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Brain games that can sharpen your thinking!

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Health Monitor

Living

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"MS can't control me!"

Multiple Sclerosis

Nikoma Bell was blindsided by his MS diagnosis. Today, he's focused on the future again, thanks to the support of his family and healthcare team!

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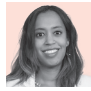

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TCO24

Cover photo by Anastasia Jobson Photography

Keep looking ahead!

Multiple sclerosis (MS) has long been known as a “White person’s disease,” yet Black people aren’t immune—in fact they’re getting the disease in greater numbers than ever. To protect yourself, know the signs and report them early. The sooner you’re diagnosed, the more effective your treatment.

Things are looking up for Damon T. these days—and the new disease-modifying therapy that’s helping him maintain his mobility and independence despite having multiple sclerosis is the reason why. But just two years ago, he wasn’t sure he would ever get relief from the strange symptoms that had started bothering him.

“I was really fatigued one day, then would get tingling in my legs the next, and maybe a few days later I’d start having trouble with my vision,” he recalls. “My symptoms would change constantly.”

Damon didn’t have a regular primary care physician (PCP) at the time, and the different urgent care doctors he would see didn’t put all the pieces together. He finally shared his concerns with his sister, a licensed practical nurse, who recognized the signs of multiple sclerosis.

Continued on next page ▶

After finding a new PCP and getting referrals to specialists who could order the right tests, Damon was finally diagnosed with MS. He soon began taking the medication that has put the disease into remission.

“I’m thankful my sister recognized what was happening to me, because MS symptoms can be hard to pin down to a diagnosis. And my treatment is working—I feel like I’m back to living my life again!”

If you are a Black person with MS, know that—like Damon—you, too, can do the things you love and be optimistic about the future. Start by reading this guide to learn more about the disease, how it affects Black people in particular, the treatment options available and the strategies that can help you make the most of every day!

Understanding the basics

MS is a chronic autoimmune condition that causes your body to attack myelin, the protective sheath that surrounds the brain’s nerve cells, as well as the nerve itself. When myelin breaks down, messages between the brain, spinal cord and other parts of the body get delayed. That slowed communication leads to a range of complications that can affect the way you think (e.g., trouble remembering information) and the way you move and feel (e.g., you may lose your balance or experience numbness).

How does MS manifest in Black patients?

Until recently, doctors thought that MS was a White person’s disease, with most cases tied to European ancestry. But current statistics tell another story: Three in 1,000 Black people are diagnosed with MS, which is not much different than the 3.75 in 1,000 White people diagnosed—and that number is on the rise in the Black community. Unfortunately, the misconception can still cause the disease to be missed in Black people.

In truth, despite the fact that MS symptoms among White and Black people are essentially the same, they often are not detected in Black people until they are more pronounced or chronic—and the disease is more advanced. That’s why it’s important to alert your doctor immediately if you notice any of the symptoms below. The sooner you get help, the lower your chances of MS causing you to become disabled:

- Sudden, painful vision loss or color changes, often in one eye
- Problems with balance, walking and coordination
- Trouble with memory, attention and understanding information
- Extreme fatigue
- Muscle stiffness
- Numbness, tingling or pain
- Slurred speech
- Bladder and bowel problems

How is it diagnosed?

MS is usually diagnosed by blood tests and spinal taps that can check for antibodies related to myelin damage. And an MRI to look for lesions—i.e., myelin damage on the brain and spine—is crucial to diagnosis. Although most people are diagnosed between the ages of 20 and 40, Black patients are often diagnosed at later ages.

For one, false beliefs about MS being a “White person’s disease” can stand in the way of a timely diagnosis. For another, some Black people may not have easy access to a neurologist who can run tests. Consider that in 2021, 12.7% of Black workers were uninsured compared with 7.5% of White workers, according to CDC reports. Black adults are also less likely to have paid time off (PTO) or paid sick leave, so it’s harder for them to even get to a doctor.

And while MS appears to be more prevalent in the Northeast and Midwest than in the South or West, those numbers may actually be a reflection of people living in “care deserts”—places with fewer options for proper diagnostics and treatment.

Who gets it?

An estimated 947,000 Americans have MS. Race is often missing from patient data, but it is estimated that 3 out of every 1,000 Black people develop MS. While the disease affects people of all ages, most are diagnosed between ages 20 and 40, with women about three times more likely than men to develop the condition.

What are the types?

About 85% of those diagnosed have relapsing-remitting multiple sclerosis (RRMS)—that’s when periods of no disease activity (remission) alternate with flare-ups (i.e., a relapse or exacerbation). Two other common forms of MS are primary-progressive MS (PPMS), which is marked by a steady worsening of symptoms without any relapses, and secondary-progressive MS (SPMS), where symptoms gradually start as relapsing remitting MS (RRMS), then become progressive, and relapses may or may not occur.

How is it treated?

Taken regularly, disease-modifying therapies (DMTs) help reduce MS relapses and thus potentially help to slow progression of the disease. Nearly 20 different DMTs are FDA-approved for the long-term treatment of MS. They are available in pill form and by injection and

MS AT A GLANCE

3 out of 1,000

THE NUMBER OF BLACK AMERICANS DIAGNOSED WITH MS

20-40

THE TYPICAL AGE RANGE FOR DIAGNOSIS

3X

HOW MUCH MORE LIKELY WOMEN ARE TO DEVELOP MS THAN MEN infusion; most of them work by modifying the immune system to prevent it from attacking myelin, the protective coating around nerves.

