

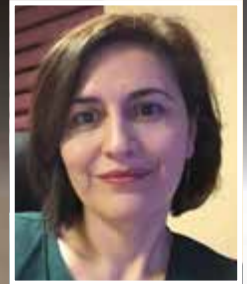
IOMSN[®]News

SPRING 2020 • VOL. 4, ISSUE 1

A Publication For – and By – IOMSN Members

Celebrating Diversity: Caring for Hispanic/ Latino Patients with MS

- Vaccine Guidelines
- Vitamin D and MS
- Interview with a Male NP
- CMSC Annual Meeting Preview
- Northeast Regional Liaison



Anna Castro,
NP, MSN,
DNP-Candidate,
Offers Tips on
Caring for Hispanic/
Latino Patients
with MS



IOMSN
International Organization
of Multiple Sclerosis Nurses

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3 University Plaza Drive, Suite 116
Hackensack, NJ 07601

Tel: (201) 487-1050

Fax: (862) 772-7275

Web: <http://iomsn.org>

Email: info@iomsn.org

IOMSN President

Patricia Pagnotta,
MSN, ARNP-C, CNRN, MSCN

IOMSN Executive Director

June Halper,
MSN, APN-C, MSCN, FAAN

IOMSN^{News} Editor

Marie Moore, MSN, FNP-C, MSCN

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Susan Panetta

Editorial Director

Nancy Monson

Contributing Writer

Colleen Elliott

Art Director

James Ticchio

Proofreader

Pete Kelly

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THE CONSORTIUM OF
MULTIPLE SCLEROSIS CENTERS

2020 CMSC/IOMSN Annual Meeting

May 27-30, 2020

Orlando World Center Marriott

8701 World Center Drive • Orlando, FL 32821

IOMSN/CMSC ANNUAL MEETING SCHEDULE

To register for the Annual Meeting or to obtain more information,
visit <http://www.ms-care.org/2020> or call 201-487-1050.

Wednesday, May 27

8:00-9:30 AM	Advancing MS Care Through Advocacy
9:45-11:15 AM	Independently Supported Symposium
11:30 AM-1 PM	Opening Luncheon and John F. Kurtzke Memorial Lecture
1:15-3:15 PM	Whitaker Platform Presentations and Clinical Courses
3:30-5:00 PM	Independently Supported Symposium
3:30-6:30 PM	Exhibit Hall/Opening Reception
5:15-6:15 PM	Product Theater
6:00-8:00 PM	IOMSN Networking Reception

Thursday, May 28

6:00-7:00 AM	Sunrise Yoga
7:00-8:00 AM	Independently Supported Symposium
8:00-8:45 AM	Presidential Lecture
9:00 AM-12:00 PM	Fundamentals of MS Care and Symposia
11:30 AM-2:30 PM	Exhibit Hall Open
12:15-1:15 PM	Independently Supported Symposium and Product Theater
1:30-2:30 PM	Nursing Professionals Roundtable/ IOMSN Awards and Elections
2:45-4:45 PM	Platform Presentations and Clinical Courses
4:30-7:00 PM	Exhibit Hall Open (Poster Session 5:00- 7:00 PM)
5:00-6:00 PM	Product Theater

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Letter FROM THE Editor

A NEW DECADE FOR THE IOMSN: FOCUS ON DIVERSITY

Poet Maya Angelou once said, “We all should know that diversity makes for a rich tapestry, and we must understand all the threads of the tapestry are equal in value no matter what their color.”

Today, we are a multicultural society, and many MS nurses are treating patients of diverse ethnicities and cultures. IOMSN members have asked for information that can increase their awareness of the needs and priorities of these patients. As a result, *IOMSN* will feature an article called “Celebrating Diversity” in each issue this year. We’ll start with a focus on Hispanic/Latino patients with guidance from Anna Castro, NP, MSN, DNP-Candidate, Neurology Nurse Practitioner at the Neurology Center of San Antonio, in Texas. (And by the way, Anna says the terms “Hispanic” and “Latino” can be used interchangeably, although younger people seem to prefer “Latino.”)

The goal of the “Celebrating Diversity” series is to help us improve our communication skills as MS providers interacting with patients who are different from ourselves, and provide the best care to various patient types. We look forward to your feedback on this new feature as we aim to serve our readership with information that will make a meaningful impact on the care you are providing to patients each and every day.

Speaking of diversity, we also have our usual array of articles and news in this issue, on hot topics such as:

- Vaccine guidelines;
- Vitamin D and MS;
- What it’s like to be a male NP in a female-dominated field;
- The CMSC Annual Meeting preview; and
- An interview with IOMSN’s Northeast Regional Liaison, Joan Ohayon, MSN, BSN, CRNP, MSCN.

As we move into the 2020s, we hope you continue to find *IOMSN* helpful in your practice as an MS nurse.

Sincerely,

Marie



Marie Moore,
MSN, FNP-C, MSCN
Editor, *IOMSN*

Reminder!

**Multiple Sclerosis
Certified Nurse Exam**

Application Deadline: April 22, 2020

Testing Date: May 27, 2020

Site: CMSC Annual Meeting in Orlando, FL

CELEBRATING DIVERSITY

Caring for Hispanic/Latino Patients with MS

Multiple sclerosis (MS) nurses work with patients and families from all backgrounds over decades after someone has been diagnosed with the disease. As MS prevalence increases, it has also spread to a wider demographic of patients, presenting a range of individual issues that impact on patient care and outcomes. Within the Hispanic (or Latino) population, social determinants of health including language barriers, cultural beliefs, family dynamics, health literacy, and access to care all require special attention. In this new *IOMSN* series on diversity, Anna

Castro NP, MSN, DNP-Candidate, a neurology nurse practitioner at the Neurology Center of San Antonio, Texas, discusses ways for MS nurses to manage these unique challenges.

Ms. Castro was born a US citizen in San Antonio and was raised in Mexico, speaking Spanish as her first language. She became a nurse and married in Mexico before returning to the United States at the age of 23. She and her husband moved to San Jose, CA, where she got her first job at Stanford University and took the US Boards for her RN, specializing in surgery and neurology. Her first exposure to MS came after relocating to San Antonio, Texas, to be closer to her parents, where Ms. Castro was hired into the neurology department at the Veter-

“All family members will be listening and asking questions so they can help their loved one. Providers need to fully explain the causes and mechanisms of the disease and how and why the disease-modifying therapies (DMTs) work so that family members do not counter medical advice later and tell the patient not to take the DMT.”

— ANNA CASTRO,
NP, MSN, DNP-CANDIDATE

ans Affairs Administration. “They didn’t have an MS specialist there at the time, and working with patients with MS, I became very interested in the field,” she says. Three years ago, she was awarded an IOMSN mini-fellowship at the Multiple Sclerosis Clinic of Central Texas at Central Texas Neurology Consultants under director Edward J. Fox, MD, PhD. “For 2 days I got to follow Dr. Fox and the nurses around the clinic and the infusion center. I learned so much about how they manage their patients.”

