

Explore your
treatment
options

P. 6

Don't get
sidelined by
depression

P. 22

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Living



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“I’m not
letting
MS slow
me down!”

Multiple Sclerosis

Diana Green’s leg numbness led to a devastating multiple sclerosis diagnosis. Today, thanks to her disease-modifying therapy, she’s feeling great and sharing her story in the hope of inspiring others.

Contents

Health Monitor Living **Multiple Sclerosis**



8 “I’m not letting MS slow me down!”

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THE BASICS

3 Keep looking ahead!

Today’s treatment options mean more freedom from symptoms and slower disease progression

YOU & YOUR CARE TEAM

7 The pros on your side

These medical professionals can help treat and support you

11 Is it an MS attack?

Fill out this chart to help determine if you’re having a relapse

16 How is MS impacting you?

Make sure your treatment is doing all it can by sharing this tool with your healthcare team

20 Q&A

Neurologist Jessica Baity, MD, answers your top questions about MS

24 Questions to ask at today’s visit

TRUE INSPIRATION

17 “We’re embracing our new normal!”

Shala and Julie share the tips that help them stay active, upbeat and engaged with the world

FEEL YOUR BEST

21 Meditate to lower stress and more!

This simple how-to can help you get started

22 MS and depression

How to know when it’s more than “the blues”—and ways to start feeling better

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YAM24

Cover photo by Ryan James Photo



THE BASICS

Keep looking ahead!

If you’ve been struggling to cope with an MS diagnosis—take heart! Today’s treatment options mean slower disease progression and more freedom from symptoms, so you can get back to focusing on your future.

Steve Y. always prided himself on being active. “I ran cross country through school, including college, which turned into a passion for trail running when I got older,” says the 32-year-old retail manager. “I did a few ultra marathons in my 20s and I really loved the sport and the culture around it.”

That’s why Steve became frustrated a few years ago when he noticed he was having trouble maintaining his balance on runs.

“As any trail runner knows, falling comes with the sport—but I wasn’t tripping over tree roots or rocks; it was like I couldn’t feel my own feet. I was tripping for no reason.”

After a particularly bad fall resulted in a sprain, Steve wound up at the hospital.

“I had numbness and tingling sensations running up and down my legs at that point. I mentioned it to my nurse, who I guess alerted the ER doctor and suddenly I was getting a referral to a neurologist. I was super confused—I thought neurologists were brain doctors. What did that have to do with my legs?”

Steve soon learned the connection—after an MRI and other tests, his neurologist gave him the bad news: He had MS.

“No one else in my family had ever had MS, I didn’t even really know what it was, I just knew I was suddenly very, very afraid.”

Continued on next page ►



Steve tried steroids and some other medications the first few years, and while they would help his symptoms subside, the relief was always temporary.

“It started to get like clockwork. I would finish a course of steroids, feel pretty okay, and then within a few weeks or months, the symptoms would come back,” says Steve. “The steroids themselves also came with side effects I wasn’t enjoying, like weight gain.”

That’s when Steve’s neurologist recommended he try a disease-modifying therapy.

“She explained that the goal of the medication was to help slow the progression of the disease and stop me from having so many relapses,” he says. “I had to inject it at home, which I wasn’t crazy about at first, but they showed me how to do it and it’s not bad at all, I don’t even think about it anymore.”

More important? Since starting the medication, Steve has not had any flares, and scans have shown no new lesions on his brain or spinal column. He also isn’t experiencing any noticeable side effects from the medication.

“I think I’m lucky I responded so well, but I’m taking all the luck I can these days!” Steve laughs. “Now I’m back on the trails again—although I stick to hiking them now!—and I feel strong and capable, like I used to. This medication gave me my body and my life back!”

What about you?

Are you living life to the fullest, in spite of MS? Like Steve, you may be able to “live your pur-

pose” for years to come, thanks to treatment advances that can keep MS in check.