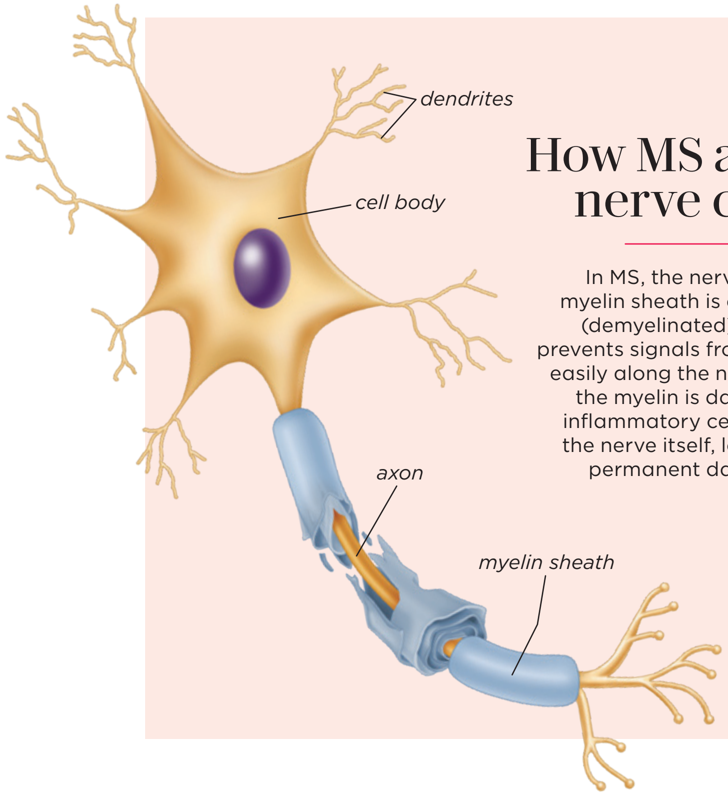
The American Academy of Neurology issued guidelines recommending that for most people, it can be better to start treatment with a DMT as soon as possible—even if symptoms are mild—because early treatment can help slow the disease process and may help keep your condition stable. There are also treatments available to help speed recovery if your MS relapses.

Lifestyle strategies

Adopting healthy behaviors not only boosts your overall health, it may also slow the progression of your MS. If you need help making changes in your life, reach out to your family and friends for support.

- ***Eat nutritious meals.*** There's no "MS diet," but research suggests a diet low in saturated fat and supplemented with omega-3 fats (such as from fatty fish like salmon) and omega-6 fats (from sunflower or safflower oil) may have benefits for people with MS.
- ***Exercise.*** Activity that suits your capabilities can boost your mood, strength, cardiovascular fitness and even bladder and bowel function.
- ***Manage your stress.*** Your MS symptoms may worsen during times of stress. Eliminating or minimizing your stressors and reaching out to family and friends for support can help lift your spirits and make your days more pleasant.
- ***Stay cool.*** Getting overheated—whether from exercising, hot outdoor temperatures or taking a steamy bath—makes it harder for damaged nerves to transmit electrical impulses, leading to temporary worsening of MS symptoms, aka "pseudorelapses."
- ***Get enough rest.*** Adequate quality sleep can help to safeguard your mood, cognitive abilities and physical well-being, helping you to avoid spasticity, pain and balance problems.

Here's the good news: The more motivated you are to work with your healthcare team and try the lifestyle strategies and other treatments as prescribed, the better your odds of living your best life with MS. The critical piece? Opening up about your symptoms. With so many treatment options available—from DMTs to treatments for relapses and therapies for symptom relief—finding what works for you is usually a matter of trial and error. Let your care team know what you're coping with, so they can help you find relief or adjust your treatment as needed.



How MS affects nerve cells

In MS, the nerve cell's myelin sheath is damaged (demyelinated), which prevents signals from traveling easily along the nerve. Once the myelin is damaged, inflammatory cells attack the nerve itself, leading to permanent damage.

YOU & YOUR CARE TEAM

Who's on your healthcare team?

These are the healthcare professionals who will support you through your MS journey.

Primary care provider (PCP): an internist or family physician who manages and coordinates your overall care. Your PCP may have referred you to a neurologist for your MS care.

Neurologist: a physician who specializes in diseases involving the nervous system and who will create a treatment plan for you.

Nurse: a medical professional who can answer questions, provide guidance and help you follow through with your treatment and self-care. Some nurses are MS-certified and have received advanced training in MS care.

Neuropsychologist: a physician who will develop a care plan to address the cognitive effects of MS and boost your mental functioning.

Physiatrist: a physician who can develop a care plan to address the physical effects of MS and boost your functional abilities.

Physical therapist (PT): a licensed healthcare professional who can help you manage your MS symptoms through movement and exercise.

Occupational therapist (OT): a licensed healthcare professional who can make recommendations to help you function your best while at home, work or out-and-about.

Speech-language pathologist (SLP): a licensed healthcare professional who can assess, diagnose and treat many types of communication and swallowing problems.

Dietitian: a licensed nutrition professional who can help you eat well to feel your best.

“We’re tackling MS *as a team!*”

When Nikoma Bell’s unexpected MS diagnosis threatened to come between him and his wife, Simone, they reached out for help and learned how to tackle the disease together. Today, thanks to their united front, they’re focused on the important things: family, friends and the future.

—BY DANIELLE TUCKER

Forty-five-year-old Nikoma Bell and his wife, Simone, have learned to truly appreciate the little things in life. Top of their list right now: swimming with their 6-year-old daughter, Eva Grace, planning fun day trips and laughing over shared family jokes. Nikoma especially cherishes these times, after a multiple sclerosis diagnosis early in their marriage threatened to derail the couple’s future.