With the help of the IOMSN, Ms. Castro was then connected with neurologist Ann Bass, MD, in San Antonio, and joined her practice in 2018, where she has become the primary liaison to Hispanic patients.

MS Prevalence in Hispanics

Race, ethnicity, and geographic location play major roles in the development of MS. In general, these demographic factors have favored Hispanic individuals, who are affected with MS at a much lower rate than non-Hispanic whites or blacks. In the past, the World Health Organization (WHO) had reported a global prevalence of 35 cases per 100,000 population compared to a case prevalence among Hispanics of 11 cases per 100,000. Today, however, MS is increasingly being seen in all ethnic groups, with a particularly significant growth in people of Latin American descent. According to US Census Bureau statistics from 2012, at the current rate of increase it is projected that Hispanics will represent nearly 1/3 of all MS cases by the year 2060.

Managing Hispanic Patients with MS

“The first thing to remember is that Hispanic patients with MS, like patients of all ethnicities, are scared. They don’t know what’s wrong with them, and their health literacy tends to be very



Anna Castro,
NP, MSN,
DNP-Candidate
Neurology Nurse
Practitioner
Neurology Center
of San Antonio
San Antonio, TX

low,” says Ms. Castro. An epidemiologic study reports that 65% of Hispanics have only basic health knowledge or lower, compared to 28% of non-Hispanic whites. Because of this, Hispanic patients are less likely to try to evaluate a provider’s credentials in treating MS and more likely to rely on their cultural inclination to favor a provider who appears to be caring. “Hispanic patients want you to be part of their family and treat them like they are special and important, and not just a patient file,” says Ms. Castro.

Many features of Hispanic culture also have a major impact on the way a nurse needs to interact with Hispanic patients with MS, and on the ultimate success of the treatment plan. Ms. Castro says the most important thing to know is that treatment of a Hispanic patient is typically a family affair. “Unlike our white patients who usually come alone to visits, Hispanics are likely to bring multiple family members to the first visit, and one or two family members to subsequent visits.” For this reason, Ms. Castro emphasizes that it is important to direct patient education to the entire family, as future decisions will be made by the group—or at least its key members. “All family members will be listening and asking questions so they can help their loved one. Providers need to fully explain the causes and mechanisms of the

disease and how and why the disease-modifying therapies (DMTs) work so that family members do not counter medical advice later and tell the patient not to take the DMT.” And when it comes to choosing a therapy, patients will be very deliberate, and the whole family will discuss their options before a decision is made, she reports.

When Providers Don’t Speak Spanish

Language presents an obvious barrier to competent care for Hispanic patients with MS, and many MS nurses do not speak Spanish. Some practices will specifically hire someone like Ms. Castro to work with their Spanish-speaking population, but there will still be times when MS nurses may have to deal with patients or families without a translator. “It’s helpful to remember in these cases that 95% of what people perceive is nonverbal, so things like eye contact, tone of voice, body language, and gestures become very important in these patient interactions,” she says, adding that, “Hispanic people understand a caring tone of voice, and many patients and family members understand at least a few words of English.”

She also reminds nurses to assess how much information is actually being understood, and seek to address inadequate communication and comprehension levels. “You can do this by asking patients to tell you in their own words what they have understood from your conversation,” she advises. “Ask if they have any questions. Be sure to use the phrase, ‘What questions do you have?’ rather than asking ‘Do you have any questions?’ because the latter will most probably prompt a ‘no’ answer.” In short, she suggests aiming to deliver culturally competent care by listening attentively to patients and respecting their perspectives, beliefs, and decisions without judgement.

Cultural Barriers

Cultural beliefs present unique challenges to treating Hispanic patients. Hispanic families are driven by strong family values in which cultural beliefs about illness often inform inappropriate decision-making. It is common for Hispanic families to attribute many chronic diseases, including MS, to powers wielded by strong emotions: *susto/corejo* (fright/courage), *ataque de nervios* (attack of nerves), and *tristeza* (sadness). In one study, up to 1/3 of migrants surveyed using a questionnaire

(Continued on page 6)



reported having experienced at least one of these “culture-bound syndromes.” Women were more likely to report having had all three. According to Ms. Castro, these beliefs can undermine both the initial acceptance of the diagnosis and prognosis, and future adherence to treatment.

There is no single approach to treating MS in Hispanic individuals. Studies have shown that the specific cultural beliefs affecting perceptions of illness and treatment vary across different Hispanic groups. Epidemiologic studies have also shown variations in disease presentation and course among people from different Hispanic subgroups, so providers have to take care to treat each patient individually.

Talking About Preventive Care

For many reasons in addition to language and cultural barriers, it is difficult to engage patients and families in a plan of preventive MS care. Ms.



Castro observes that most will not seek care at the early signs of disease but will wait until it has become disabling and stops them from working to visit a provider. Hispanic patients also have many economic barriers blocking access to competent care, and so other members of the family are unlikely to be evaluated for MS risk.

Hispanic patients with MS often have unmanaged comorbidities, including hypertension, high cholesterol, and diabetes; therefore, careful attention to general health and lifestyle strategies are important to MS management. It is especially difficult to get Hispanic patients to successfully adopt changes to diet and undertake an exercise plan. Ms. Castro also notes a higher tendency toward depression in Hispanics, which is likely to go unreported due to cultural beliefs that such feelings should not be discussed. “It may take some effort on the part of the provider to uncover depression signs and symptoms,” she says. “For this reason, it is very important to screen for depression at every visit and recognize that Hispanics are likely to downplay depressive symptoms.”

Hispanics need a lot of education on all aspects of health, as well as about their MS condition, according to Ms. Castro. This information should be delivered at every visit, tailored to the patient’s medical history, family situation, and lifestyle, she says. The information should be geared to an eighth-grade level of education or lower, and reinforced by written brochures in English or Spanish if available, and by referencing pictures, videos, or websites they can view. 🌐

Tips for Managing Hispanic Patients with MS

- Ask patients to write down a list of questions and fill a diary with symptoms to review at the next visit.
- Perform a depression screen at every visit.
- Direct education at a low literacy level so patients and family can understand it.
- Don’t give too much information, as it can become overwhelming and confuse patients.
- Be genuine, and show that you care.
- Use nonverbal cues to reduce the stress of the visit—smile, make eye contact, and sit to listen.
- When you speak to patients, include the whole family, as they won’t make treatment decisions without them.
- Check on key family members’ availability for all future visits to avoid having decisions postponed until after they are consulted.

VACCINE GUIDELINES FOR PATIENTS WITH MS

Routine vaccinations are a staple of preventive care for both healthy people and patients with chronic illnesses such as multiple sclerosis (MS). Yet we are living in a time of vaccine skepticism. In particular, MS providers and patients may have concerns about the safety of immunizations, fearing that receiving vaccines will lead to relapses. Providers, too, may be confused as to the best timing for vaccines for patients taking different disease-modifying therapies (DMTs), given that immunosuppressant/immunomodulating drugs may interfere with the development of antibodies and the desired immune response.

