

Explore
your treatment
options

P. 6

Brain games
that can
sharpen your
thinking!

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Living



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“I’ve found
my MS
superpower!”

Multiple Sclerosis

When busy executive Ashley Porter got blindsided by MS, she used her business savvy to find solutions. Today, she’s thriving—and has chosen to be a positive role model for others with the disease.

Health Monitor Living **Multiple Sclerosis**



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TCO24

Cover photo by Chloe Jackman Photography



Keep looking ahead!

If you’ve been struggling 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.

Sam B. always prided himself on staying fit. “I was a swimmer in high school, and then worked as a certified lifeguard in college,” says the 34-year-old sales manager. “Then in my 20s I got into hiking with friends, which I really enjoyed.”

When Sam started feeling unsteady on his feet during his frequent hikes, he knew something wasn’t right.

“Hikers do sometimes fall, of course, but I felt like I was tripping over my own feet. My legs would feel weak, and I started experiencing strange numbness and tingling in both my feet and legs.”

When a fall on a hiking trail ended up sending Sam to the hospital with a sprained ankle, he told the nurse about his recent symptoms.

“The nurse shared my symptoms with the ER doctor, who was concerned enough to refer me to a neurologist. I thought maybe I had a pinched nerve in my lower back so I was confused—why would I need to see a brain doctor rather than an orthopedic specialist?” ▶



Sam's neurologist had him undergo an MRI and other tests, and the news wasn't good: Sam had MS.

"It was like a punch to the gut. We didn't have a family history of MS, and I didn't know anything about it. I was really scared."

Sam took steroids and several other medications for about two years, but the symptom relief they offered was always temporary.

"It seemed like I'd feel okay for a while, but then the symptoms would come back after a few weeks or months," says Sam. "The side effects, like weight gain, were also unpleasant."

Sam's neurologist then recommended a disease-modifying therapy instead.

"She explained that the goal of the medication was to help slow the progression of the disease and prevent the constant relapses," Sam says. "I wasn't crazy about giving myself injections at home, but they taught me how to do it and it wasn't that bad. It's just part of my routine now."

The best news? Since starting the medication, Sam hasn't had any flares, and no new lesions have appeared in scans of his brain or spinal column. He also hasn't had any noticeable side effects from the medication.

"It's a huge relief that I responded so well, and it's absolutely improved my quality of life," Sam says. "I'm doing low-intensity hikes again on weekends, and feel like my old self. This medication gave me my life back!"

What about you?

Are you living life to the fullest, in spite of MS? Like Sam, you may be able to keep fit and active 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 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 Ashley's story on p. 8 or the tips from Eric and Brandi 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 current 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. A lumbar puncture (i.e., a spinal tap) may also be used.

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 ome-

ga-6 fats (from sunflower or safflower oil) may have benefits for people with MS.

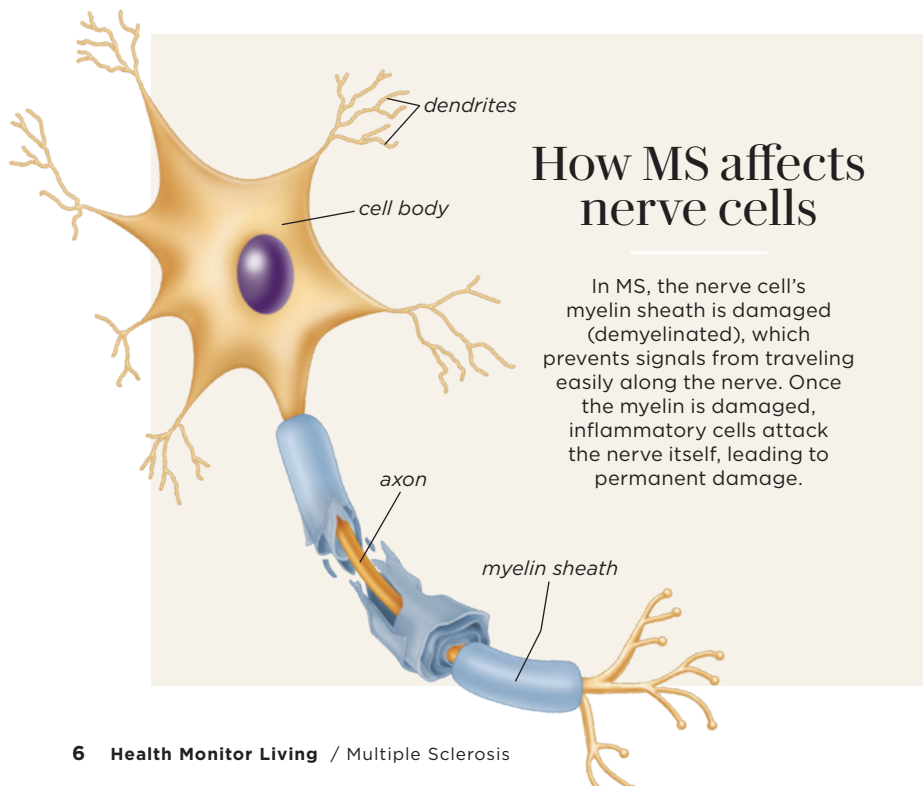
• **Exercise.** Activity that suits your capabilities can boost your mood, strength, cardiovascular fitness and even bladder and bowel function.

