

IOMSN^{News}

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A Publication For – and By – IOMSN Members

Helping Patients with MS Realize Wellness



Tracy Walker,
F-NPC, MSCN

- Caring for Middle Eastern Patients
- The New Normal
- Easy, Relaxing Crafts for Nurses
- Northeast Regional Liaison



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of Multiple Sclerosis Nurses.*

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2021 CMSC/IOMSN Hybrid Annual Meeting



October 25-28, 2021

Rosen Shingle Creek

9939 Universal Boulevard • Orlando, FL 32819

For more information, please visit <https://cmcscholar.org/annual-meeting/>.

QUICK VIEW OF THE CMSC ANNUAL MEETING SCHEDULE— BOTH ON SITE AND VIRTUAL

While the pandemic is still with us, the Consortium of Multiple Sclerosis Centers (CMSC) and the International Organization of Multiple Sclerosis Nurses (IOMSN) are embracing optimistic yet realistic plans for the 2021 Annual Meeting. The meeting location has been moved from San Diego in June to Orlando in late October, and there will be a hybrid design of both in-person presentations for those who are ready to travel in the Fall and virtual presentations for those who are unable to come to Florida.

The CMSC is working closely with the facility management teams at the Rosen Shingle Creek in Orlando to ensure the health and safety of all staff and attendees at the meeting, and is committed to following the policies and protocols set forth by the Centers for Disease Control and Prevention to help avoid the spread of COVID-19 at large events and gatherings.

To register for the Annual Meeting or to obtain more information, visit <https://cmcscholar.org/annual-meeting/> or call 201-487-1050.

IN-PERSON MEETING SCHEDULE

Monday, October 25

| | |
|-------------------|--|
| 8:00 AM-5:30 PM | FCMSC Mentorship Forum (by invitation only) |
| 8:00-9:30 AM | National MS Society Symposium |
| 9:45-11:15 AM | Independently Supported Symposium |
| 11:15 AM-12:30 PM | Opening Luncheon |
| 12:45-1:30 PM | John F. Kurtzke Memorial Lecture |
| 1:45-3:45 PM | Whitaker Platform Session and Clinical Courses |
| 4:00-5:30 PM | Independently Supported Symposium |
| 3:30-7:00 PM | Exhibit Hall/Opening Reception |
| 5:30-7:00 PM | Opening Reception in Exhibit Hall |
| 6:00-8:15 PM | Product Theaters |
| 6:00-8:00 PM | IOMSN Networking Reception |
| 7:00-8:30 PM | FCMSC Scholar Reception (by invitation only) |

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Letter FROM THE Editor

WELLNESS FOR PATIENTS WITH MS— AND MS NURSES

As summer approaches across the United States and more and more of our states open up fully for business, we are all making adjustments to a new way of living. How many people can we safely interact with inside and outside, with and without masks and social distancing? When will we feel less skittish and readjust to being around other people again? When can we travel again?

Surveys show that stress levels are higher than ever, and we all know why: COVID-19. That's why we talk about wellness in this issue of *IOMSNews*. Wellness for our patients, and wellness for ourselves. I'm very pleased to announce that Tracy Walker, F-NPC, MSCN, of Shepherd Center in Atlanta, has written an article for us on how to help our patients with MS achieve wellness despite being chronically ill. (Yes, it is possible, especially with the wide array of effective disease-modifying therapies we have available today.) In addition, to improve your personal sense of wellness, we've asked nationally recognized physician and television personality Jennifer Ashton, MD, MS, to talk about the new normal for MS nurses. Plus, we've included a how-to article on easy, engrossing crafts that MS nurses can enjoy, to help you relax when you're feeling uptight. (And no, you don't have to consider yourself creative or an experienced artist to do these crafts.)

Other articles in this issue include:

- How to care for Middle Eastern patients from esteemed (and now retired) NP Marie Namey, APRN, MSCN; and
- An introduction to the new Northeast Regional Liaison.

We hope you'll find the content both useful and inspirational.

Stay well,

Marie



Marie Moore,
MSN, FNP-C, MSCN

Editor, *IOMSNews*

Updated Vaccine Guidance from NMSS

In keeping with our mission to help members stay as informed as possible, please note that the National MS Society has updated its guidance on timing for vaccines for people with MS who are on DMTs.