In 2019, the American Academy of Neurology (AAN) released a new guideline specifically

on vaccine-preventable infections and immunizations for people with MS (<https://www.aan.com/Guidelines/home/GuidelineDetail/974>). This guideline updates a previous document published in 2002, before the advent of many of the oral and infusible DMTs now on the US and Canadian markets. After reviewing the available evidence, the guideline panel recommended that people with MS receive vaccinations recommended by the Centers for Disease Control and Prevention



Lori Mayer,
DNP, APRN, NP-C,
MSN, RN, MSCN
Central Texas
Neurology
Consultants
MS Clinic of
Central Texas
Round Rock, TX

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Vaccines Presumed Safe for People with MS

Vaccine	Use in People with MS
Chickenpox (varicella)	This vaccine is considered safe
Flu	The inactivated injectable flu vaccine is recommended for people with MS on a yearly basis; the nasal and high-dose flu vaccines are not
Human papillomavirus	This vaccine is probably safe
Hepatitis B	This vaccine is considered safe
Measles-mumps-rubella (MMR)	These vaccines are considered safe for individuals not on immunosuppressant medications
Pneumonia vaccines	Both available pneumonia vaccines are inactivated and can be given to people with MS
Polio	This vaccine is considered safe
Shingles	The newest shingles vaccine is probably safe for people who have previously had the chickenpox. Note: The vaccine is given in two doses and may cause significant flu-like adverse effects
Smallpox	This vaccine should be given to anyone who has been directly exposed to smallpox
Tetanus	This vaccine is considered safe
Tuberculosis (Bacillus Calmette-Guérin)	This vaccine is considered safe

Sources: American Academy of Neurology (<https://www.aan.com/Guidelines/home/GuidelineDetail/974>), Centers for Disease Control and Prevention (<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>), National Multiple Sclerosis Society (<https://www.nationalmssociety.org/Living-Well-With-MS/Diet-Exercise-Healthy-Behaviors/Vaccinations>).



Vaccine Guidelines (Continued from page 7)

(CDC, <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>), including an annual flu shot.

“We reviewed all of the available evidence and [found that] for people with MS, preventing infections through vaccine use is a key part of medical care,” reported Mauricio F. Farez, MD, MPH, who was the lead author of the guideline. The guideline has been endorsed by the Consortium of Multiple Sclerosis Centers (CMSC) and by the Multiple Sclerosis Association of America (MSAA). Importantly, the panel found no association between vaccinations and the development or worsening of MS.

According to Lori Mayer, DNP, APRN, NP-C, MSN, RN, MSCN, of Central Texas Neurology Consultants and the MS Clinic of Central Texas in

Round Rock,

“Vaccinations are part of a wellness strategy for patients with MS that also includes review of diet and exercise.”

— LORI MAYER,
DNP, APRN, NP-C, MSN, RN, MSCN

“The AAN systematic review showed that people with MS are at the same risk of infection as those who don’t have MS.

It also showed clearly that we are lacking

data on vaccinations in people with MS, particularly those on immunosuppressant/immunomodulating therapies, and we need more research in this area.”

Vaccines May Prevent Relapses

It is well known that infections can trigger MS relapses and progression of disability, and the evidence amassed to date suggests that vaccines to prevent infectious diseases can minimize this risk. Vaccines that are considered safe for people with MS to receive include inactive, non-live vaccines like the seasonal flu shot (but not the nasal spray that contains live virus), hepatitis B, varicella, and tetanus. Although there is not enough evidence to state categorically that live vaccines may cause an MS relapse or progression of disability, they are not usually recommended for patients due to the fear of such an event, she says.

A 2017 review of 51 studies found no association between relapses in people with MS and non-live immunizations such as those against

Vaccine Basics for MS Nurses

“Vaccinations are part of a wellness strategy for patients with MS that also includes review of diet and exercise,” says Ms. Mayer. “There needs to be a customized discussion of the risks and benefits of various vaccines for individual patients, and education can improve patient confidence in the role of vaccines in preserving their health.” In caring for patients, in general:

- Follow AAN and CDC guidelines for vaccinations.
- If you are starting a patient on an immunosuppressive/immunomodulating agent, consider vaccinating first. Most patients should receive vaccines at least 4 to 6 weeks before starting an immunosuppressant/immunomodulating therapy.
- Consult the product inserts for individual DMTs to ascertain the best timing for vaccines related to each specific agent.
- Do a blood workup to determine a patient’s immunity to viruses before starting a new DMT, treat infections, and advise on vaccinations as needed.
- Counsel patients about the risk of infection related to certain immunosuppressant/immunomodulating therapies.
- Discuss the risks and benefits of vaccines with patients on a regular basis, and at least annually.
- Delay vaccinations in patients with MS who are in the midst of relapses.
- Avoid live vaccines in patients with MS.

hepatitis B virus, H1N1 flu virus, tetanus, and tick-borne encephalitis. However, there was some indication that vaccination against yellow fever (a live vaccine) might increase the risk of an MS relapse. 🌐



THE CONSORTIUM OF
MULTIPLE SCLEROSIS CENTERS

2020

ANNUAL MEETING

May 27 - 30

Orlando World Center Marriott
Orlando, Florida

The
largest
North American
educational conference
for multiple sclerosis
professionals and
researchers

LEARN

how to integrate comprehensive care strategies into the multidisciplinary management of MS to promote improvements in overall quality of life for patients. Identify the specific healthcare professionals involved in a healthcare team and their professional roles. Understand the importance of the healthcare team in relation to overall well-being for persons with MS.

NETWORK

with peers and industry colleagues in the Exhibit Hall and other scheduled events as well as during impromptu meet-ups. The CMSC Annual Meeting offers unparalleled opportunities for interaction and encourages the development of new relationships while fostering a sense of community for MS professionals.

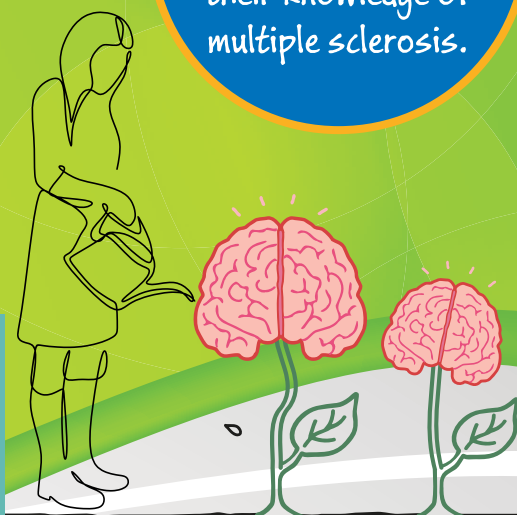
REGISTER ONLINE AT
WWW.MSCARE.ORG/2020

PATIENT PROGRAM

More About MS Coming of Age with Multiple Sclerosis

May 29, 2020 (11:00 - 5:00 pm)
Orlando World Center Marriott
Orlando, Florida

An educational
program for those
interested in updating
their knowledge of
multiple sclerosis.



