

Buddy Break Out

Buddy Program	CMSC Annual Meeting
2022	National Harbor, MD
2023	Aurora, CO
2024	Nashville, TN

Nursing Resources



Multiple Sclerosis: Best Practices in Nursing Care Disease

https://iomsn.org/wp-content/uploads/2016/07/BestPractices_052222_SM_V2.pdf



Multiple Sclerosis:

Best Practices in Nursing Care

Disease Management, Comprehensive Care, Pharmacologic Management, Nursing Research

5th Edition



Authors

Colleen J. Harris, MN, NP, MSCN

Nurse Coordinator/Nurse Practitioner University of Calgary MS Clinic Calgary, Alberta Canada

June Halper, MSN, APN-C, FAAN, MSCN CEO of The CMSC/IOMSN Hackensack, New Jersey





Multiple Sclerosis:

Best Practices in Nursing Care

Disease Management, Comprehensive Care, Pharmacologic Management, Nursing Research

5th Edition

Table of Contents

Foreword	4
Introduction	5
Overview of Multiple Sclerosis	6
Diagnosis and Presenting Symptoms	7
McDonald Diagnostic Criteria	7
Disease Classification	7
Evolution of Multiple Sclerosis Treatment and Nursing Practice	8
Developing a Model of Multiple Sclerosis Nursing Practice	10
Definition of a Multiple Sclerosis Nurse	10
Philosophy of Multiple Sclerosis Nursing Practice	10
Essential Care Activities	10
Practice Areas Across the Disease Trajectory	11
Domains and Competencies of Multiple Sclerosis Nursing	12
Multiple Sclerosis Nursing Domains	13
Knowledge-Based Competencies	13
Skill-Based Competencies	13
Specialized Competencies	14
Matching Nursing Competencies to Nursing Domains	14
Role of the Nurse in Pharmacologic Therapy of Multiple Sclerosis	16
Episodic Treatments	16
Symptomatic Treatments	17
Medications Used for Disease Modification	20
Other Therapies	27
Administration of Vaccines in Conjunction with DMTs	27
Supporting Multiple Sclerosis Nursing Practice Through Research	28
Research Priorities	30
Limitations of Multiple Sclerosis Nursing Research	30
Strategies to Facilitate Nursing Research: Buying Time	31
Recommendations for Multiple Sclerosis Nursing Research	32
Enhancing the Professional Practice	32
Conclusion	33
References	34
Original Members of the MS Nurse Specialists Consensus Committee	39

AAN Clinical Practice Guidelines:

https://iomsn.org/wpcontent/uploads/2016/07/AAN N-ARN-IOMSN-MS-**Guideline_FINAL.pdf**

Nursing Management of the Patient with Multiple Sclerosis

AANN and ARN Clinical Practice Guideline Series



This publication was made possible by an educational grant from TEVA Neuroscience







I. Search Strategy and Levels of Evidence

A. Search strategy

A computerized search of MEDLINE, Cochrane, and the Cumulative Index to Nursing and Allied Health Literature was performed by using multiple sclerosis, symptom, disease management, nursing, and education as keywords. The search was restricted to works in English and adults. The reference lists of identified articles were also searched for additional, relevant references including books, guidelines, and articles. A panel of nursing experts determined the level of evidence for each study included in the guideline, summarizing the level of evidence for each recommendation.

- B. Levels of evidence supporting the recommendations
 - · Class I: Randomized controlled trial without significant limitations or meta-analysis
 - · Class II: Randomized controlled trial with important limitations (e.g., methodological flaws or inconsistent results), observational studies (e.g., cohort or case-control)
 - · Class III: Qualitative studies, case study, or
 - · Class IV: Evidence from reports of expert committees and/or expert opinion of the guideline panel, standards of care, and clinical protocols.

The Clinical Practice Guidelines recommendations for practice are established on the basis of the evaluation of the available evidence (AANN, 2005; adapted from Guyatt & Rennie, 2002; Melnyk, 2004):

- Level 1 recommendations are supported by Class I evidence.
- · Level 2 recommendations are supported by Class II evidence.
- · Level 3 recommendations are supported by Class III and IV evidence.

II. Scope of the Problem: Definition, Natural History, and Epidemiology of Multiple Sclerosis (MS) A. Definition

1. MS is a progressive, inflammatory, neurodegenerative demyelinating disease of the central nervous system (CNS) predominantly affecting white matter (Miller et al., 2008). It is the most common nontraumatic cause of neurologic disability in young adults (Fleming & Carrithers, 2010). The cause of MS is unknown; however, research suggests that an abnormal autoimmune response to myelin develops in genetically susceptible individuals after exposure to one or more environmental agents.