His health story began when he was in the midst of a hectic career as a sound engineer. The job kept him on the road much of the year, and a few months after his wedding to Simone, he left his home in West Midlands, United Kingdom, for the Australian leg of Boy George and Culture Club’s concert tour.

“Forty-five minutes after landing in Australia, I went straight to work. Being on tour is stressful,” he recalls. The stress intensified the vision changes that Nikoma had been experiencing before leaving home. During their Japan stop, things got so bad he had a doctor check out his eyes. He was diagnosed with optic neuritis, inflammation of the optic nerve that can cause pain and temporary vision loss.

Once Nikoma returned to the UK, he also began experiencing balance issues. Returning to the doctor, he was sent for several tests and scans and eventually received an official diagnosis of MS in February 2018.

“I knew nothing about MS at the time. I was only two years into my marriage, and Simone had just found out she was pregnant,” Nikoma recalls. Simone adds, “It was so overwhelming! I buried my head in the sand. I had so many questions: *Was Nikoma going to die? Would our child have this?* But I felt like I couldn’t talk these things out—I didn’t want to stress Nikoma, and deep down, I feared talking about it would make it ‘real.’ ”

Once Eva Grace was born, the couple threw themselves into the role of first-time parents and continued to stay in denial about Nikoma’s diagnosis.

“We needed to find others like us”

By 2020, however, things were coming to a head. Both Simone and Nikoma noticed that his symptoms were worsening.

“At the time, he wasn’t working because of the pandemic,” Simone recalls. “The isolation of lockdown was highlighting everything”—and taking a toll on Nikoma’s mental health too: “I felt very alone,” he remembers. “There wasn’t much information about Black men and MS. All the literature we were given featured white women. Most of the studies were also done in the white female population, and Simone and I just weren’t talking about what was going on.”

They both realized the disease was driving a wedge between them.

“That’s when we decided to start our Instagram page *@marriageandms*,” Nikoma says. “We needed to start talking, and we wanted to find others who looked like us so we could share our stories.”

Luckily, their account attracted hundreds of followers looking for connection and support. Nikoma and Simone suddenly saw an opportunity to minister to others as a couple.

“We realized that living with MS is challenging for the patient, but it’s also difficult for the spouse,” Simone adds. “Statistics show that 75% of marriages afflicted with chronic illness end in divorce. We have vowed *not* to be a statistic, but instead to show others that your marriage can thrive beyond chronic illness.”

In addition to opening up on social media, the couple found a refuge in counseling. “For Nikoma, counseling provided a safe space to express fears, frustrations and hopes related to living with MS,” Simone says. “As a couple, it has given us tools to communicate and understand each other’s needs.”

They have also recently written a book about their journey, *Embracing Life and Love Beyond the Diagnosis.*

“The right partner is everything!”

Although Nikoma was reluctant to go on treatment, when his symptoms worsened in 2020, he realized something had to change. (In fact, the earlier MS is treated, the better, with studies showing it reduces the risk of MS-related disability.) After a lengthy conversation with his doctor, Nikoma decided on a disease-modifying therapy. Today he’s working with his doctor to develop a new treatment plan that may include a new DMT.

And most important: these days, Nikoma is focused on making the most of the time with his loved ones.

“MS is a part of this family, but we don’t let it outshine every part of our lives,” Nikoma says. “We were a family before MS, and now we know it’s possible to work through this chronic disease together. You have to face these things head on. And remember: The most important things are love and hope.”

Get more tips from Nikoma and Simone on the next page. ▶

> “We have vowed not to be a statistic, but instead to show others that your marriage can thrive beyond chronic illness!”

Do you love someone with MS? How to help:

"We know it's hard for others to understand what we're going through as a family as a result of this diagnosis," says Simone. "But we also realized early on that loved ones genuinely do want to help, even if they don't quite know how. Here's what we've found that makes a difference for us—they can be great things to offer to do for others, regardless of what issue they may be facing, health-related or otherwise."

FOR MORE TIPS AND ENCOURAGEMENT:
Join Nikoma and Simone on Instagram
@marriageandms

Ask and listen. "A simple 'How are you feeling today?' goes a long way," says Simone. "Listening without trying to 'fix' can be incredibly supportive."

Be patient. "MS can be unpredictable," Simone adds. "Our plans might change, or we might need to slow down, so when others can respect that without getting upset, that really means a lot."

Offer practical support. "Small gestures have a big impact," says Simone. "Offer to pick up groceries or stop by for a drink and chat. These acts of kindness remind us we're not alone."

Educate yourself. "Learning about whatever condition is impacting someone by doing your own research shows you're invested in our well-being and helps you offer better, more informed support," says Simone.

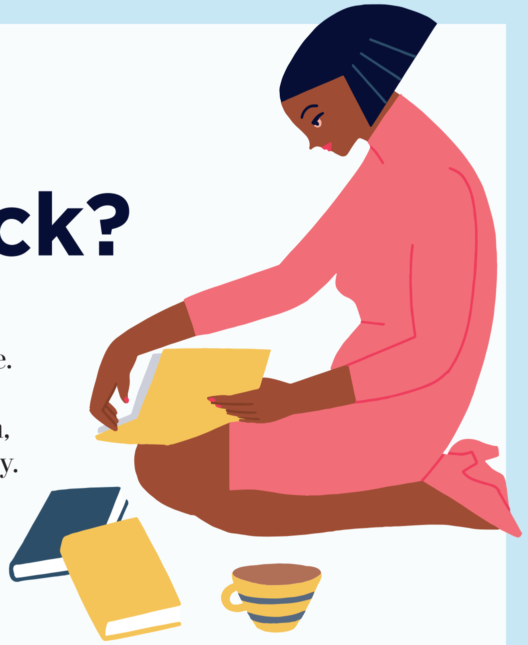
Respect boundaries. "There are days we need space to rest and recharge," Simone explains. "Respect those times without pressure or judgment." ●

Photos by Anastasia Jobson Photography

YOU & YOUR CARE TEAM

Is it an MS attack?