• **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 worsenings 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 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. ●



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.

“I’ve found my MS *superpower!*”

When busy transportation executive Ashley Porter got blindsided by MS, she used her business savvy to find solutions that felt right. Today, she’s thriving—and has chosen to be a positive role model for others with the disease. —BY DANIELLE TUCKER

As the California sun rises, you’ll likely find Ashley Porter building strength in the gym or joining her family for a day of watersports. Ashley, a transportation sales executive, cherishes these moments because a multiple sclerosis diagnosis two years ago made her wonder if the active life she enjoyed would still be possible.

Ashley started feeling “off” in the spring of 2022, but couldn’t pinpoint why. “I felt like I was slurring my words when I spoke,” the 47-year-old Discovery Bay, CA, resident remembers. But when she asked her husband, Greg Chittum, about it, he said he didn’t notice. Ashley blamed her busy life—juggling her career and the schedules of two teens. “I was getting cold sores, and that’s a tell-tale sign I’m stressed.”

Come summer, another symptom she dismissed: “I jumped up on the counter in the kitchen and noticed the back of my right leg was numb.” The feeling persisted, so she called her doctor, who reassured her it was

likely a pinched nerve. “Eventually, the feeling went away enough for me not to worry.”

It was something that happened in the fall that finally got her attention: After a trip to Arizona to visit family, Ashley’s husband said, “Remember when you asked me if you were slurring your words? You are now.”

“MS made me fearful for the future”

She headed to an urgent care center where, she says, “my tongue felt heavy, and my left side was drooping.” The doctors there sent her straight to the emergency room, where she was later admitted to the neurology unit. An MRI revealed lesions on Ashley’s brain, and a spinal tap ultimately confirmed the doctor’s suspicions—multiple sclerosis. “I was terrified of the testing, but my neurologist numbed me up well and walked me through what would happen step-by-step.”

Imaging tests revealed 26 lesions on Ashley’s brain, including one ac-

tive tumor-like lesion and five on her spine. She left on oral steroids and with a lot of uncertainty. “The only person I knew with MS used a wheelchair and had multiple health issues. I didn’t know what my future held.”

“A ‘spreadsheet’ led me to a self-injectable”

The following two months were filled with a series of second opinions and grueling tests. Through it all, Ashley kept up her appearances at work. “My boss knew what I was going through, but I didn’t tell others. I didn’t miss days. I always thought I could just push through. Looking back, I wish I had taken more time off initially and rearranged my schedule to lessen my stress.”

Ashley used a popular business approach when it came time to explore treatment options. “I made a spreadsheet to compare treatments. I included information like side effects, insurance coverage and costs.” After consulting with her doctor, she

“I’m ready to share my story and raise awareness—my work has just begun!”



Photo by Chloe Jackman Photography

ultimately chose a self-injectable that worked well with her lifestyle. “I took two loading doses initially, and now I inject it monthly. The support the company provides has been excellent. I have more frequent UTIs and chest colds, but otherwise, it’s tolerable and controlling my symptoms.”

“I choose to be a positive role model”

Living with MS is overwhelming at times, but Ashley is taking it in stride. “I can let my diagnosis be my kryptonite or my superpower. MS is here to stay, but I can choose to be a positive role model instead of feeling sorry for myself—that’s my superpower.” Ashley has taken the time to reflect on her early symptoms to help her and her doctor know what’s normal

and what may indicate the disease is progressing. “Lately, I’ve struggled with fatigue, but that’s not new. I have to work extra hard sometimes to remember things, but I’m thankful to have had no real progression since my diagnosis. Most days, if you look at me, you would never know I have MS. The greatest struggles are internal.”