The first step on your journey is to read through the pages of this guide. You’ll learn about the different types of MS, how they work in the body and the many methods we have today to treat them. You can also use the tools on pp. 11, 16, 22 and 24 to get the conversation started with your healthcare team. Having an open dialogue ensures you’re on the right treatment path. And don’t miss Diana’s story on p. 8 or the tips from Shala and Julie on p. 17, each of whom has been living—and thriving!—with MS for years.

Most of all, it’s important not to give up hope—while MS is a scary diagnosis, you have every reason to believe you can find a treatment method that will allow you to live a full, active life for many years to come.

What is MS?

Multiple sclerosis (MS) is a chronic disease of the central nervous system, which includes the brain and spinal cord. In MS, the body’s immune system mistakenly attacks the coating (called a myelin sheath) around the brain’s nerve cells, and eventually the nerves themselves. (See “How MS affects nerve cells,” p. 6.)

Damaged myelin slows the ability of neurons to communicate with the body, leading to the symptoms listed below. Over time, if the nerves themselves become damaged, pockets of scar tissue form that are called “lesions.” Lesions are often monitored by regular MRIs to see if the condition is being controlled by the person’s cur-

rent treatment plan, or if the disease is progressing.

About 85% of those diagnosed with MS have the relapsing-remitting type (RRMS), in which periods of no disease activity (remission) alternate with periods of new neurological symptoms (relapse, also called flares or exacerbations). Two other common forms of MS are secondary-progressive (SPMS), which can develop after an RRMS diagnosis and is marked by steadily progressive disease activity with fewer periods of remission; and primary-progressive (PPMS), which is when the disease progresses steadily from diagnosis on, with no remission periods.

What are the symptoms?

MS symptoms are different for every person with the disease, depending on the nerves affected and the amount of damage they’ve incurred. Symptoms range from mild to severe and can include muscle rigidity or stiffness; weakness or poor coordination; numbness, tingling or pain; a sensation of an electric-like shock; slurred speech; fatigue; mood changes; vision problems; bladder and bowel problems; and cognitive difficulties. Some people live relatively symptom-free, while those with severe MS may need a wheelchair.

Luckily, while MS has no cure, medications *are* available that can slow progression and ease symptoms, even lengthening your remission periods from days to months or years. See the next page for more on the different treatment options. ▶

MS AT A GLANCE

947K

THE NUMBER OF AMERICANS DIAGNOSED WITH MS.

20-40
THE TYPICAL AGE RANGE FOR DIAGNOSIS.

3X
HOW MUCH MORE LIKELY WOMEN ARE TO DEVELOP MS THAN MEN.

How is MS diagnosed?

The disease is typically detected after a person seeks treatment for symptoms and tests rule out other conditions. MRIs are also used to look for lesions and other abnormalities associated with MS.

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 infusion; the majority 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 and help you manage symptoms. If you need help making changes in your life, try reaching 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.