MORE ABOUT MS REGISTRATION

www.mscares.org/event/MoreAboutMS

PRACTICAL RECOMMENDATIONS FOR ACHIEVING APPROPRIATE VITAMIN-D LEVELS IN PATIENTS WITH MS

The link between vitamin-D status and multiple sclerosis (MS) has been a popular topic of exploration among researchers, with studies producing mixed results. In general, diminished vitamin-D levels have been shown to play a role in the development of MS, while adequate vitamin-D status correlates with reduced prevalence, severity, and progression of MS. Recent evidence suggests that careful attention to maintaining vitamin-D levels may have benefits for the course of existing MS and can aid in preventing the disease. In addition, four clinical trials are underway to determine the efficacy of vitamin-D supplements for the treatment of MS.

Highlights of the literature include:

- A Nurse's Health Study cohort of 200,000 women that found daily intake of 400 IU of vitamin D reduced the risk of MS by 40%.
- A Canadian prospective study of demyelination in children and adolescents, which demonstrated that higher 25-hydroxyvitamin D [25(OH)D] levels were associated with a lower risk of MS.
- A prospective study of more than 7 million US military personnel that reported a 51% reduction in MS risk with 25(OH)D levels of 100 nmol/L or higher.
- Harvard School of Public Health research, which concluded that low vitamin-D status early in the disease course predicted greater disease severity and faster progression.
- A University of California study that found higher 25(OH)D blood levels were associated with lower brain lesion activity.

Vitamin-D status is best measured by serum concentration of 25(OH)D, which is derived from both D2 (ergocalciferol) and D3 (cholecalciferol) taken in from all sources (food, sun exposure, and supplementation). Definitive guidelines for optimal levels and the best ways to achieve them have not been established. For that reason, the Multiple Sclerosis Society of Canada (MSSC)

convened a panel in 2016 to draw up a series of practical, evidence-based recommendations for vitamin-D intake in individuals with MS and first-degree relatives (parents, children, and siblings) who are considered to be at risk for developing the disease. These recommendation statements (which can be found at <https://mssociety.ca/library/document/Vka6RXcnOizNm9sI-wuWvroxejlhLqTJ8/original.pdf>) have since been endorsed by the Consortium of Multiple Sclerosis Centers (CMSC).

Evidence-Based Statements

The report released by the MSSC panel includes central statements on the impact of vitamin D in four areas of concern to MS: prevention, disease modification, comorbid conditions, and toxicity.

Prevention

In the absence of direct evidence to support supplementation, the panel recommends that people at risk for developing MS adhere to the Health

RDAs for Vitamin D According to Age

The recommended dietary allowances (RDAs) and maximum tolerated amounts are:

Age	RDA	Maximum Tolerated Dose
Infants 0-6 months	400 IU	1000 IU
Infants 7-12 months	400 IU	1500 IU
Children 1-3 years	600 IU	2500 IU
Children 4-8 years	600 IU	3000 IU
Children and Adults 9-70 years	600 IU	4000 IU
Adults >70 years	800 IU	4000 IU
Pregnant and breastfeeding women	600 IU	4000 IU

Sources: US Institute of Medicine (now the National Academy of Medicine) and Health Canada, <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/vitamins-minerals/vitamin-calcium-updated-dietary-reference-intakes-nutrition.html>.

Canada-recommended daily vitamin-D3 supplementation range for healthy adults and children (600 IU up to 4,000 IU for individuals at risk of low vitamin-D status) to achieve and maintain a serum vitamin-D target level of 50-125 nmol/L (20-50 ng/ml) for reducing MS risk.

It is strongly suggested that children of parents with MS take supplements to reach and maintain the serum target vitamin-D range of approximately 75 nmol/L (30 ng/ml) with continued monitoring. Women of childbearing age should take a prenatal multivitamin that includes vitamin D to achieve intakes of 600 IU/day up to 4,000 IU/day, especially if they have a risk for MS. Supplementation should continue throughout pregnancy and during breastfeeding, with

healthy, full-term babies also receiving a vitamin-D supplement of 400 IU/day.

Disease Modification

Recent evidence points to the potential to modify the MS disease course in adults through vitamin-D supplementation. A 2019 review found evidence for benefits of vitamin-D supplementation in five of 10 studies, specifically for patients with MS who had serum levels in the low-normal range.

Vitamin D is not recommended as a sole or primary treatment for MS, but as an adjunct to pharmacotherapy. Although the most effective doses have not been established, observational studies have suggested that a serum 25(OH)D level in the range of 50-125 nmol/L (20-50 ng/ml) is a good target.

(Continued on page 23)

HOW TO COUNSEL PATIENTS ABOUT GETTING VITAMIN D

Natural Sources of Vitamin D

While the body can synthesize vitamin D in the skin when exposed to ultraviolet radiation from sunlight, exposure is unreliable during winter months and in climates where there is less sunlight. Because people with MS are frequently housebound, they are less likely to produce significant amounts of vitamin D from sun exposure than healthy individuals.

- Even though most MS patients are not likely to get excessive sun exposure, it's still important for them to use sunscreen to protect against skin cancer. A sun protection factor (SPF) of 30 provides sufficient protection while allowing enough ultraviolet rays to be absorbed by the skin to produce vitamin D.
- Patients with darker skin should be counseled that they are likely to produce less vitamin D from sun exposure than light-skinned individuals and need to maintain adequate levels from other sources, particularly supplements.

Dietary sources including fatty fish (such as salmon and mackerel) and egg yolks can provide some of the daily recommended intake. A



second, but more significant dietary source, is vitamin-D fortified foods, such as milk, orange juice, and plant-based products.

Supplements

Many people also take daily vitamin-D supplements in the forms of vitamin D3 (cholecalciferol) or plant-based D2 (ergocalciferol). These products are not regulated, and their quality and potency can vary significantly across brands.

- Remind patients taking vitamin-D supplements that it is a fat-soluble vitamin, and should be taken following a high-fat meal for best absorption, or with high-fat foods such as avocados, nuts, fatty fish, and extra-virgin olive oil.
- There is no best time to take vitamin-D supplements. The body can absorb vitamin D at any time of day.
- Some people may choose to take spoonfuls of cod liver oil for vitamin D. You should explain to patients that cod liver oil is considered less safe than vitamin-D supplements, as it may contain vitamin A at levels higher than Health Canada recommends. Vitamin-D supplements are preferred.

Q&A WITH HARRY LAY, RN, MSN, FNP-BC: A MALE PERSPECTIVE ON THE FEMALE- DOMINATED FIELD OF MS NURSING

Harry Lay, RN, MSN, FNP-BC, is a nurse practitioner at Raleigh Neurology Associates in Raleigh, North Carolina. He earned his undergraduate degree from the Medical College of Georgia and his Masters in Nursing from the Medical University of South Carolina. In addition to working in the field of MS, he worked at The Preston Robert Tisch Brain Tumor Center at Duke University.