- The autoimmune cascade results in an inflammatory response against self-antigens in the CNS, causing demyelination and axonal damage. Scarring visible at magnetic resonance imaging (MRI) represents these pathological changes. Demyelination in the CNS disrupts conduction in nerves, causing the hallmark sensory, motor, and cognitive signs and symptoms of MS (De Jager et al., 2009; Harris & Halper, 2004; Thrower, 2009; Trapp et al.,
- 3. MS may present as a case of monosymptomatic or polysymptomatic neurologic abnormality. Most early cases are characterized by periods of disease freedom with superimposed relapses characterized by signs and symptoms of CNS dysfunction (Confavreux, Vukusic, Moreau, & Adeleine, 2000).

B. Epidemiology

- 1. MS affects approximately 400,000 people in the United States alone, and more than 50,000 Canadians (Costello & Halper, 2010a; Miller et al., 2008). The projected prevalence rate of MS for the white population in the year 2000 was 191/100,000, and the incidence rate was 7.3/100,000 person years at risk (Kantarci & Weinshenker, 2005; Kantarci & Wingerchuk, 2006). There are 12,000 new cases of MS diagnosed per year in the United States (Alonso & Hernán, 2008).
- 2. Review of incidence data suggests the lifetime risk of MS is 2.5% for women and 1.4% for men (Alonso & Hernán, 2008). MS is generally at least twice as common in women as it is in men, with some data suggesting the maleto-female ratio is as high as 1:4 (Beck et al., 2003; Kantarci & Wingerchuk, 2006; Vukusic & Confavreux, 2007).
- 3. The age of onset peaks between 25 and 35 years of age. Men may have a later onset of disease and a worse prognosis (Kantarci & Wingerchuk, 2006; Vukusic & Confavreux, 2007). Despite the young age of disease onset and the potential for neurologic disability, the life expectancy of people with MS is only slightly reduced (Compston et al., 2006). Fifty percent of MS patients will die from causes other than MS (Sadovnick, Eisen, Ebers, & Paty, 1991).

C. Types of MS

1. There are four defined clinical types of MS: relapsing-remitting MS (RRMS), primary progressive MS (PPMS), secondary progressive MS (SPMS), and progressive-relapsing MS

MS Nursing Tool Kit: https://iomsn.org/slides/



- 1. The Nature of MS Click Here
- 2. Treatment of MS: Choices and Challenges Click Here
- 3. Symptom Management in MS Click Here
- 4. Invisible Symptoms, Mental Health, and MS Click Here

- **5. Rehabilitation for People with MS** <u>Click</u> <u>Here</u>
- 6. Cultural Diversity in MS Click Here
- 7. Pregnancy and Breastfeeding in MS <u>Click</u> <u>Here</u>

This 2023 toolkit contains state-of-the-art, comprehensive information about multiple sclerosis and was developed by MS nursing experts.

Novartis Pharmaceuticals Corporation, recognizing the importance of the MS nurse, supported the development of this important resource.

Recordings of Lectures

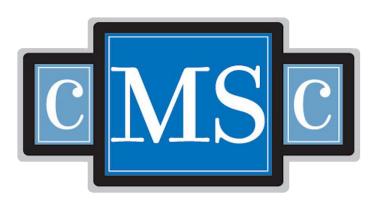


Fundamentals Of MS:

- <u>Fundamentals of Multiple Sclerosis Care Part 1:</u>
 <u>Diagnosing the Disease and Managing Specific</u>

 <u>Populations CMSC Scholar</u>
- <u>Fundamentals of Multiple Sclerosis Care Part 2:</u>
 <u>Diagnosing the Disease and Managing Specific</u>

 <u>Populations CMSC Scholar</u>
- <u>Fundamentals of Multiple Sclerosis Care Part 3: Current and Emerging Therapies and Symptom Management CMSC Scholar</u>
- <u>Fundamentals of Multiple Sclerosis Care Part 4: Current and Emerging Therapies and Symptom Management CMSC Scholar</u>



Continuing Education

https://cmscscholar.org/ce-opportunities/



All Activities

Expert Insights on COVID-19 Prophylaxis in Patients With Multiple Sclerosis and Related Disorders

Released On: September 27, 2024 Expires On: September 27, 2025... Read More

The Hidden Side of Multiple Sclerosis: Harnessing Key Pathologies to Improve Outcomes Across the Multiple Sclerosis Spectrum

Course opens: June 30, 2024Course expires: June 30, 2025 Overview...
Read More

IJMSC: The Prevalence of Comorbidities and Their Association With Disability Progression in Individuals with Multiple Sclerosis: A Study From Brazil

Release Date: September 1, 2024 Valid for Credit through: September...

