis Society

The MS Society is the UK's largest charity dedicated to supporting everyone whose life is touched by MS. It provides respite care, a freephone MS Helpline, grants for home adaptations and mobility aids, education and training, MS specialist nurses and a wide range of information. Local branches cater for people of all ages and interests and are run by people with direct experience of MS. The MS Society also funds over 50 vital MS research projects in the UK.

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