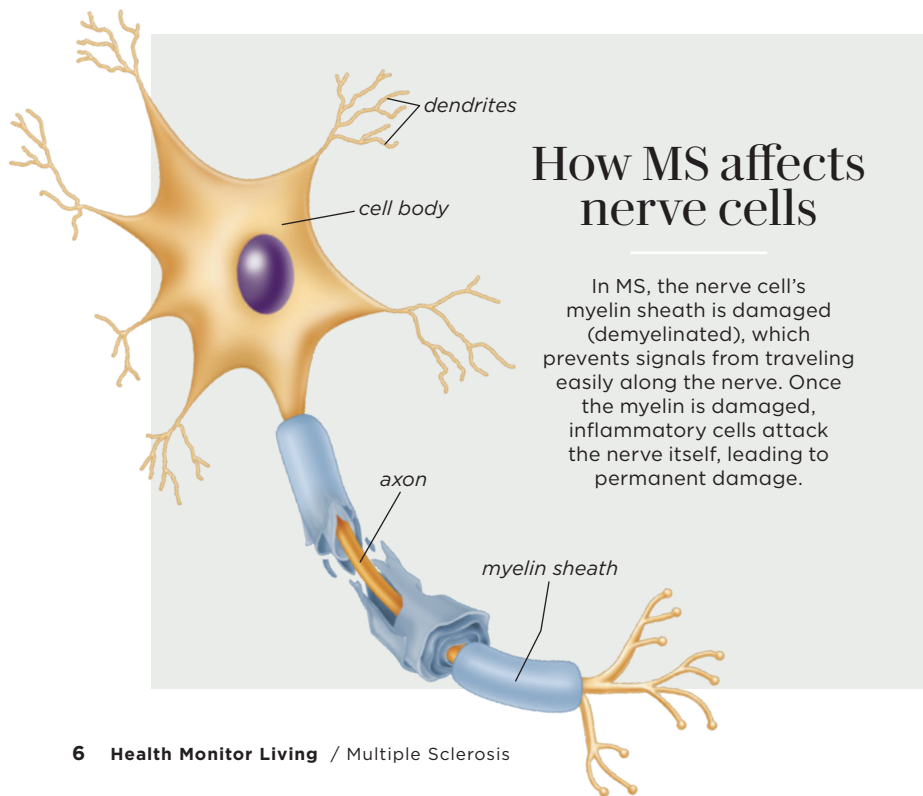
• **Exercise.** Activity that suits your capabilities can boost your mood, strength, cardiovascular fitness and even bladder and bowel function.

• **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 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.

• **Get enough rest.** Adequate quality sleep can help 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 disease-modifying therapies (DMTs) to treatments for relapses and therapies for symptom relief—finding what works for you is 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. ●



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 will develop a care plan to address the effects of MS and boost your physical 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.

“I’M NOT LETTING MS SLOW ME DOWN!”

When Diana Green began experiencing numbness in her legs, she went on a quest for answers that ended with a devastating multiple sclerosis diagnosis. Today, thanks to her disease-modifying therapy, she’s feeling great and sharing her story in the hope of inspiring others. —BY DANIELLE TUCKER

After Diana Green and her family moved from Ontario to rural Alberta in 2019, her family became more active than ever. Their new bucolic location allowed them the chance to explore nature, hike, play disc golf and enjoy everything the scenic mountain vistas offered.

In line with that, on a wintry day in January 2021, Diana, her husband, Devon, and son, Lawson, were enjoying an afternoon of ice skating. The next day, Diana woke up with the feeling of pins and needles in her leg.

“I thought I had maybe laced up my skates too tight,” she recalls. “My mobility was fine, so I didn’t think it was serious.” Unfortunately, the tingling feeling persisted over the following days. Then another strange symptom finally prompted Diana to call a nurse line a week later.

“I was shaving my legs and noticed there were places I didn’t have sensation.” The nurse was concerned and urged Diana to go immediately to the hospital. There, an EKG and bloodwork ruled out a heart attack and stroke but offered no explanations. Her symptoms pointed to something neurological, but she wasn’t able to get other scans at that time without a referral.

“I just wanted answers!”

Unfortunately, getting an appointment with a neurologist was a challenge during COVID, so it would be months before Diana would receive an answer to her health questions.

“It was frustrating—you don’t know what’s wrong, so you don’t know how to ‘fix’ it. By the time I got in to see the specialist, I had already had symptoms for a year.”

Diana was finally sent for an MRI, and the results came back showing two brain lesions. The diagnosis? Multiple sclerosis.

“That is something no one ever wants to hear,” Diana admits. “I was grateful to finally know what was wrong, but I had no idea what my future would hold.” The doctor was optimistic, however—because she had only two lesions, he didn’t think Diana needed to start any treatment.

“I was finally seeing improvement!”

Unfortunately, Diana’s symptoms didn’t subside, and a follow-up MRI months after the first revealed six more lesions—her MS was getting worse.

That’s when Diana’s doctor explained that medications called disease-modifying therapies (DMTs) could slow the pro-

“I have only positive things to say about my treatment and haven’t relapsed since I’ve been on it.”