Read More

Fundamentals of Multiple Sclerosis Care

Release date: September 1, 2024Valid for Credit through: September 1,...

Read More

Neuromyelitis Optica Spectrum Disorder: Management Essentials for MS Clinics

Valid: July 25, 2024 through July 24, 2025 Provider Statement...

Read More

Activate Windows
Go to Settings to activate Windows.

2025 CMSC Annual Meeting

https://cmscscholar.org/2025-annual-meeting/





39th CMSC ANNUAL MEETING

For more information, please click the link below:

https://cmscscholar.org/

WHEN:

May 28 - 31, 2025

WHERE:

Phoenix Convention Center 100 N 3rd Street Phoenix, AZ 85004



Multiple Sclerosis Certified Nurse Exam

Link to MSNICB



■ MSCN CERTIFICATION GUIDELINES

It is recommended that candidates have at least two years of experience in multiple sclerosis nursing. Candidates must meet the following requirements:

- ☑ Currently registered as a Registered Nurse, or the equivalent in other countries
- ☑ Completion and filing of an Application for the Multiple Sclerosis Nursing International Certification Examination.
- ☑ Payment of required fee.

FIND OUT MORE!

MSCN RECERTIFICATION GUIDELINES

The Multiple Sclerosis Certified Nurse (MSCN) certification is recognized for five years.

For those who certified in May/June, the expiration date will be June 30th, and those who certified in November, the expiration date will be December 31st. Application for recertification must be submitted online at least 3 months prior to the expiration date.

FIND OUT MORE!

→ MSCN-E (EMERITUS) GUIDELINES

MS nursing professionals who currently hold the MSCN credential but who retire from active practice may apply for Emeritus Status, which will be conferred on a one-time basis and will not require renewal, as it will be valid indefinitely. Those who are granted Emeritus Status will be able to use the designation of MSCN-e but will no longer be able to use the original MSCN designation.

FIND OUT MORE!

Multiple Sclerosis Certified Nurse and Specialist Exam



Link to MSNICB

Core Curriculum Link - Outline of topics covered on exams

<u>Multiple Sclerosis Nursing International Certification Board</u> (MSNICB) | Professional Testing Corporation

Become a Multiple Sclerosis Certified Specialist - Consortium of Multiple Sclerosis Centers (CMSC)



The MSNICB was established by the IOMSN to develop a certification exam for those caring for individuals with MS. Certification is completely voluntary.

Current Activities



https://www.everythingmultiplesclerosis.com/nursing/

Released on: October 23, 2024; Expires on: April 23, 2025; Completion time: Up to 5 hrs











DMT Funding Sources:

- HealthWell Foundation 1-800-675-8416
- Patient Access Network 1-866-316-7263
- <u>The Assistance Fund</u> 1-877-245-4412
- Good Days Fund 1-877-968-7233
- Patient Advocate Foundation Co-pay Relief Program 1-866-512-3861









National Multiple Sclerosis Society



Patient Sources:

- Multiple Sclerosis Resource Website | LiveWiseMS https://livewisems.org/
- Angel Flight NE | Free Air Transportation for Patients https://www.angelflightne.org/
- National MS Society
 https://www.nationalmssociety.org/
- MS Canada https://mscanada.ca/

Multiple Sclerosis Foundation



a. Publishes a newsletter and the MS Focus Magazine.

<u>Multiple Sclerosis Foundation - Publications</u> (msfocus.org)

- b. Radio shows available
 - <u>Multiple Sclerosis Foundation Our Programming</u> (msfocusradio.org)
- c. Has grants for emergency assistance, assistive technology, health and wellness, homecare assistance, Computer assistance, cooling product assistance, and transportation assistance.