Q: Please give us an overview of your background, training, and current position.

A: I graduated from the Medical College of Georgia with my bachelor's degree in 1994. After I completed my training, I was a floor nurse for a year, and then worked in a combined surgical and cardiothoracic intensive care unit (ICU). While I enjoyed my role as an ICU nurse, and I enjoyed working at the bedside, I wanted to take my career in a different direction. At that point, I attended the Medical University of South Carolina and completed my training as a family nurse practitioner (NP) in 1999.

My first position as an NP was in a neurology practice that was primarily focused on multiple sclerosis (MS) and headaches. I worked with a neurologist who was a fantastic mentor, and through him I learned how to provide a high level of care. We were working with people who had been diagnosed in the 1980s and 1990s—a time when MS looked very different from today. I had to learn how to manage symptoms and conduct an interview without making patients feel like they were playing 20 questions. I had to learn how to connect and earn someone's trust, and that took a long time in some cases. I learned that when patients felt like they could be honest, we were able to treat them more effectively. That was very rewarding.

Currently, I'm an NP in the MS center at Raleigh Neurology. I primarily see people with MS, but I also see some general neurology patients.

Q: What made you want to go into MS nursing and become an NP?

A: As a staff nurse in the ICU, I thought I would train to become a certified registered nurse anesthetist (CRNA). I soon realized that I enjoyed

building relationships with patients, and that I could learn more from a person when they were awake than when they were asleep. I have the greatest respect for CRNAs, and it is a great field, but I decided to take my career in another direction, and I went to graduate school to become an NP.

After graduating, I answered an ad in the newspaper for a position at a neurology practice in Atlanta. At that point, I hadn't had a lot of experience in neurology or MS, but I had always found them fascinating. It turned out to be one of the best experiences of my life.

I felt like I was diving into the deep end of the pool. I loved working there because it appealed to the problem solver in me. MS causes permanent disorder in the nervous system, and I had to learn how to help patients manage their symptoms. I learned to join them on their journey. Some days I had to be able to commiserate, and some days I had to be a cheerleader.

Q: MS nursing, and nursing in general, tend to be female-dominated fields. Have you ever experienced any bias against you or have you ever felt left out as a man in this field?

A: In the mid-90s, I did run into some bias. There were colleagues who would say that men did not have any business being in nursing. It was rare, but the people who had that opinion were not shy about expressing it. I didn't think too much about these comments. My dad was a Navy corpsman who served with the Marines during Vietnam. He was also on the wards at a naval hospital. I



Harry Lay,
RN, MSN, FNP-BC
Raleigh Neurology
Associates
Raleigh, NC

(Continued on page 15)

thought if he could do that, so can I. There were also times when some women did not want me in the room because they didn't want a man taking care of them. Beyond that, there was not a lot of bias against me as a man in nursing.

Where I have run into bias is the reverse of what some people may think. For instance, when I walk into a room it seems to be an automatic assumption that I'm a physician. Sometimes when I meet patients for the first time, they will address me as Dr. Lay. I've been in situations where I walk into a room with a female attend-

ing, and patients address me as if I'm the physician. I quickly and politely correct them. I don't want anyone to think that I'm something that I'm not, and I'm very proud of being an NP. I've had to stop and think about how to deal with these situations. I think it has pushed me to do my job better. I feel the need to dig in, be legit, and to not be a pretender.

Q: Can you recall any interesting incidents as a man in MS nursing?

A: There are times when patients find things hard to talk about, and that can lead to inter-

(Continued on page 23)

MEN IN NURSING

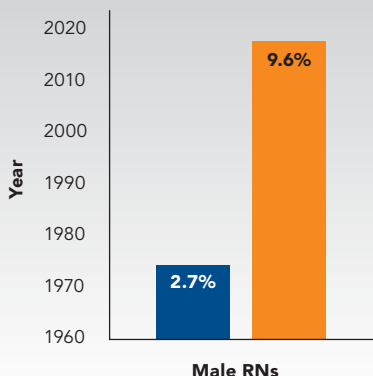
Nursing was once a male-dominated field, but swung to the opposite extreme in the 19th and 20th centuries in much of the Western world. As late as 1982, men were not allowed to attend some state-sponsored nursing schools, a practice that the US Supreme Court deemed unconstitutional in the case *Mississippi University for Women v Hogan*.

Today, nursing positions in the US are still predominantly filled by women, but more men are entering the profession. The US Bureau of Labor Statistics reports that the demand for registered nurses (RNs) is expected to grow by 12% between 2018 and 2028, adding 371,500 jobs to the current pool of nurses.

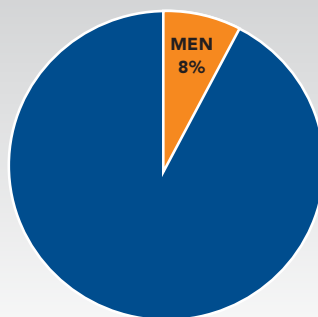
The nursing profession would benefit from having more men, and not just because it would help meet the rising demand. Diversity of all kinds benefits patient care. Male nurses offer different perspectives than female nurses, and may be able to approach a challenge with different ideas. Men may also make some patients more comfortable, and some patients may relate more easily to nurses of the same gender.

BY THE NUMBERS

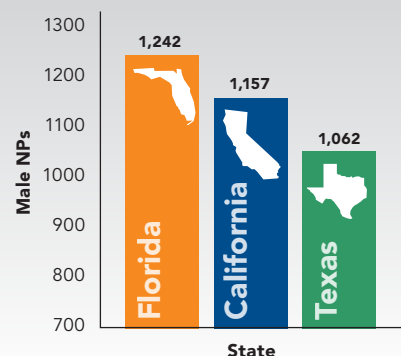
According to the US Department of Health and Human Services, the percentage of male RNs has more than tripled over the past 50 years, growing from 2.7% in the 1970s to 9.6% in 2018.



There are currently 165,480 nurse practitioners (NPs) in the US, of which 13,247 (8%) are men.



The states with the highest number of male NPs are Florida with 1,242, California with 1,157, and Texas with 1,062. Vermont has the lowest number of male NPs (26).



Source: 2018 National Sample Survey of Registered Nurses, The Kaiser Family Foundation analysis.



IOMSN/CMSC Meeting Preview

UPCOMING CMSC 2020 MEETING HIGHLIGHTS: DAWN OF A NEW DECADE

The Consortium of Multiple Sclerosis Centers (CMSC) is starting off the decade of the 2020s with its Annual Meeting in Orlando, Florida. This year the meeting will be held not far from the Disney World complex, at a large resort in its own right: The Orlando World Center Marriott. “Our meeting attracts over 2,300 delegates and 80 exhibitors, and this large hotel complex is perfect for our needs,” says Colleen Harris, MN, NP, MSCN, co-chair of the CMSC Continuing Professional Education Committee. “The Marriott is a beautiful resort, and people can make a vacation of their trip, bring the kids and go to Disney World and Universal Orlando after the meeting.”