It's not always easy to tell when you're having an MS attack. After all, they can be unpredictable, vary from person to person and change from episode to episode. Tracking your symptoms can prompt you to get immediate care, which can help reduce inflammation, speed recovery from an attack and minimize disability.



Take note of your symptoms:
Fill in the worksheet below—but report a suspected MS attack ASAP to your doctor.

Date that your new or worsening symptom(s) began:	How long did the symptom(s) last (e.g., hours, days):	Describe the symptom(s):	Questions/ comments for your doctor:

It may be an MS attack if your symptoms...

☐ are either new or are old MS symptoms that have worsened
☐ have lasted for at least 24 hours (and often days to weeks)
☐ are occurring at least 30 days after your last attack
☐ cannot be explained by anything else (e.g., a fever, illness or overexertion)

Make copies to keep handy!

Here's why KESIMPTA® was Zenovia's first choice when it was time to start a new treatment:

- ✓ **Easy and simple to use pen***—Take it yourself in less than 1 minute a month† at home or on the go

— *Plus* —

- ✓ **Proven safety profile**‡—Plus an ongoing safety study
- ✓ **Powerful results**‡—For reducing relapses, active lesions, and slowing disability progression

See the results Zenovia discussed with her doctor

Kesimpta®
(ofatumumab) 20 mg injection

Zenovia W. has taken KESIMPTA and has been compensated for her time.
RMS, relapsing multiple sclerosis.

*Real-world 30-question survey of 105 US patients (aged ≥18) diagnosed with RMS for 1+ years, who took KESIMPTA with the Sensoready® Pen within previous 12 months. On a scale of 1-5, 89.5% of patients rated it a 4 or 5 (5 being most positive) on overall ease of use and ease of monthly dosing schedule. Questionnaire not validated.

†Typical administration time when ready to inject. Once monthly after 3 weekly starter doses.

‡In 2 studies vs teriflunomide.

Indication

What is KESIMPTA (ofatumumab) injection?

KESIMPTA is a prescription medicine used to treat adults with relapsing forms of multiple sclerosis (MS) including clinically isolated syndrome (CIS), relapsing-remitting disease, and active secondary progressive disease.

It is not known if KESIMPTA is safe or effective in children.

Important Safety Information

Who should not take KESIMPTA?

Do NOT take KESIMPTA if you:
- have an active hepatitis B virus (HBV) infection.
- have had an allergic reaction to ofatumumab or life-threatening injection-related reaction to KESIMPTA.

NOVARTIS

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

Important Safety Information (cont)

What is the most important information I should know about KESIMPTA?

KESIMPTA can cause serious side effects such as:
- **Infections.** Serious infections, which can be life-threatening or cause death, can happen during treatment with KESIMPTA. If you have an active infection, your health care provider (HCP) should delay your treatment with KESIMPTA until your infection is gone. KESIMPTA taken before or after other medicines that weaken the immune system may increase your risk of getting infections. Tell your HCP right away if you have any infections or get any symptoms including painful and frequent urination, nasal congestion, runny nose, sore throat, fever, chills, cough, or body aches.
- **HBV reactivation.** If you have ever had HBV infection, it may become active again during or after treatment with KESIMPTA (reactivation). If this happens, it may cause serious liver problems including liver failure or death. Before starting KESIMPTA, your HCP will do a blood test to check for HBV. They will also continue to monitor you during and after treatment with KESIMPTA for HBV. Tell your HCP right away if you get worsening tiredness or yellowing of your skin or the white part of your eyes.
- **Progressive Multifocal Leukoencephalopathy (PML).** PML may happen with KESIMPTA. PML is a rare, serious brain infection caused by a virus that may get worse over days or weeks. PML can result in death or severe disability. Tell your HCP right away if you have any new or worsening neurologic signs or symptoms. These may include weakness on one side of your body, loss of coordination in arms and legs, vision problems, changes in thinking and memory, which may lead to confusion and personality changes.
- **Weakened immune system**. KESIMPTA taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

Before you take KESIMPTA, tell your HCP about all your medical conditions, including if you:

- Have or think you have an infection including HBV or PML.
- Have ever taken, currently take, or plan to take medicines that affect your immune system. These medicines could increase your risk of getting an infection.
- Have had a recent vaccination or are scheduled to receive any vaccinations.
  - You should receive any required 'live' or 'live-attenuated' vaccines at least 4 weeks before you start treatment with KESIMPTA. You should not receive 'live' or 'live-attenuated' vaccines while you are being treated with KESIMPTA and until your HCP tells you that your immune system is no longer weakened.
  - Whenever possible, you should receive any 'non-live' vaccines at least 2 weeks before you start treatment with KESIMPTA.
  - Talk to your HCP about vaccinations for your baby if you used KESIMPTA during your pregnancy.
- Are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if KESIMPTA will harm your unborn baby. Females who can become pregnant should use birth control (contraception) during treatment with KESIMPTA and for 6 months after your last treatment. Talk with your HCP about what birth control method is right for you during this time.
- Are breastfeeding or plan to breastfeed. It is not known if KESIMPTA passes into your breast milk. Talk to your HCP about the best way to feed your baby if you take KESIMPTA.

Tell your HCP about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I use KESIMPTA?