 Multiple Sclerosis Foundation Grants & Programs

<u>Multiple Sclerosis Foundation - Grants & Programs</u> (msfocus.org)



Multiple Sclerosis Association of America (MSAA)





- Offers MS information for patients and families.
 - Multiple Sclerosis Association of America Improving Lives Today! | MSAA (mymsaa.org)
- Offers grants for cooling products and MRI
 - MRI Access Program | MSAA (mymsaa.org)
 - o Cooling Products | MSAA (mymsaa.org)
- Educational video library for patients.
 - Multiple Sclerosis Information (MSi) Video Library | MSAA (mymsaa.org)

DMT Guidelines



CMSC Practical Guidelines for the Selection of DMT in MS



The Use of DMT in MS

The Use of Disease-Modifying Therapies in Multiple Sclerosis:

Principles and Current Evidence

A Consensus Paper by the Multiple Sclerosis Coalition



Adaptive Sports



Adaptive Sports Organizations | Challenged Athletes Foundation

**If you scroll down to the bottom of this page, it will give you a list of the local resources in your area by state.

American Association of Adapted Sports

Programs

www.adaptedsports.org

Blaze Sports America

www.blazesports.org

Move United

https://moveunitedsport.org/

National Center on Health, Physical Activity

and Disability

www.nchpad.org

Paralyzed Veterans of America

www.pva.org

World Triathlon

www.triathlon.org/paratriathlon

IOMSN Regional Liaisons



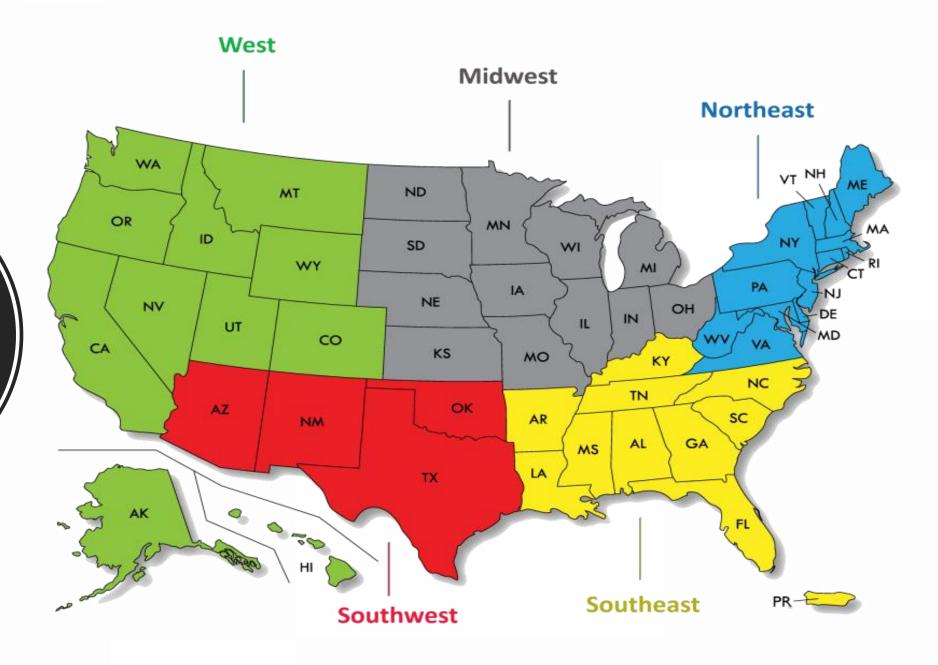
IOMSN is committed to making the organization as accessible as possible. Regional Liaisons are knowledgeable, experienced nurses who live and work in MS care across the country. They are available to assist you in accessing the information that you need.

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 member
- Collect recommendations for how IOMSN can better serve you



Regional Liaisons: USA





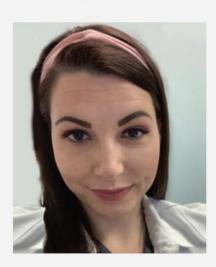
Amy Gilbert, RN, MSCN Midwest Regional Liaison iomsn_midwest_usa@iomsn.org



Yolanda Wheeler, PhD, CRNP, CPNP-AC, MSCN Southeast Regional Liaison iomsn_southeast_usa@iomsn.org



Sara Schaefer, RN, BSN, AGNP, MSCN West Regional Liaison iomsn_west_usa@iomsn.org

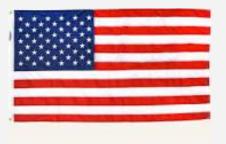


Meagan Adamson, DNP, FNP-BC, MSCN Northeast Regional Liaison iomsn_northeast_usa@iomsn.org



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

US Regional Liaisons









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



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



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



Crystal M. O'Brien, RN, BSN, MSCN Atlantic Regional Liaison iomsn_atlantic_ca@iomsn.org







INTERNATIONAL LIAISON



Susan Agland, RN, MSCN NSW, Australia International Liaison iomsn_intl@iomsn.org