Photos by Ryan James Photo

gression of her disease and reduce her risk of relapse. Diana was offered the choice between two DMTs—one in the form of an injection, the other an intravenous infusion. She chose the injection. “It seemed less invasive, more appropriate to my lifestyle and less scary all around.”

Diana began her treatment plan, and to her and her doctor’s relief, it worked—and is still working well nearly two years later.

“After my initial dose, I had flu-like symptoms within the first 24 hours, but I haven’t had any side effects since. Honestly, everything has been easy breezy so far—I have only positive things to say about my treatment and haven’t relapsed since I’ve been on it.”

These days, Diana is back being active with her family and focusing on the future. “I can’t do everything I once was able to, but I can still enjoy this rural life we’ve built. Fighting to get answers about my MS was frustrating, but now I’ve got a plan, I’ve got a treatment that’s working and I’m ready to see what the next chapter has in store.” ●



HOW TO THRIVE—DESPITE MS

Here, Diana shares her top tips.

Do your own research.

“MS is known as a snowflake disease because nobody has the exact same symptoms. Talking with others who are also managing the disease is comforting. I don’t recommend Googling your diagnosis, but do ask questions and discuss what you hear from others with your care team to see if their ideas could work for you.”

Share your story.

After moving to Alberta, Diana transitioned from a hairstylist to a social media content creator. You can find her on YouTube, TikTok and Instagram, where she creates innovative makeup looks under the handle *ItsJustDianaGreen*. “When I first started my social media accounts, I wasn’t expecting to share personal information. However, once I was diagnosed with MS, I thought that this might affect me in the long run, so I’d rather be straightforward and put it out on the table. I never realized how it would connect me with so many like-minded people in the same boat as me. I’ve found valuable information and support from MS forums and those online who share their journey. We live rural in the smallest town in my province, so finding in-person support is difficult. The online community has been helpful.”

Turn to your support system.

“When I found out I had multiple sclerosis, I was scared. I went through the different stages of grief. My husband was a huge support. He was very positive and made sure I wasn’t drowning in negative thoughts,” Diana recalls. “I’ve been so fortunate.”

Make lifestyle adjustments.

Diana still tries to be as active as possible but sometimes has to make adjustments. “I still have the pins and needles feeling occasionally, but no pain. We go on minor hikes. I’m not sure how I would do on longer, more challenging ones.” She admits her memory isn’t the same as it once was, and sometimes, she can’t articulate her thoughts. “I write everything down. If I don’t, I’m going to forget.”

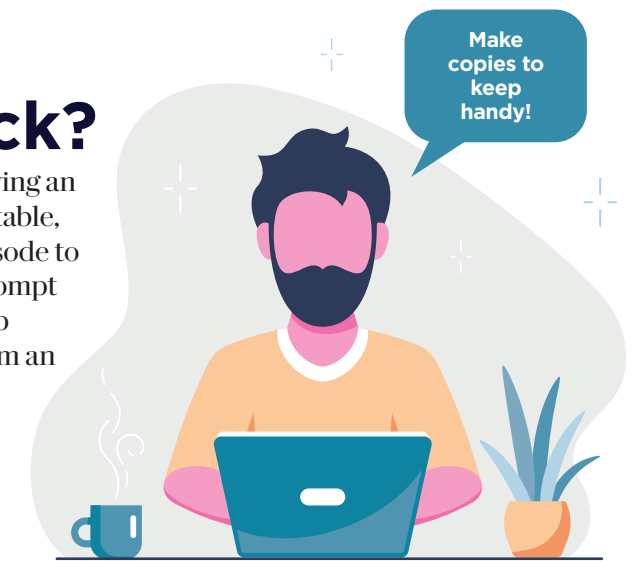
Prepare for warmer weather.

Diana loves the summer months, but MS can be more challenging to live with in the heat. “We installed central air to help prevent me getting flares when the temperature rises.” She also sticks to being outdoors during the cooler times of day, and tries to stay in the shade when it’s sunny out.