See the detailed Instructions for Use that comes with KESIMPTA for information about how to prepare and inject a dose of KESIMPTA and how to properly throw away (dispose of) used KESIMPTA Sensoready pens or prefilled syringes.
- Use KESIMPTA exactly as your HCP tells you to use it.
- Your HCP will show you how to prepare and inject KESIMPTA the right way before you use it for the first time.
- **Do not** inject into areas where the skin is tender, bruised, red, scaly or hard. Avoid areas with moles, scars, or stretch marks.

KESIMPTA may cause serious side effects including:

- **Injection-related reactions.** Injection-related reactions are a common side effect of KESIMPTA. Injecting KESIMPTA can cause injection-related reactions that can happen within 24 hours (1 day) following the first injections and with later injections. There are two kinds of reactions:
  - **at or near the injection site**: redness of the skin, swelling, itching and pain. Talk with your health care provider if you have any of these signs or symptoms.
  - **that may happen when certain substances are released in your body**: fever, headache, pain in the muscles, chills, tiredness, rash, hives, trouble breathing, swelling of the face, eyelids, lips, mouth, tongue and throat, and feeling faint, or chest tightness. Contact your HCP right away if you experience any of these signs and symptoms, especially if they become worse or you have new severe signs of reactions after subsequent injections. It could be a sign of an allergic reaction, which can be serious.
- **Low immunoglobulins**. KESIMPTA may cause a decrease in some types of antibodies. Your HCP will do blood tests to check your blood immunoglobulin levels.

The most common side effects of KESIMPTA include:

- Upper respiratory tract infection, with symptoms such as sore throat and runny nose, and headache.
- Headache.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying Consumer Brief Summary on the following page.

Consumer Brief Summary

Kesimpta® (ofatumumab) 20 mg injection

The risk information provided here is not comprehensive. This information does not take the place of talking with your doctor about your medical condition or treatment.

To learn more about KESIMPTA (ofatumumab) injections, talk to your doctor or pharmacist. For more information and to obtain the FDA-approved product labeling, call 1-888-669-6682 or visit www.kesimpta.com.

What is the most important information I should know about KESIMPTA?

KESIMPTA can cause serious side effects, including:

Infections. Serious infections, which can be life-threatening or cause death, can happen during treatment with KESIMPTA. If you have an active infection, your health care provider should delay your treatment with KESIMPTA until your infection is gone. KESIMPTA taken before or after other medicines that weaken the immune system may increase your risk of getting infections.

Tell your health care provider right away if you have any infections or get any symptoms including painful and frequent urination, nasal congestion, runny nose, sore throat, fever, chills, cough, or body aches.

- **Hepatitis B virus (HBV) reactivation.** Before starting treatment with KESIMPTA, your health care provider will do blood tests to check for HBV. If you have ever had HBV infection, the HBV may become active again during or after treatment with KESIMPTA. Hepatitis B virus becoming active again (called reactivation) may cause serious liver problems including liver failure or death. You should not receive KESIMPTA if you have active hepatitis B liver disease. Your health care provider will monitor you for HBV infection during and after you stop using KESIMPTA. Tell your health care provider right away if you get worsening tiredness or yellowing of your skin or white part of your eyes during treatment with KESIMPTA.
- **Progressive Multifocal Leukoencephalopathy (PML).** PML may happen with KESIMPTA. PML is a rare, serious brain infection caused by a virus that may get worse over days or weeks. PML can result in death or severe disability. Tell your health care provider right away if you have any new or worsening neurologic signs or symptoms. These may include weakness on one side of your body, loss of coordination in arms and legs, vision problems, changes in thinking and memory which may lead to confusion and personality changes.
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- clinically isolated syndrome
- relapsing-remitting disease
- active secondary progressive disease

It is not known if KESIMPTA is safe or effective in children.

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- have had an allergic reaction to ofatumumab or life-threatening injection-related reaction to KESIMPTA.

Before using KESIMPTA, tell your health care provider about all of your medical conditions, including if you:

- have or think you have an infection, including HBV or PML. See **"What is the most important information I should know about KESIMPTA?"**
- have ever taken, currently take, or plan to take medicines that affect your immune system. These medicines could increase your risk of getting an infection.
- have had a recent vaccination or are scheduled to receive any vaccinations.
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    - Talk to your health care provider about vaccinations for your baby if you used KESIMPTA during your pregnancy.
- are pregnant, think that you might be pregnant, or plan to become pregnant. It is not known if KESIMPTA will harm your unborn baby. Females who can become pregnant should use birth control (contraception) during treatment with KESIMPTA and for 6 months after your last treatment. Talk with your health care provider about what birth control method is right for you during this time.
    - Pregnancy Registry: There is a registry for women who become pregnant during treatment with KESIMPTA. If you become pregnant while taking KESIMPTA, tell your health care provider right away. Talk to your health care provider about registering with the MotherToBaby Pregnancy Study in Multiple Sclerosis. The purpose of the registry is to collect information about your health and your baby's health. For more information or to register, contact MotherToBaby by calling 1-877-311-8972, by sending an email to MotherToBaby@health.ucsd.edu, or go to www.mothertobaby.org/join-study.
- are breastfeeding or plan to breastfeed. It is not known if KESIMPTA passes into your breast milk. Talk to your health care provider about the best way to feed your baby if you take KESIMPTA.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of them to show your health care provider and pharmacist when you get a new medicine.

How should I use KESIMPTA?

See the detailed Instructions for Use that comes with KESIMPTA for information about how to prepare and inject a dose of KESIMPTA and how to properly throw away (dispose of) used KESIMPTA Sensoready® pens or prefilled syringes.