Here is the link:

<https://www.nationalmssociety.org/For-Professionals/Clinical-Care/COVID-19>



HELPING PATIENTS WITH MS REALIZE WELLNESS

Wellness isn't the exclusive purview of people without chronic illnesses. Multiple sclerosis (MS) nurses can counsel their patients about how to seek and find wellness and their best life.

Wellness is a hot-button word today in popular culture and in medicine. The National Wellness Institute defines wellness as “an active process through which people become aware of, and make choices toward, a more successful existence.” It’s the quality of being in good health, especially as an actively sought goal.

But many people with MS wonder if they can ever be well. I believe they can because the concept of wellness is about more than just physical health. It also comprises emotional, cognitive, social, spiritual, and occupational wellness. The National MS Society agrees, defining wellness as a “dynamic state of physical, emotional, spiritual, and social wellbeing that can be achieved even in the presence of a chronic illness or disability.” By helping people with MS understand and embrace this broader view of wellness, the MS nurse can restore hope, which is a powerful motivator for change.

Wellness is a way of living and being that involves action, and MS nurses can help their patients learn how to take action to achieve wellness by moving their bodies, connecting with other people, and taking the time to be mindful

and still. They can help them find the things that will motivate them to seek wellness, as well as assist them in developing step-by-step realistic goals. (See “7 Principles of Health Coaching for MS Nurses” in the Fall 2019 issue of *IOMSN*ews and “Motivational Interviewing for MS Nurses” in the Spring 2018 issue for more information on helping people develop personalized goals. Both issues are available at: <https://iomsn.org/iomsnews/>.)



Tracy Walker,
F-NPC, MSCN
MS Institute at
Shepherd Center
Atlanta, GA

Wellness Models

A variety of wellness models have been created over the past few decades. These models typically focus on:

- Physical health (both in relation to MS and other chronic and acute illnesses, and to preventive health care)
- Emotional health (the presence of anxiety, depression, and excessive stress)
- Spiritual health (religious or meditative)
- Cognitive functioning
- Community, social, and peer support
- Occupational wellness (employment, schooling, or volunteering)

To achieve wellness, people need to figure out how to balance all of these areas of their lives and maximize their positive aspects.

Physical Wellness Assessment

Although wellness encompasses much more than physical health, as MS nurses the body is our primary focus. A physical wellness assessment begins by asking patients about both their overall health and their MS. Questions include:

- Do you know your cholesterol, weight, blood pressure, and blood sugar levels?
- Do you get annual physical exams?





- Do you avoid using tobacco products?
- Do you consume more than one alcoholic beverage per day?
- Do you get enough sleep?
- Do you have an established exercise routine?
- Do you know where you can go for physical therapy?
- Do you use cooling equipment to prevent overheating?
- Do you know how to conserve your energy and fight MS-related fatigue?

As patients answer these questions, you and they can begin to create a picture of their current physical health status and where they need to concentrate their efforts to be healthier in relation to their whole body as well as to their MS. From there, you can make recommendations on how they can improve their health with diet, exercise, smoking cessation, regular sleep habits, and obtaining preventive health examinations. It's important to educate patients about the wide body of research in recent years that clearly shows comorbidities and habits such as tobacco use can worsen MS disease progression.

It's also important to impress on patients that they can manage their MS—it doesn't need to manage them. They need to acknowledge and treat MS but not let it rule their lives. Ignoring it won't make it go away, but obsessing about it will make it bigger than it has to be. This provides a strong rationale for beginning disease-modifying therapies (DMTs) early in the disease course, monitoring their effects on disease progression, and modifying treatment as necessary. With 20 DMTs with different mechanisms of action and routes of administration now available to treat

relapsing MS, most patients can achieve control of their disease and prevent progression. By treating their MS early and not ignoring their overall health, they can improve their quality of life and avoid many health issues long term.

Emotional Health

In the age of COVID-19, emotional health for many people hinges on dealing with stress and loneliness. The process of adapting to the “new normal” and dealing with the unknowns in our future have led to significantly increased stress levels. Learning how to cope with excess stress can ameliorate its harmful effects on the body and mind. As a result of lockdowns and social distancing, the incidence of mental illness and suicide has increased, demonstrating how important human connection is to our emotional health. Finding new ways to stay connected and reducing loneliness are more important than ever.