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 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 and report a suspected MS attack to your doctor ASAP.

| 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: |
|---|---|------------------------------|--------------------------------------|
| 7/28/2024 | 2 days | Left leg suddenly went numb. | Is this an MS attack? What can I do? |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 (for example, a fever, illness or overexertion)

WITH KESIMPTA FOR RMS,
**"I CAN FILL
 My TIME
 MY WAY."**

—**JAMIE-LYNN SIGLER**
 Mom, Actor, MS Advocate
 Started KESIMPTA in 2023

Here's why KESIMPTA® was Jamie-Lynn'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
 Jamie-Lynn
 discussed with
 her doctor



Jamie-Lynn S. has taken KESIMPTA and has been compensated for her time. MS, multiple sclerosis; 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 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 to your HCP if you have any of these signs and 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.

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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What is KESIMPTA?

KESIMPTA is a prescription medicine used to treat adults with relapsing forms of multiple sclerosis (MS) including:

- clinically isolated syndrome
- relapsing-remitting disease
- active secondary progressive disease

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

Do not use KESIMPTA if you:

- have active hepatitis B virus infection.
- 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.
 - **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 health care provider 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 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.mothersbaby.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.

YOU & YOUR CARE TEAM

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's 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 the 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. | | | | | |



“We’re EMBRACING our *new* normal!”

Both Shala and Julie have been living with multiple sclerosis for years, so they’ve learned a thing or two about managing the condition. Read on for their tips on recognizing early symptoms, advocating for yourself and thriving despite limitations. —BY DANIELLE TUCKER

“You can do anything!”

SHALA WEAVER, 47
ARMORY, MS

Don’t give in to denial.
Shala Weaver spent three decades serving patients as a nurse in the ER and Labor & Delivery units, so she was no stranger to diseases and disorders. After struggling with numbness for years, she finally had an MRI that revealed a brain lesion. “I didn’t want to hear that, so I didn’t return. My aunt died from MS years ago. I didn’t want to know that I had it, too,” she recalls. As symptoms progressed and began affecting her job, she reluctantly had further testing. In late 2022, she received the official MS diagnosis. “At that point, my cognitive function had gotten so bad, I felt I wasn’t a safe nurse anymore.” Being in denial cost Shala years of treatment that could have prevented the amount of damage she’d experienced. “Don’t ignore your symptoms. As hard as it is to go through the testing, it is worth it. Once you start your treatment, you can stop your decline and live a more symptom-free life.”

See Shala’s tips on the next page ▶

**Shore up your stamina.**

“It’s important to give yourself grace. My experience has taught me to plan my day and all activities before getting up and out, so I can prioritize what’s most important in case I can’t get everything done. It’s not a mind-over-matter thing—that’s one thing I’ve fought with. I have just so much stamina, and then I have to stop so I can preserve more stamina for later. It’s all about the planning.”

Educate yourself.

“Some things I’ve learned through trial and error, but the things that have benefited me the most came from becoming better educated about MS. Read everything you can, ask all the questions, and don’t be afraid to tell your care team if something doesn’t feel right to you. This diagnosis has been a blessing and a curse, but I also found parts of me that I never would have met if this hadn’t happened. It’s emboldened me and strengthened my resolve in ways I never thought possible.”

Find your cheerleaders.

“My husband is very supportive, and my children also take on caregiver roles. They help me sit up, cook meals, and reorient me when my mind slips. Sometimes, I lose the ability to speak and understand speech. It’s scary for them, but they have rallied around me. And if it weren’t for my friend Savannah, I would lie on the couch and do nothing. The support of family and friends is invaluable, and the kindness you give yourself is essential.”

“Don’t ignore symptoms. As hard as it is to go through the testing, it is worth it. Once you start your treatment, you can stop your decline and live a more symptom-free life.”



“Hold on to your joy!”

JULIE SACA, 40
ANTIOCH, CA

Recognize the signs.