- Use KESIMPTA exactly as your health care provider tells you to use it.
- KESIMPTA is given as an injection under your skin (subcutaneous injection), in your thigh or stomach-area (abdomen) by you or a caregiver. A caregiver may also give you an injection of KESIMPTA in your upper outer arm.
- Your health care provider will show you how to prepare and inject KESIMPTA the right way before you use it for the first time.
- **Do not** inject into areas where the skin is tender, bruised, red, scaly or hard. Avoid areas with moles, scars or stretch marks.
- The initial dosing is 20 mg of KESIMPTA given by subcutaneous injection at Weeks 0, 1, and 2. There is no injection at Week 3. Starting at Week 4 and then every month, the recommended dose is 20 mg of KESIMPTA administered by subcutaneous injection.

If you miss an injection of KESIMPTA at Week 0, 1, or 2, talk to your health care provider. If you miss a monthly injection, give it as soon as possible without waiting until the next scheduled dose. After that, give your KESIMPTA injections a month apart.

What are the possible side effects of KESIMPTA?

KESIMPTA may cause serious side effects, including:

See **"What is the most important information I should know about KESIMPTA?"**

- **Injection-related reactions.** Injection-related reactions are a common side effect of KESIMPTA. Injecting KESIMPTA can cause injection-related reactions that can happen within 24 hours (1 day) following the first injections and with later injections. There are two kinds of reactions:
    - **at or near the injection site:** redness of the skin, swelling, itching and pain. Talk with your health care provider if you have any of these signs or symptoms.
    - **that may happen when certain substances are released in your body:** fever, headache, pain in the muscles, chills, tiredness, rash, hives, trouble breathing, swelling of the face, eyelids, lips, mouth, tongue and throat, and feeling faint, or chest tightness. Contact your health care provider right away if you experience any of these signs or symptoms, especially if they become worse or you have new severe signs of reactions after subsequent injections. It could be a sign of an allergic reaction, which can be serious.
- **Low immunoglobulins.** KESIMPTA may cause a decrease in some types of antibodies. Your health care provider will do blood tests to check your blood immunoglobulin levels.

The most common side effects of KESIMPTA include:

- upper respiratory tract infection, with symptoms such as sore throat and runny nose, and headache. (See **"What is the most important information I should know about KESIMPTA?"**)
- headache.

These are not all the possible side effects of KESIMPTA. Call your doctor for medical advice about side effects.

You may report side effects to FDA at 1-800-FDA-1088.

How should I store KESIMPTA?

- Store KESIMPTA in a refrigerator between 36°F to 46°F (2°C to 8°C).
- Keep KESIMPTA in the original carton until ready for use to protect from light.
- If needed, KESIMPTA may be stored for up to 7 days at room temperature, up to 86°F (30°C).
- Write the date taken out of the refrigerator in the space provided on the carton.
- If stored below 86°F (30°C), unused KESIMPTA may be returned to the refrigerator and must be used within the next 7 days. If this KESIMPTA is not used within those 7 days, then discard the medicine.
- Do not freeze KESIMPTA.
- Do not shake KESIMPTA.

Keep KESIMPTA and all medicines out of the reach of children.

General information about the safe and effective use of KESIMPTA.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use KESIMPTA for a condition for which it was not prescribed. Do not give KESIMPTA to other people, even if they have the same symptoms that you have. It may harm them.

You can ask your pharmacist or health care provider for information about KESIMPTA that is written for health professionals.

What are the ingredients in KESIMPTA?

Active ingredient: ofatumumab

Inactive ingredients: Sensoready pen and prefilled syringe: arginine, disodium edetate, polysorbate 80, sodium acetate trihydrate, sodium chloride, and Water for Injection. Hydrochloric acid may be added.

How is MS affecting you?

Living with MS can be challenging, but the right treatment can make all the difference. Fill out the assessment below and take it to your next doctor visit, so you and your care team can make sure your treatment plan is the best it can be.

MS interferes with my ability to…	Not at all	A little	Somewhat	A lot	Very much
Work					
Exercise and do other physical activities					
Get a good night's sleep (including trouble falling asleep and staying asleep)					
Concentrate throughout the day because I'm tired					
Engage in relationships with family and friends					
Eat properly and/or pick certain foods					
Go out in public without feeling embarrassed					
Pick out and wear clothing I like					
Figure out things, like my bills or finding directions					
Meet new people					
Be in a good mood/feel calm and confident					
Be myself around others					
Have a healthy sex life					

Do these statements apply to you?	Never	Rarely	Sometimes	Often	Always
I feel sad or blue.					
I feel nervous, edgy or anxious.					
I feel like everyone is looking at me.					
I say no to activities I'd like to do or try.					

“Multiple sclerosis has *highlighted* our resilience and strength!”

When Mandi and Jenna found out they had multiple sclerosis (MS), they both went down the path of denial. Read on to learn how they eventually accepted their diagnoses, found effective treatment and realized they could still live full lives, despite MS.

—BY DANIELLE TUCKER

> **“Find what works for you!”**
>
> **MANDISA “MANDI” ARMSTRONG, 37**
> CHARLOTTE, NC

Mandi Armstrong first noticed vision changes during her last semester in college. Her eye doctor diagnosed her with optic neuritis and explained it could mean she was at an increased risk for developing MS.

“I was just starting my career and had limited finances at the time. And then my vision came back, so I brushed it off.”

Seven years later, Mandi would experience spasms down the right side of her body.

She was referred to a neurologist who ordered an MRI that discovered lesions on her brain. A spinal tap confirmed that Mandi had MS.

Today, Mandi is doing well, thanks to strategies such as these:

Listen to your body.