“I’ve reprioritized my life”

Ashley has made changes to her wardrobe and her lifestyle. “I had to let go of my trademark high heel collection at work and switch to flats because I don’t feel steady on my feet.” Losing weight is no longer the goal of workouts. Instead, she and her trainer prioritize core and balance work. She’s learned to listen to her body and adapt accordingly. “I’m slowing down and

learning to say NO. I used to be a social creature, but now loud noises and big crowds are taxing. I have to determine where to expend my energy.”

After a period of denial, Ashley decided to accept her limitations and be part of the solution. “MS is a progressive disease with no cure, but the more I’m involved, the easier it is to accept. It’s powerful to be in a crowd where others thrive despite their diagnosis.” Ashley recently made a promise to herself to attend as many local MS functions as possible. She serves within the MS community through research, advocacy and support roles. “Two years later, my symptoms are managed, and I’m not terrified of everything I do. I’m ready to share my story and raise awareness—my work has just begun.” ●



Take strength in community

Ashley recommends finding your support circle and getting involved as soon as possible. “It’s comforting to know you are not alone and helpful to have a like-minded network who understands your struggles and concerns. It’s also encouraging to see people with all stages of MS being active and working toward a goal.” Ashley invites others to connect with her on Instagram @aporter4444 and recommends these other top sources of support:

Women Who Disrupt MS. Message @MSDisrupted on Instagram to get an invitation link to the next monthly meeting

National Multiple Sclerosis Society. Find resources and support at nationalmssociety.org

Walk, Bike or Climb for MS. Volunteer, participate and raise funding for MS in your community. Sign up for an event near you at nationalmssociety.org/how-you-can-help/get-involved

Photo by Chloe Jackman 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 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!

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.
- **Weakened immune system.** KESIMPTA taken before or after other medicines that weaken the immune system could increase your risk of getting infections.

What is KESIMPTA?

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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.

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 visit, so you and your care team can ensure 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.					



“Every day, we adapt and find *new ways* to push through!”

Before Eric and Brandi were diagnosed with multiple sclerosis, they knew little about the disease—today, they’re experts. Read on to learn how they deal with the everyday challenges and limitations while letting positivity and creativity shine.

—BY DANIELLE TUCKER

“Keep your eyes on the light!”

ERIC BUTLER, 39
LAS VEGAS, NV

Eric Butler first noticed the strange symptoms that would lead to his diagnosis in early 2020. “My legs felt heavy, like I was walking through wet sand, and my hands would spasm.”

He visited an urgent care center, but it took four months to see a neurologist due to pandemic backlogs. Once he was able to see the specialist, Eric was diagnosed with multiple sclerosis and prescribed an oral medication to help manage it.

Despite faithfully taking his medication, after a year his symptoms progressed to the point he had to take a leave of absence from his job as an operations manager for a commercial sign company.

“Leaving a job I loved was hard, but I stayed in touch with my em-

ployer. Every three months, I would call or go by the shop for a visit. My coworkers followed my journey on social media (@elbutlerlv702), so they knew what I was dealing with.”

Luckily, after working out a better treatment plan with his doctors, Eric was able to get his symptoms under control and return to work a year later. Here, he shares his other methods for taking back control from MS.

Find your circle.

“I drove myself crazy at first with negative thoughts. I finally found an online men’s group on Facebook called Men with MS (*yes, we do exist!*). Every Monday, we have a “Man Meeting” on Zoom where 20-30 guys sit and talk. The group



organizer brings in doctors to speak with us. It's nice to have one-on-one access to professionals so that we can ask questions about symptoms."

Tweak food and exercise.

Eric is now aware of how certain foods and activities affect his body. "Eliminating dairy has relaxed my symptoms." He's also found some favorite recipes in the book *The Best Bet Diet for MS*, developed by Ashton Embry, PhD, after his own son was diagnosed. Eric makes exercise a priority, too. "If you can walk, do it! I suffered a six-month exacerbation where I was walking with a cane, but I still kept moving. One day, I went for my walk and realized I could do it without support. Those small gains can mean everything, and staying mobile can help you get there."

Build a strong foundation.

Family time with his wife, Jameaka, and their four children keeps Eric grounded. He expresses himself through creative outlets like photography, graphic design and videography. Eric credits his unwavering faith in God and reliance on prayer for helping him keep his eye on the light. "I've gone through some dark places, but I know I'm going to make it through."



Photos by Eric Butler

"Don't let this disease define you!"

BRANDI SLOVINSKY, 35
PUNXSUTAWNEY, PA

Brandi Slovinsky was diagnosed with a brain cyst at the age of 21. As a result, she suffered for years with epilepsy and was in and out of the neurologist's office. When a routine MRI revealed two brain lesions in 2015, doctors assumed they were the result of post-pregnancy hormonal changes.