After years of unusual symptoms that would come and go, it was left-side numbness that would finally send Julie Saca to the doctor. “When I was in my 20s and early 30s working as a night shift nurse, I noticed that walking to my car afterward was getting harder and harder. I thought it was odd but chalked it up to being tired. A few years later, I lost my vision in both eyes for a few minutes. I couldn’t see the phone screen to call my husband, Johnny. I did go to the eye doctor but was told it was probably just stress or astigmatism.” It wasn’t until Julie was 35 that a doctor would put all the pieces together and she would be diagnosed with multiple sclerosis.

Here, Julie shares some of the ways she’s learned to thrive along the way.

Photo by Alyse Panitz Photography

Assert and advocate.

Julie would manage her symptoms for a while with diet and lifestyle changes, but a post-COVID relapse and another loss of vision would send her to the ER. “When you have this disease, doctors look at you and see someone who can walk and talk and dismiss you. When I went to the ER, I was tired, scared and alone, but I found the fight to advocate for myself. I demanded to see the neurologist on call. They got him on the phone, and I was admitted. They found three new lesions on my brain, and I lost my vision for three months. Thank God, it was restored! Doctors are wonderful, but they are so busy sometimes they miss things. Had I not pushed, I might not be able to see today.”

Discover your purpose.

Julie has learned to give herself grace when she can’t do every activity with her 4-year-old son, John. “This disease took away the kind of mother I thought I was going to be. A lot of people would take that and shut down and be depressed. I’ll never let this disease take away my joy of being a mother. It will take certain things, but it won’t take that from me. I know I’ll get through it no matter how hard it gets. I’ll always be so happy and grateful to be John’s mom. He’s my purpose, the one who makes me strong.” ●

Health Monitor

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MS DIET After I found out I have MS I told my best friend and she said that cutting gluten out of my diet could “cure me.” I know that’s not true, but *are* there any changes I should be making to my diet to help lessen my symptoms or make my medication work better?

Q

A

Answers to your top questions about multiple sclerosis

A: Gut health and “food as medicine” is a hot point of research these days. And while it’s true that we are what we eat, there is not any strong evidence to suggest that dramatically changing your diet can change the course of your MS. I recommend the same diet to my MS patients that I recommend to all my patients: one that is high in fruits and vegetables, lean meats like chicken and fish and low in saturated fats. There is nothing wrong with a burger every now and then, but limiting your intake of red meat, saturated fats and processed foods is

the best way to stay healthy. The best food is usually the food you cook yourself with fresh ingredients that have gone through minimal processing. Vitamin D supplementation is also usually recommended for MS patients, but you can also get high levels in fortified milk, salmon, eggs and mushrooms.

INFUSION FATIGUE

Q: *I’ve been living with MS for a while, and my treatment seems to be working, but it’s given by IV infusion. Sometimes it’s really difficult to fit those appointments in my schedule and secure rides*

to receive them. Are there any other options I can try?

A: Yes, you have options! There are more oral medications now that are safer and with fewer side effects than the ones previously offered, as well as injectable medications you can self-administer at home. But keep in mind—if your current medication is preventing relapses, it is risky to switch to something new. Talk about these concerns with your neurologist to see if another medication would be a good option for you. Even if your doctor recommends you continue with your current infusion that is working well, you might be eligible for home infusions. I often work with a home health service who sends a nurse to patients’ homes. This is usually covered by insurance and makes infusions much more manageable and convenient! ●