As always, the CMSC Annual Meeting will offer a dizzying array of educational opportunities for MS clinicians and researchers, and Ms. Harris obliged *IOMSN* by highlighting some sessions that may be of particular interest to MS nurses.

Wednesday, May 27th

One of the highlights of the meeting is a special nursing-oriented course titled “Managing Infusion Therapies: A Collaborative Approach,” to be held from 1:15-3:15 PM. “This is our third year

focusing on infusion therapies, which nurse attendees have been asking for every year,” says Ms. Harris. “We are putting a different spin on the session this year, with a focus on new and evolving issues. The world of infusion therapy is exploding, and we are putting many patients on these drugs as first-line therapies.”

There are now three widely used infusible therapies for MS, and the potential for adverse reactions that can occur at the beginning or during the infusion, but also manifest later—such as infection, thyroid complications, and changes in symptoms—are now being recognized.

Ms. Harris says this year’s course is also noteworthy for its inclusion of a pharmacist, Jacquelyn Bainbridge, PharmD, FCCP, MSCS, of the University of Colorado. “Nurses are overwhelmed with so many aspects of DMT management,” she explains, “and pharmacists are becoming important partners for us in educating and prepping patients prior to receiving infusions, such as with immunization scheduling, and in helping patients to adhere to therapies.” Denise Bruen, ANP-C, MSN, MSCN, of the University of Virginia in Charlottesville, will join Ms. Harris and Dr. Bainbridge as a presenter in this informative course.

Other sessions of interest on Wednesday include “Effective Assessment and Management Strategies for Complex Symptoms of MS,” chaired by Kathleen Costello, MS, ANP-BC, MSCN, of the National Multiple Sclerosis Society in Castle Hayne, NC, and “The MS Provider’s Guide to the ABCs of How Drugs Are Priced in the United States,” chaired by the University of Colorado’s



Colleen Harris,
MN, NP, MSCN
Co-chair of the
CMSC Continuing
Professional
Education
Committee

Managing Infusion Therapies: A Collaborative Approach

Wednesday, May 27, 2020

- 1:15-1:45 PM Introduction and Infusion Preparation
- 1:45-2:15 PM Role of PharmD in Infusion Management
- 2:15-2:45 PM Infusions and Maintenance of Therapies
- 2:45-3:15 PM Case Studies

(Continued on page 18)



Dear IOMSN Members:

At the 2019 Consortium of MS Centers (CMSC) Annual Meeting, numerous first-time attendee nurses requested a program that would allow them to more easily connect to other MS nurses. **Therefore, we are creating a Buddy Program for the 2020 CMSC Annual Meeting.**

First-time nurse attendees will have the option of requesting a 'buddy' who will be an IOMSN member who has attended past CMSC meetings. The objectives of the Buddy Program include making the CMSC meeting less intimidating, improved ability to share information and answer questions, and general networking.

This year, the IOMSN will have a hospitality suite. Those who opt to participate in the Buddy Program will get together early in the meeting so that everyone can meet each other. Other meetings will be at the roundtable and at the Awards Ceremony. Informal meetings between buddies can be arranged as time allows.

The IOMSN Board of Directors and Membership Committee have committed to develop and support a Buddy Program for CMSC this year in Orlando, May 27-30, 2020. We have asked all first-time attendees to identify themselves on registration and indicate their interest in being matched with a buddy nurse.

We are in need of your experience to assist as buddy mentors! If you will commit to this, please email Bonnie at bonnie.blain@ahs.ca.

Additionally, if you know someone who will be a first-time attendee and interested in this program, please reach out to Marie at marie.moore13@gmail.com.

CMSC and Orlando are coming up fast. We are excited to be seeing many of you there. We hope to hear from you!

This comes with our warmest thanks and well wishes.

Sincerely,

Marie Moore, MSN, FNP-C, MSCN

Bonnie Blain, RN, MSCN

IOMSN Membership Committee - Co-Chairs



Kavita V. Nair, PhD. In the evening, the International Organization of Multiple Sclerosis Nurses (IOMSN) and other groups will hold networking receptions from 6:00-8:00 PM.

Thursday, May 28th

On Thursday, the day will open with a yoga session from 6:00-7:00 AM for those who want to practice mindfulness before plunging into their day of education and socialization. The Presidential Lecture will begin at 8:00 AM and will be delivered by Andrew J. Solomon, MD, of the University of Vermont. The speech is titled “Misdiagnosis of Multiple Sclerosis—What Can We Learn from Our Mistakes?” This topic has been receiving attention of late as studies by Dr. Solomon and others have revealed an MS misdiagnosis rate of around 20%.

Starting at 9:00 AM, the “Fundamentals of MS Care” course, chaired by Constance B. Easterling, RN, MSN, APRN, MSCN, will hold its first session, with Parts II to IV presented on Friday and Saturday. This course covers the latest information on basic topics in MS, and is an ideal stop for nurses who are new to MS or who are studying for their MS certification exam.

A concurrent morning course chaired by Patricia Melville, MSN, ANP-C, MSCN, of SUNY at Stony Brook, will talk about various common comorbidities, such as diabetes, high cholesterol, hypertension, and mood disorders, that can impact the MS course and affect the choice of DMTs. The session will also review issues related to vaccines to prevent infectious illnesses, since studies have shown some DMTs may blunt the response to immunizations. The presentation on vaccines, to be given by Patricia Coyle, MD, of Stony Brook, will include review of key vaccines for patients with MS, as well as their safety and optimal timing based on DMT selection. “We are in a brave new world with all of these DMTs,” says Ms. Melville. “There are no algorithms or guidelines to tell us how to use them in sequence, and so different practitioners are coming up with their own strategies. We need more uniformity.”

A nursing roundtable will be held from 1:30-2:30 PM, with presentation of IOMSN awards and elections. From 2:45-4:45 PM, a session titled

“Overcoming Administrative Barriers to Treatment,” promises to be of interest, according to Ms. Harris. “It is about advocacy and how to get people on treatment and overcome insurance issues, and is chaired by Marissa Shackleton, MS, Executive Director at The Elliot Lewis Center in Boston, which is a busy multidisciplinary MS center.” The ever-popular Poster Session will conclude the day, running from 5:00-7:00 PM.

Friday, May 29th

Meditation will start the day on Friday, followed by the Whitaker Lecture at 8:00 AM, which will be delivered by Peter Calabresi, MD, Director of the Multiple Sclerosis Center at Johns Hopkins Hospital in Baltimore, Maryland, and then Whitaker Track Invited Lectures. An Advanced Practice course titled “Practical Considerations in Relapse Management and DMT Applications” will be co-chaired by Stephanie Agrella, PhD, NP, MSCN, and Bryan Walker, MHS, PA-C, MSCS, from 9:00 AM to noon. “This session talks about issues and case studies relevant to advanced practice providers,” Ms. Harris says.