Mandi, interested in a holistic approach to her MS treatment, found a naturopath who ordered extensive blood work and food sensitivity testing that uncovered numerous imbalances and inflammation. “Once I started supplementing and cutting out certain foods, I felt much better—in order to manage something like MS you have to think about the big picture and about everything you're putting in your body.”

Find a supportive healthcare provider.

Mandi wanted to ensure whichever doctor oversaw her care would be amenable to her incorporating holistic approaches into her treatment plan. She traveled to Johns Hopkins in Baltimore, MD, to meet with a new neurologist, and they clicked right away. "It's so important to have a healthcare team that understands you and your goals for treatment."

Welcome joy.

Mandi became a certified yoga instructor eight years ago. Post-pandemic, she left the stress of the banking business and became a holistic health coach. "I wanted to do everything I could to develop new neurons and pathways. My purpose is to teach others (*@themandijoy*) how to live joyful, fulfilled lives despite a diagnosis through connecting the mind, body and soul. MS is not a joy killer. There will be a periods of grief, but you'll eventually uncover new possibilities."

Photos by Shelby Beckler

> "Be your own voice!"
>
> **JENNA MORROW, 35**
> GAITHERSBURG, MD

While Jenna Morrow was still in college, she suffered from bouts of vertigo and low vision. "After Googling my symptoms, I was convinced I had a brain tumor." Instead, optic neuritis, often a precursor to multiple sclerosis, would be the diagnosis.

In August 2013—on her birthday, in fact—after balance issues sent her back to the doctor, Jenna heard the words: "You have MS."

"I went through the stages of grief. Denial lasted the longest, I'd say three to four years, honestly. I wasn't married yet and was on the brink of my career. I refused to believe this was my life."

Eventually, after doing research and realizing that delaying treatment could mean a faster and worse progression of the disease, she finally worked with her doctor to start on medication. Today, her symptoms are under control, and she's focused on family life and helping others navigate the challenges of living with MS. Here are her top tips:

Photos by Katy Murray Photo

Teach others to respond.

Once diagnosed, Jenna was dismayed to learn that many people she told offered unsolicited opinions and recommendations. "I've had to learn to be bold and teach others how to respond to me. I'll say, 'I appreciate your concern, but it's not helping me.'" Jenna even did this with her now-husband, DeAndre ("D"), while they were dating. "I encouraged him to do his own research on MS. He needed to understand the disease from a caregiver's point of view and see what the future could hold if we stayed together."

Release guilt.

As the owner of an interior design firm (Morrow Design Studios; *@jennadmorrow*), mother to a 4-year-old and 18-month-old, and wife, Jenna is busy, to say the least. Yet trying to manage everything while also dealing with MS can sometimes be too much. "There has been anxiety around letting go of control. I've had to accept that I can't do it all—my days are fluid, and I have to adapt. My health comes first, so I schedule my time around my energy levels and release myself from guilt if something doesn't get done."

Celebrate victories.

"My birthday is my new year, not January 1st. Celebrating my birthday has been a priority since I spent that day in the doctor's office 11 years ago getting life-changing news. Each passing year is a testament to that—I've made it another year without using a cane or without having symptom progression, and those are not small things!"

Perfect your environment.

While disease-modifying medication manages Jenna's MS symptoms, her environment plays a crucial role in supporting her mental health. "Your environment is everything. Decrease clutter and surround yourself with the scents, sounds and colors that bring you peace and joy. My favorite scents are woodsy, natural ones like sandalwood and vanilla. Color is scientifically proven to affect your mood. My living room is a mix of moody gray with bright rugs, ceilings and colorful, figurative art. It houses my record player and is my favorite uplifting space in the home. With chronic illness, you need somewhere you can escape to and find peace." ●

Health Monitor®

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Q A

Answers to your frequently asked questions about multiple sclerosis

I FORGET TO TAKE MY MEDS! I've been living with MS for 5 years and am currently on oral medication. Trouble is, I occasionally forget to take it. Are there more foolproof options I can consider?

A: Absolutely. There are many MS treatment options available today, ranging from oral medications to IV infusions and subcutaneous injections (shots). IV and subcutaneous medications can be given either in an infusion center or even at home. Many of these options are dosed infrequently—some only twice a year—making them easier to manage on a busy schedule. That said, if your current medication is preventing relapses, switching to something new may be risky. Discuss with your neurologist whether an IV or subcutaneous medication might be a good option for you.

HOT AND DIZZY

Q: *Recently, I've had difficulty with feeling faint and dizzy, especially with the constant heat and humidity in my area. How can I manage this?*

A: Heat is a major issue for MS patients. Some have even moved farther north to avoid it! While you don't necessarily need to go to such extremes, getting out of the heat is a good idea if you have MS. During the summer, try to avoid spending prolonged periods outdoors and consider wearing a cooling vest, which can be purchased online at an affordable price. The MS Society has a program that provides cooling products to MS patients in need of financial assistance, and some states offer energy assistance programs to help keep homes cool for those with special needs. Practical measures to keep your home cooler include installing blackout curtains, avoiding the use of heat-producing appliances during the daytime and applying darkening film to your windows.

MALE, BLACK—AND FEELING ALONE

Q: *As a man of color with MS, I often feel underrepresented. I've been looking for ways to connect with people who understand the unique experience of living with MS as a Black person. Is there a group for this?*

A: Years ago, doctors believed MS was a "White woman's disease," but we now know this is far from the truth. However, outdated beliefs persist, and people of color, especially men of color, may feel as if they continue to be left out of the conversation. Today, thankfully, the online community is incredibly helpful for connecting people globally: The National MS Society has an online support group for African Americans each month. Also, check out Brothers' Support Hub at *brotherssupporthub.co.uk*. They host virtual support group meetings for Black men with MS on a monthly basis and also organize some in-person meetups. ●

OUR EXPERT:
Jessica Baity, MD,
board-certified neurologist, Thibodaux Regional Health System, LSU New Orleans School of Medicine.