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

Reap the mind and body benefits of meditation

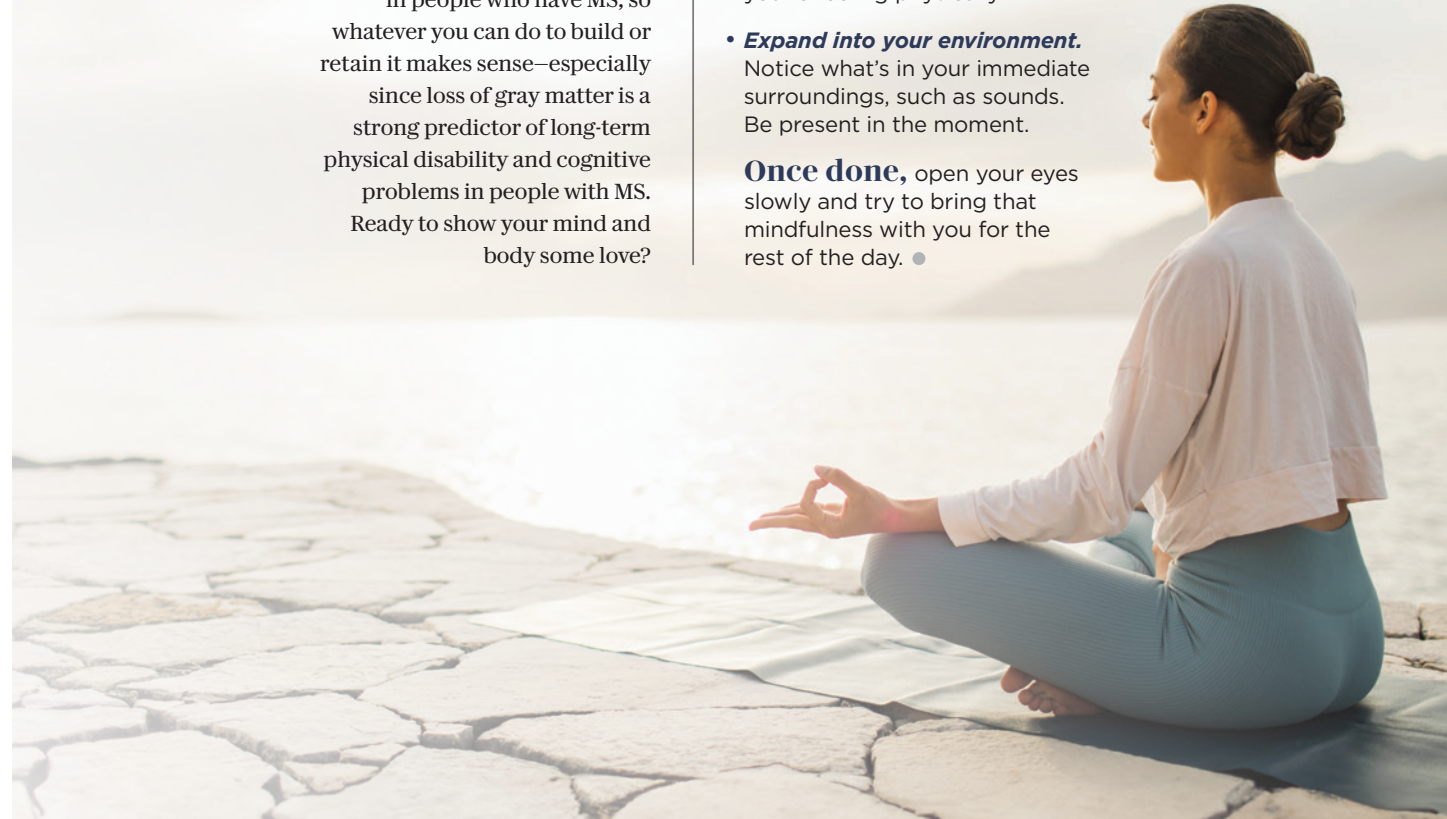
You know meditation can help you feel calmer and more grounded—and that’s important, since major negative stressful events seem to raise the risk for new or enlarging lesions in people with MS, according to a study in *Psychology Medicine*. What’s more, there’s another benefit you may not know about: People who meditate have more brain tissue—in particular, more gray matter volume, says a study in *NeuroReport*. Why that matters: Brain tissue deteriorates faster in people who have MS, so whatever you can do to build or retain it makes sense—especially since loss of gray matter is a strong predictor of long-term physical disability and cognitive problems in people with MS. Ready to show your mind and body some love?

TRY THIS SIMPLE MEDITATION

Find a quiet place to sit and close your eyes, then...