Brandi would experience periodic limb tingling and numbness over the following years, which gradually progressed to burning pain through her thighs and a loss of balance. As a painter, Brandi found that the numbness in her hands was impacting her ability to do what she loved—but still, she had no answers. Oddly enough, it was a pair of lost eyeglasses that would finally lead her to a diagnosis.

"I went to a new eye doctor for a replacement pair. He knew absolutely nothing about me or my health history, but he saw that my optic nerve was inflamed and immediately asked if I had multiple sclerosis." This conversation would send Brandi back to her neurologist, and a spinal tap would confirm the eye doctor's suspicions.

Thankfully, once diagnosed, Brandi was able to begin medication—a disease modifying therapy that helped lessen the numbness. Today she's happily painting again and eager to share her tips with others struggling with MS.

Consider family counseling.

"My husband, Josh, and I left the doctor's office the day I was diagnosed and didn't talk about MS again for two years. We drifted apart due to fear. We should have had early conversations. We should have gone to counseling. Today, we are doing well and in family counseling. MS doesn't just affect me. It involves the entire family."

Leave shame at the door.

"Don't be afraid to use mobility aids when you need them. One of my biggest fears at first was having to use a cane in public. I used to be very shy and we live in a small town where you get stares and questions if there is anything 'out of the ordinary' about you. Today, though, I have a cane at work,

at home, and in the car. I use one whenever and wherever I need to, and I ignore any unsolicited advice or comments and just do what I need to do."

Choose to fight.

"Living with MS is challenging, but I choose to find the beauty in disability. Disability doesn't dull my sparkle; it amplifies the best parts of me. MS doesn't define who you are, how you act, or how the world sees you. I choose to be strong. You have power within you if you choose to take it. It's kind of like war. You can choose to hide and pray that it won't come to you, or you can choose to fight. I choose to fight every day."

Find an outlet.

To help accommodate the tremors in her hands, Brandi's husband bought her special paintbrushes that are easier to hold. This gift inspired her to enter a brewery logo design contest—and she won! "Winning was the spark I needed to continue. This year, I decided to bring awareness to chronic

illness through my art." Brandi has painted an entire collection representing different aspects of her MS journey. Her *Crooked by MS* collection is displayed in local galleries and can be viewed on Instagram @crookedbarnbybrandi. ●

Health Monitor

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

Q

A

Answers to your frequently asked questions about multiple sclerosis

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.

BOTOX FOR PAIN?

Q: I'm a 65-year-old female, and while my MS pain is moderate, it often affects my upper gums and the left side of my face, which is uncomfortable. I read online that I could try a medical Botox treatment for pain management. Is this a good option?

A: Botox can be a great option for pain, especially if it's caused by spasticity. Spasticity occurs when muscles contract too much, leading to a cramp-like sensation and tension—and the muscles of the jaw and face may be vulnerable. Botox is a temporary treatment administered every 12 weeks and is tailored to each patient. Your neurologist will

determine which muscles are most affected and estimate how many units of Botox you may need. There is usually some trial and error to get the dose just right, but once you find the appropriate dose, it can be quite helpful. Most insurance companies cover it, but not all neurologists perform the injections. You will need to ask your neurologist if they are comfortable administering it or if they can refer you to another specialist.

RED LIGHT THERAPY?

Q: I've heard that red light therapy can be beneficial for MS symptoms, including decreasing inflammation. Is this a legitimate option?

A: Photobiomodulation (PBM) therapy, also known as red light therapy, is a novel approach to treating MS and other chronic degenerative diseases. PBM has been studied mostly in animals but appears to help with inflammation and promote cell longevity. While research is promising, it is not yet definitive. This therapeutic approach may become more widely used in the future, but currently it may be challenging to find a neurologist who offers it outside of a research trial.

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 day and applying darkening film to windows. ●

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?

- Zoc Doc zocdoc.com
- Health Grades healthgrades.com

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](https://www.youtube.com/@NoStressMS)
- National MS Society YouTube Channel [@nationalmssociety](https://www.youtube.com/@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/](https://www.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](https://www.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

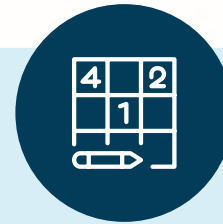
Sharpen your thinking with brain games!

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 help improve 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!



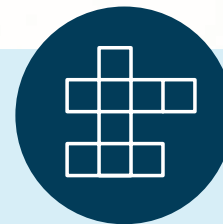
IF
NUMBERS
ARE YOUR
THING,
TRY...

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

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?



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



What are the risks, benefits and side effects of 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.