We also know that people with MS are prone to depression, and MS itself may cause depression and worsen related symptoms such as fatigue and pain by affecting the brain's ability to make neurotransmitters (eg, serotonin and norepinephrine) that regulate mood.

In addition to performing a depression and anxiety assessment at every visit, recommend that patients who are having trouble coping with stress talk with an MS specialist, counselor, health coach, friends, or family members about their fears and goals. In particular, a counselor or health coach can help patients develop SMART (Specific, Measurable, Attainable, Realistic, and Timely) goals.

Encourage patients to engage in a regular schedule and to find something to anchor their day—work, volunteer activities, a Zoom call, or an in-person social event if that's possible. Also emphasize regular exercise. Many patients

(Continued on page 6)




understand that physical activity is beneficial for the body, but don't realize its powerful benefits for the mind, as well. All patients should be encouraged to exercise to the greatest extent possible. If they can't engage in activities like tennis or dancing, suggest they walk, swim, or do yoga.

Also encourage patients to engage in regular relaxation activities such as yoga, tai chi, deep breathing, or mindfulness meditation. These activities can induce the relaxation response, a phenomenon identified by Harvard University's Dr. Herbert Benson. He found that rhythmic, repetitive, mindfulness-based activities can decrease activity of the sympathetic nervous system, lower heart rate and blood pressure as well as respiratory rate, and produce benefits that extend beyond the practice period.

It's also important for patients to cultivate activities they enjoy and that relax them, such as crafts and hobbies, listening to music, reading, and doing jigsaw or crossword puzzles.

Spiritual Health

Humans are spiritual beings, and studies confirm that a belief in a power greater than ourselves can improve physical and emotional health. This power could be God, Buddha, or Mother Nature. Having a spiritual belief set can make patients feel less lonely, and being connected to a house of worship and other spiritual groups can give them the company and support of others. Likewise, a spiritual practice can help people find inner peace and calm in the face of their MS diagnosis, and even, perhaps, meaning in their experience of the disease.

 *Many people with MS wonder if they can ever be well. I believe they can because the concept of wellness is about more than just physical health. It also comprises emotional, cognitive, social, spiritual, and occupational wellness."*

— TRACY WALKER,
F-NPC, MSCN

It's been found that people live longer if they have a spiritual practice—perhaps because they have lower stress levels, better ways of coping, and a strong social connection. Some studies have shown that prayer and meditation are effective nondrug ways of controlling pain. And other research, although controversial, suggests that someone who is prayed for may have a more favorable outcome than someone who isn't.

Cognitive Health

It's well recognized that MS can impair certain aspects of cognitive functioning, such as memory, verbal fluency, processing, attention and concentration, executive function, and visuospatial functioning. Aging, of course, can also impair cognitive function. Patients should be encouraged to "exercise" their brain by engaging in activities that stimulate different areas of cognitive function, such as reading, brain games, etc. Advise patients and family members to monitor closely for even small changes in cognitive function and to report them to healthcare providers so they can determine if cognitive testing and rehabilitation should be ordered. Intervening as early as possible can help to preserve cognitive functioning.

Community, Social, and Peer Support and Occupational Health

We know that being around other people can help us feel less alone and boost mood, and that having a sense of purpose can provide vital structure to the day. These things can offer motivation to continue to strive for wellness. If people with MS are able to engage in a job or schooling, that is ideal. If those outlets are not an option, MS nurses can suggest that people volunteer at their church or community center, or participate in programs that are offered at their local National MS Society chapter. Suggest that they be open about their experience of MS with family members and friends they feel they can confide in.

These are some ways MS nurses can provide support and motivation for their patients to continue their journey towards wellness. It is important that healthcare providers actively discuss the different areas of wellness with their patients to help them understand how vitally important these activities and habits can be in improving their quality of life and minimizing any negative effects of their MS. 🌐



THE NEW NORMAL ACCORDING TO DR. JENNIFER ASHTON

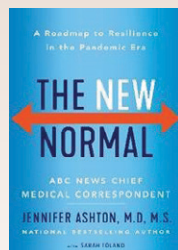
In March 2020, COVID-19 changed our lives forever. We've had a long 16 months of standing six feet apart, wearing masks (and even double masks), and washing our hands more frequently than ever before. We've watched as half a million-plus Americans have died after becoming infected with this virus and many more have become ill. Now, as COVID-19 vaccination rates steadily increase across the United States, we can see a more normal future approaching.