RESOURCES YOU CAN RELY ON

Looking for places you can trust for information and care? Check these out.

Have more questions about your diagnosis?

- The National Multiple Sclerosis Society (NMSS) ***nationalmssociety.org***
- Multiple Sclerosis Association of America ***mymsaa.org***
- Multiple Sclerosis Foundation ***msfocus.org***
- Can Do Multiple Sclerosis ***mscando.org***

Looking for a provider who understands?

- We Are ILL ***weareillmatic.com***
- Clinicians of Color ***cliniciansofcolor.org***

Need help with payment assistance?

- Help Hope Live ***helphopelive.org***
- The Assistance Fund ***tafcares.org***
- Needy Meds ***needymeds.org***
- Medicine Assistance Tool ***mat.org***

Looking for an MS podcast or YouTube channel?

- No Stress MS YouTube Channel ***@NoStressMS***
- National MS Society YouTube Channel ***@nationalmssociety***
- Real Talk MS Podcast ***realtalkms.com***

Looking for support from others with MS?

- The National Multiple Sclerosis Society Facebook Community Group ***facebook.com/groups/nationalmssocietycommunity***
- The Mighty: Multiple Sclerosis Connections ***themighty.com***
- Multiple Sclerosis Discord Group ***discord.com/invite/aQ4J2u8***
- Multiple Sclerosis Reddit Group ***reddit.com/r/MultipleSclerosis***
- The MS Focus Independent Support Group Network ***msfocus.org***

Looking for transportation services?

- Patient Access Network ***panfoundation.org***
- MTM ***mtm-inc.net***
- Centers for Medicare and Medicaid Services ***cms.gov***

Sharpen your thinking with brain games!

When played consistently for a period of six months or more, games that require memory, focus and concentration—i.e. "brain games"—have been found to aid in the improvement of overall cognitive functioning in those with multiple sclerosis, according to a study published in *Journal of NeuroEngineering and Rehabilitation*. Here are some that showed the most benefit.

—BY SARA ROTONDI

WHAT IS COGNITIVE RESERVE?
Although MS can take a toll on a person's ability to think, learn, remember, problem-solve and make decisions, you can make up for the decline by tapping your cognitive reserve—basically, the brain's built-in safety net against disease or injury. Just like with any muscle, the more you exercise your cognitive reserve, the stronger it gets—and researchers have found that regularly doing puzzles and games like the ones described here is a great way to give your brain a workout!

IF **NUMBERS** ARE YOUR THING, TRY…

Sudoku

The overall goal of this Japanese brain teaser is to fill out a grid of numbers—starting with some already provided—so that no two numbers repeat in any vertical or horizontal row. You can find lots of free sudoku apps in both the Google and Apple app stores; look for ones that offer free daily puzzles and commit to solving at least one board per day.

Nonogram

Kind of a combination of sudoku and old-school Minesweeper (without the scary bombs), nonograms have you color in grids using a logic-based number system, eventually resulting in an image being created. Completing nonograms has been shown to reduce stress and anxiety and also improves logical thinking skills as well as concentration. Many free apps offer daily nonograms—just search the term in the Google and Apple app stores, or visit *puzzle-nonograms.com*.

IF YOU LOVE **WORDS**, TRY…

Scrabble

Around since the 1930s, this word-based game is sure to test both your vocabulary and your problem-solving abilities. The goal is to make words using random letter tiles and place them on the board to earn the most points. It's also a social game that allows you to compete with others—another brain benefit, as competition has been shown to boost strategic thinking and help brain neurons better communicate with each other. You can find this classic board game at nearly any big-box store like Target or Walmart, or play online at *playscrabble.com*

Wordle

In this game, now sponsored by *The New York Times*, players have six attempts to guess a five-letter word, using colored tiles to show when letters are correct but in the wrong spot, correct and in the right spot or not present in the word at all. A new game is released every day, and consistently playing it has been shown to improve brain function by stimulating critical thinking, problem-solving and memory. You can sign up for Wordle access at *nytimes.com/games/wordle/index.html* or play a free version called Word Master found online. Similar games include Dordle, Quordle, Octordle or Sedecordle.

IF YOU'RE MORE OF A **HANDS-ON** PERSON, TRY…

Jigsaw puzzles

No, they're not just for rainy days on family vacations. Jigsaw puzzles test your ability to problem solve and have been study-proven to improve concentration. Completing puzzles has also been shown to improve neuroplasticity, the ability of the brain to rewire itself when damage such as MS lesions occur. Many public libraries allow you to borrow jigsaw puzzles for free. You can also swap puzzles with others, either locally or via the mail—visit *jigsawpuzzleswapexchange.com* to learn more.

Chess/checkers

Playing strategy games like chess and checkers has been scientifically proven to increase the number of synapses in the brain—meaning it's easier for neurons to talk to each other. And other studies have shown that chess and checkers players tend to have better memory and increased attention spans over those who do not play. You can find game boards in stores like Target and Walmart, or visit *chess.com* or *247checkers.com* to get started. ●

Health Monitor Living

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Questions to ask at today's visit

Do my symptoms indicate MS? What testing do I need to confirm it for sure?

Which treatment do you recommend and why?

If I'm having trouble taking daily medication, are there any long-term options I can try?

What are the risks, benefits and side effects of this treatment?

How will I know if I'm responding to this treatment?

What can I do on my own to avoid MS flares and feel my best?

Can you recommend a support group for people of color, either near my home or online?

On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.