- **Tune into your current state.** Become aware of your surroundings and notice thoughts as they come up. Acknowledge feelings, then let them pass.
- **Focus on your breath.** For 60 seconds, notice the pattern of your breathing from your lungs to your stomach.
- **Concentrate on your whole body.** Expand your awareness into what you’re feeling physically.
- **Expand into your environment.** Notice what’s in your immediate surroundings, such as sounds. Be present in the moment.

Once done, open your eyes slowly and try to bring that mindfulness with you for the rest of the day. ●



FEEL YOUR BEST

DO YOU HAVE MS AND DEPRESSION?

Getting help for the mood disorder may help improve your MS symptoms.

It's normal to grieve the loss of certain abilities when you have multiple sclerosis, and to feel sad when fatigue, spasticity or any of the other symptoms of the disease mean you can't do the things you want. But what's the line between "normal sadness" and depression? It can be tricky to tell, especially since some signs of depression—such as fatigue, cognitive difficulties, and insomnia or excessive sleepiness—are similar to MS symptoms.

"Depression occurs in up to 50% of patients with MS during their lifetime," says neurologist Sylvia Klineova, MD, MS, a professor at the Icahn School of Medicine at Mount Sinai, NYC. Contributing factors related to MS may include unemployment, lack of social support and physical impairment, adds Dr. Klineova.

If you think you may be depressed, it's important to get evaluated by a mental health professional who has experience working with people with MS. Seeking a proper diagnosis and, if you need it, getting treated—whether through talk therapy, medication or both—can help improve your mood and sleep, reduce your physical discomfort and improve your ability to cope with MS.

Fill out the assessment below and review it with your healthcare provider, so you can be sure that your treatment plan is the best it can be.

IN THE PAST MONTH, I HAVE FELT:

| | Never | Sometimes | Often | Constantly |
|------------------|-------|-----------|-------|------------|
| Fatigued or weak | | | | |
| Anxious | | | | |
| Down, depressed | | | | |
| Sad | | | | |
| Unable to sleep | | | | |
| Fearful | | | | |
| Frustrated | | | | |
| Embarrassed | | | | |
| Resentful | | | | |
| Irritable | | | | |

IN THE PAST MONTH, I HAVE:

| | Never | Sometimes | Often | Constantly |
|--|-------|-----------|-------|------------|
| Had no appetite/skipped meals | | | | |
| Binged (overate) | | | | |
| Slept more than usual | | | | |
| Lost sleep or had difficulty sleeping | | | | |
| Declined social invitations | | | | |
| Cried more than usual | | | | |
| Stopped doing things I once enjoyed | | | | |
| Stopped caring about my appearance (my clothes, grooming) | | | | |
| Argued with others more than usual | | | | |
| Had trouble making decisions | | | | |
| Had more aches (headache, stomachache or other) than usual | | | | |



FEND OFF DEPRESSION

Depression can make it more difficult to follow your treatment plan and also make you less likely to follow through on healthy behaviors.

WHAT YOU CAN DO

- **Open up to your healthcare team.** They can assess whether you need to be treated for depression and/or if your treatment plan should be adjusted.
- **Get a handle on your treatment plan.** You may feel overwhelmed by all it takes to manage MS. Work with someone on your care team who can help you get through things. It can help just knowing someone's in your corner!
- **Share your feelings.** Consider expressing your emotions in a journal, with a trusted friend or, if you're okay with going public, in a blog, as well as with a licensed therapist. The important thing is you put words to your emotions and face them.

ANSWER YES OR NO:

I generally feel like my mood is suffering. yes no

If "yes," describe when you first noticed a change in your mood:

No one understands what I'm feeling. yes no

I don't feel like life is going to get better. yes no



Health Monitor Living

Questions to ask at today's exam



Scan this QR code for a free digital copy or home delivery

What do my symptoms tell you about my multiple sclerosis (MS)? Is it progressing?



Do you recommend a change to my treatment plan? If so, 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, 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.