But what will this new normal look like? *IOMSNews* talked with Jennifer Ashton, MD, MS, ABC News' Chief Medical Correspondent (you've seen her on *Good Morning America* and *World News Tonight*) and author of the new book *The New Normal: A Roadmap to Resilience in the Pandemic Era*, about what MS nurses and their patients might expect.

Q: What do you think the new normal will look like in America for the summer of 2021?

A: I do think that we have the real potential for this summer to look much better than last summer did. But there are a lot of unknowns: How many people will be vaccinated and how the variants behave are the two biggest. In many situations, masks will still be around, but at least

In her new book, *The New Normal: A Roadmap to Resilience*, Dr. Ashton shares a reassuring approach with readers for getting through the pandemic. The book is built on a simple foundation: The way to thrive in this evolving world is by accepting the new normal for what it is—not what we want it to be—and by understanding that the virus isn't going anywhere overnight.



“The more resilient you can become physically, mentally, and emotionally, the better you'll be able to stand in the adversity.”

— JENNIFER ASHTON, MD, MS

some activities can potentially come back as more people are vaccinated.

Q: What do MS nurses need to know for themselves and their patients as we proceed into a vaccinated world?

A: I think it is important not to get tunnel vision for only COVID-related concerns. There are other health concerns out there, and we need to think holistically about all of them. When it comes to protecting ourselves and our patients, it is really about maintaining diligent infection-control practices. These things aren't just important against COVID—they help prevent other infectious diseases, too.



Jennifer Ashton, MD, MS

Q: What can MS nurses tell their vulnerable patients about the new normal?

A: Don't expect it to be like 2019. We can't live our lives in reverse. We need to learn from what we've just lived through and move forward based on facts, not fear, and evidence, not emotion. Our lives may look different, but that doesn't mean worse or better, it just means different.

Q: What can MS nurses do to help their mental health as we transition?

A: This is critical: We can't have healthy bodies without healthy minds. Protecting our mental health means getting good sleep every night, exercising, practicing self-care and self-compassion (not expecting perfection), and communicating about how we are feeling. If we are struggling, we need to ask for professional help. There is no shame in this, and actually, it's a sign of courage. Almost everyone has felt some grief, loss, anxiety, sadness, depression, or trauma because of the pandemic. Recognizing and normalizing this is the first step. 🌍

CELEBRATING DIVERSITY

Caring for Middle Eastern Patients with MS

Marie Namey, APRN, MSCN, formerly of Cleveland Clinic Mellen Center for MS Treatment and Research in Cleveland, OH, discusses how to communicate with patients from the Middle East and of Middle Eastern descent. Ms. Namey, whose grandparents came to the United States from Lebanon, was on staff at Cleveland Clinic for 35 years until she retired last year, and while there saw a diverse array of patients with MS.

The Middle East is a large and diverse geographic area populated by people who are a mix of Muslim, Christian, and Jewish faiths. The prevalence of multiple sclerosis (MS) has been increasing in these countries—so much so that there is now a Middle East North Africa Committee for Treatment and Research in Multiple Sclerosis (MENACTRIMS), a sister organization to the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS) and the Americas Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS). MENACTRIMS originally released evidence-based guidelines for the diagnosis and treatment of patients with MS in 2015, and updated these consensus recommendations in

2019. These guidelines are in line with those in the western world, although new disease-modifying therapies (DMTs) are typically introduced later in the Middle East and North Africa than in North America and Europe. In addition, access to these expensive drugs can be difficult for many people living in the Middle East, particularly in countries like Syria and Iraq, where reimbursement is limited. Wars in the region also create barriers to effective treatment of MS.