“More About MS: Coming of Age with Multiple Sclerosis,” a patient education program chaired by Randall Schapiro, MD, FAAN, of the Schapiro MS Advisory Group, in Peoria, Arizona, will run from 11:00 AM to 5:00 PM. The CMSC Closing Ceremony and Awards will then be held from 5:15-6:30 PM.

Saturday, May 30th

A highlight of the final day of the meeting will be the Donald Paty Lecture, which this year will be given by Sarah Morrow, MD, MS, FRCP(C), of the London Multiple Sclerosis Clinic in Ontario, Canada, on “Cognitive Impairment in MS: Past, Present, and Future.” Among other topics, a career-related session for women will run from 9:00 AM to noon, chaired by Carrie M. Hersch, DO, MSc, of the Cleveland Clinic in Las Vegas, Nevada. The session is titled “Women in Multiple Sclerosis: Building Skills for Thriving in Your Career.” The meeting will adjourn at noon.

To see the preliminary agenda for the Annual Meeting, go to <https://mscare.sharefile.com/share/view/se9714f87c7a41c1b>. 🌐



IOMSN is committed to making the organization as accessible as possible. Regional Liaisons are knowledgeable, experienced nurses who live and work in communities across the country and the world. They are available to assist you in accessing the information that you need.

Here are a few ways your Regional Liaison can serve you:

- Increase awareness of IOMSN-related educational opportunities

- Connect you to the IOMSN Google Group
- Serve as a resource for MS care-related concerns
- Provide information about the organization to new or potential members
- Collect recommendations for how IOMSN can better serve you

We hope that you will take advantage of the opportunity to reach out to your Regional Liaison for any of your MS nursing needs. Please use the maps below to identify your Regional Liaison based on your region.

USA Regional Liaisons



Marie Moore,
MSN, FNP-C, MSCN
Southeast Regional Liaison
iomsn_intl@iomsn.org



Melanie Huff,
MSN, AGNP-C, MSCN
Midwest Regional Liaison
iomsn_midwest_usa@iomsn.org



Sara Schaefer,
NP, MSCN
West Regional Liaison
iomsn_west_usa@iomsn.org



Joan Ohayon,
MSN, BSN, CRNP, MSCN
Northeast Regional Liaison
iomsn_northeast_usa@iomsn.org



Crystal Wright,
RN, AGNP-BC, MSN, MSCN
Southwest Regional Liaison
iomsn_southwest_usa@iomsn.org

CANADIAN Regional Liaisons



Shelley Amodeo,
RN, MSCN
Central Regional Liaison
iomsn_central_ca@iomsn.org



Bonnie Blain,
RN, MSCN
Prairie Regional Liaison
iomsn_prairie_ca@iomsn.org



Peggy Cook,
RN, BSN
Atlantic Regional Liaison
iomsn_atlantic_ca@iomsn.org



Jill Nelson,
RN, BSN, MSCN
Northwest Regional Liaison
iomsn_nw_ca@iomsn.org

MEET YOUR NORTHEAST REGIONAL LIAISON

Joan Ohayon, MSN, BSN, CRNP, MSCN
Senior Nurse Consultant
Neuroimmunology Clinic
National Institute of Neurological Disease and Stroke
National Institutes of Health
Bethesda, MD

Joan Ohayon, MSN, BSN, CRNP, MSCN, says that she agreed to become the Northeast Regional Liaison for the International Organization of Multiple Sclerosis Nurses (IOMSN) back in the Fall of 2014 at the request of Marie Moore, MSN, FNP-C, MSCN, as a way to have a leadership position in the organization. “I wanted to take ownership of making MS nurses in my area of the United States aware of the IOMSN and what it has to offer,” she recalls.

Ms. Ohayon entered the MS field in the late 1990s, working at the National Institutes of Health (NIH). She joined IOMSN soon after it was founded and took the MS nurse certification (MSCN) exam in 2002. “For me, being an IOMSN member and a liaison is important professionally,” she says. “It keeps me connected to the MS nursing profession and helps me stay up to date with advances in the field.” The liaison position is not a full-time one, she reports, so it is a way of connecting to the IOMSN leadership without overcommitting herself. “I’ve never pursued running for an IOMSN office due to other professional commitments. Being a liaison requires that I be available for calls as needed with the other liaisons and participate in some activities together. And, of course, I make time to talk with any MS nurses who contact me about IOMSN-related issues.”

As Northeast Regional Liaison, Ms. Ohayon is a member of the IOMSN Membership Committee. Her territory extends from New England to New York, New Jersey, Pennsylvania, Washington, Maryland, Delaware, Virginia, and West Virginia. She serves as a point of contact for the organization and guides MS nurses in these states to appropriate resources and information on MS nursing certification and IOMSN programs.

“I network a lot in my area, and I use my position to plug the benefits of IOMSN membership

to nurses—even nurses who are not engaged in MS care full time—and as a recruiting tool for membership,” she says. “We don’t have a formal fellowship program for MS nurses at NIH the way we do for physicians, but I have mentored two early-career nurse practitioners as part of my job here. Both have stayed in the MS field, which has been rewarding to me, and it brings home the many benefits of extending that role to being an IOMSN liaison. As many MS nurses begin to retire, we need to encourage young nurses to come into MS and take their place.”



Joan Ohayon,
MSN, BSN, CRNP,
MSCN

A Long Career at NIH

Ms. Ohayon has worked at NIH for 27 years, most recently as a Senior Nurse Consultant in the Neuroimmunology Clinic in the National Institute of Neurological Disease and Stroke. Most of her work is in the area of MS, working with Irene Cortese, MD, and Daniel S. Reich, MD, PhD. “All of the patients we see are enrolled in research studies, and I do a mix of research and clinical work,” she reports. “I’ve dedicated my career to this field and at NIH for so long because our understanding of MS keeps changing and evolving, and the work is so cutting edge.”

She concludes by saying, “The MS landscape has changed so dramatically across my career that I want to share my knowledge with other nurses—and being an IOMSN Liaison allows me to do that. I hope IOMSN members in my area will remember that I am available to assist them, and will take advantage of this opportunity.” 🌐

CONTACT INFORMATION

Joan Ohayon, MSN, BSN, CRNP, MSCN
Northeast Regional Liaison
iomsn_northeast_usa@iomsn.org

For more information on Ms. Ohayon’s work at the NIH, refer back to the Spring 2017 issue of IOMSNNews, available at http://iomsn.org/wp-content/uploads/2016/07/IOMSN_News_May_2017-NoAds_1stIssue.pdf.



5 Reasons to Join the IOMSN Today

1 Professional Development

Each year, the IOMSN provides dozens of webinars, live programs, and print resources that convey the latest evidence-based information on the assessment, diagnosis, and treatment of MS.

2 Collaboration

The IOMSN is dedicated to fostering working relationships between nursing professionals. One of many means of doing this is the IOMSN Forum—commonly referred to as the IOMSN Google Group—an online resource for members to exchange ideas, ask questions, and share their knowledge.

3 Connections

Participating in IOMSN activities is a great way to network, stay up to date on important trends and career opportunities, and forge enduring professional relationships and personal friendships.

4 Support

The IOMSN offers a limited number of scholarships for members preparing to take the MSCN examination. It also provides financial support when possible for members' research endeavors, and provides a host of resources that enhance nursing professionals' ability to advocate for themselves and their patients.

5 Recognition

In conjunction with the Multiple Sclerosis Nurses International Certification Board (MSNICB), the IOMSN has developed an examination for registered nurses that leads to designation as an MS Certified Nurse, or MSCN. Additionally, each year the IOMSN recognizes outstanding individual contributions to MS nursing through its annual awards program.

When you consider the benefits of joining the IOMSN, it all adds up—and we want to count you among our numbers!

For more information:

- Visit our website at <http://iomsn.org/>
- Call us at 201-487-1050
- Email us at info@iomsn.org



IOMSN FELLOW AT STONY BROOK

For 6 months spanning October 1, 2019 to March 31, 2020, Connie Rivera, RN, a nurse who is seeking her BSN at the Stony Brook University School of Nursing in Long Island, NY, has also been an IOMSN Fellow at the MS Clinic in the Department of Neurology at Stony Brook. Ms. Rivera was one of several applicants who applied for the fellowship, which offers a clinical immersion in MS care and was funded by a grant from EMD Serono.

"I am so grateful for the opportunity to work alongside some of the best MS physicians and nurse practitioners," says Ms. Rivera, who has a full-time job in an oncology practice and a family, and interns at the MS center 2 days a week. "I have learned so much during these months."

Shadowing Clinicians

During the first few months of her internship, Ms. Rivera shadowed Patricia Melville, RN, MSN, NP-C, MSCN, and Patricia Coyle, MD, while they were seeing patients. She also spent time in the MS infusion room. In the new year, she has been following various subspecialty providers who work with patients with MS, including neuropsychiatry, neuroradiology, and social work, and she has learned how to do the symbol digit modalities, cognitive, 9-hole peg, and the 25-foot timed walk tests.



Patricia Melville, RN, MSN, NP-C, MSCN (L), stands with Patricia Coyle, MD (R), and IOMSN fellow Connie Rivera, RN (center).

fellows has been very rewarding for us," says Ms.

Melville, "and we are committed to helping to develop the MS workforce of the future."



Connie Rivera, RN, administers the Symbol Digit Modalities Test to a patient with MS.

At the end of the fellowship, Ms. Melville anticipates that Ms. Rivera will do a capstone project about what she has learned and present her findings to the Stony Brook MS clinic faculty and IOMSN leaders. As for the future, "I look forward to advancing my career as an MS NP and following in the footsteps of my mentors, Patricia Melville and Dr. Marijean Buhse," Ms. Rivera says.

CMSC Meeting Schedule (Continued from page 2)

Friday, May 29

6:00-7:00 AM	Meditation
7:00-8:00 AM	Independently Supported Symposium
8:00-8:45 AM	Whitaker Lecture
9:00 AM-12:00 PM	Whitaker Track Invited Lectures, Educational Courses, and Symposia
11:00 AM-5:00 PM	More About MS: Coming of Age with Multiple Sclerosis Patient Education Program

12:00-2:00 PM	Exhibit Hall Open
12:30-1:30 PM	Product Theater
2:00-5:00 PM	Courses and Symposia
5:15-6:30 PM	Closing Ceremony/Awards

Saturday, May 30

7:00-8:00 AM	Independently Supported Symposium
8:00-8:45 PM	Donald Paty Lecture
9:00 AM-12:00 PM	Courses and Symposia
12:00 PM	Meeting Adjourns

Q&A (Continued from page 15)

esting conversations. It's up to me to normalize what they're going through. There's a chance that some patients feel more comfortable talking to me about things because I'm a man, but that may not be the case for everyone.

Q: You work in a large practice with a mix of physicians and providers. What do you find to be your role as a male NP and as a member of the team at Raleigh Neurology?

A: I don't see my role as being any different than my colleagues who are women. There aren't many men at our practice that are NPs, but I don't really think about it. My role is different because I see a larger volume of MS patients. As a result of that, I've become a resource for my colleagues that don't have as much experience working with MS. Throughout my career, I've had a lot of mentors who have been generous and gracious with their knowledge and I'm happy to be able to give back.

Q: What advice would you give other men who want to go into MS nursing?

A: Study, and listen to the story. While it's important to have good diagnostic skills and to

know the mechanism of action of the disease-modifying therapies (DMTs), there's more to it than that. The more time I spend working in the field, the more I realize that listening to your patients is the most important thing. That has carried me much farther than any course I've ever taken.

Q: What are your career plans for the future?

A: I hope to join the International Organization of Multiple Sclerosis Nurses (IOMSN), and it's one of my goals for my development this year. I have colleagues who are members of the IOMSN, and they benefit greatly. I'm looking forward to being a part of the organization.

Other than that, I plan to keep doing what I'm doing. I'm very happy with my current position. I'm very much a clinician. I've had people ask me, "Are you going to teach?" No. I'm always going to want to be in the trenches because treating patients is what I love to do. I love neurology; it's the only branch of medicine that makes sense to me. I really enjoy taking care of patients with MS because they are medically complex, and it is possible to make a difference in someone's life. 🌍

Vitamin-D (Continued from page 11)

Children and adolescents with MS should start with daily vitamin-D3 supplementation of 600 IU up to 1,000 IU to a maximum of 4,000 IU a day, with incremental dose increases under the guidance of their physician to a target range of 75 nmol/L (30 ng/ml). Once this level is reached, they should be monitored every 6 months or more frequently if their health status or body weight is changing.

Comorbid Conditions

The association between vitamin-D supplementation and bone fractures in MS has not been clearly established. Health Canada recommends that people living with MS take vitamin-D supplements (600 IU to 4,000 IU/day) to achieve minimum serum 25(OH)D levels that are considered protective for bone health in the general population. Short-term, high-dose vitamin-D supplementation exceeding the tolerable upper intake (4,000 IU/day) may be suitable for treatment of

patients with MS who present with hypovitaminosis D, with continued monitoring of patient status.

Toxicity

Excessive levels of vitamin D are known to produce a range of side effects, including nausea, vomiting, constipation, loss of appetite, confusion, and weakness, as well as kidney damage and abnormal heart rhythms. Severe vitamin-D intoxication has been seen as a result of overtreatment, producing symptoms of hypercalcemia ranging from mild thirst and polyuria to seizures, coma, and even death.

Health Canada recommendations for the general population of 600 IU to 4,000 IU/day are considered safe for MS and do not require monitoring. Studies have revealed that vitamin-D supplements given within these ranges were well-tolerated, and no reports of hypercalcemia and hypercalciuria have occurred, even at higher doses. 🌍