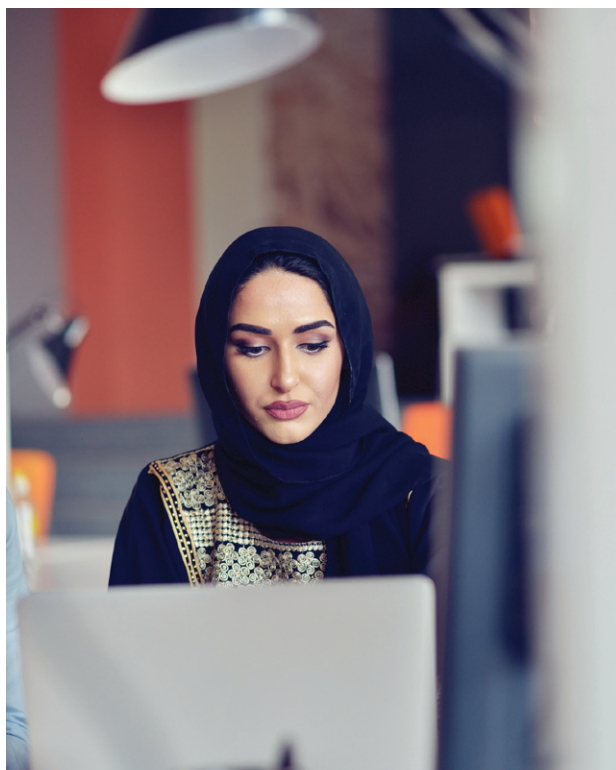
In the United States, estimates suggest that some 10 million people are of Middle Eastern descent, whether they have immigrated to the United States or were born in the US of Middle Eastern parentage. Some 3.5 million are Arab Americans, 6.5 are Jewish Americans, and over 1 million are Turkish Americans.

MS nurses may encounter these patients and must be careful to communicate with them in a culturally sensitive manner, reports Marie Namey, APRN, MSCN, taking into account, particularly with people who are Muslim, issues of modesty/privacy; gender; touch restrictions; the concept of the role and will of God (or Allah) in a person's health; rituals; dietary, alcohol, and medication restrictions; and religious rules.

"In the past, it was very hard for people with MS from the Middle East to accept this disease because this wasn't a common illness for them. Parents of children with MS would often experience extreme guilt about the disease, because of their strong belief in Allah," she notes, "and might believe the disease was a punishment of some kind."



Marie Namey,
APRN, MSCN
University Heights, OH



Communicating Effectively and Enhancing Relationships with Patients

Educate Patients and Their Care Partners

- Provide clear verbal and written information about benefits and risks of treatment options
- State disease management and treatment instructions simply, and confirm that the patient understands
- Suggest the use of memory tools (eg, taking handwritten notes or recording the conversation on a mobile phone or other recording device, or encouraging a companion to accompany the patient to clinic visits) to help patients retain information after the clinic visit
- Reinforce treatment counseling points verbally and by providing written instructions and patient education materials

Establish and Clarify Realistic Expectations

- Employ a hopeful approach and avoid minimizing patients' concerns
- Emphasize that treatments for MS are preventative and not curative
- Suggest coping strategies, such as relaxation techniques, exercise, mental health counseling, etc.
- Consider the impact that concomitant illness may have on the patient

Enhance Support Networks

- Facilitate access to comprehensive health care in the clinic and at home, and refer patients to other healthcare providers (eg, rehabilitative clinicians, psychosocial counselors) when necessary
- Provide access to community resources, such as support groups and peer support

Tips for Communicating Effectively

Ms. Namey offers the following advice for working with patients from the Middle East and of Middle Eastern heritage.

- In most Middle Eastern countries, Arabic is spoken as the first language and French perhaps as the second. "If you have Arabic patients, it would be nice if you learned how to say hello and how are you in Arabic or whatever their native language is," she says, which helps to put the patients at ease with you. "As Nelson Mandela said, 'If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.'"
- If possible, have a translator sit in on the visit if patients don't understand English well.
- Begin the visit by asking patients questions about what is comfortable and acceptable to them. For instance, with devout Muslims, it's important to know that eye contact and physical touch should be minimized, especially between a provider and a patient of another gender. Ask: Is it okay to touch you? Is it okay to be close to you? Also ask patients about their personal beliefs and behaviors.
- If they say it is not okay to touch them, try to have same-gender providers perform physical examinations, or at least have a same-gender third person in the room. "Male patients of Middle Eastern descent used to be more concerned about trusting a female provider, but that has improved recently, especially among second-generation Americans," Ms. Namey says.
- Tell patients what to expect when they come in for a visit or if they are scheduled for an MRI scan or monitoring tests.
- Give patients written information or refer them to a website like that of the National MS Society that has simple-to-comprehend information about MS and test results. When educating, use pictures to show patients what an MS lesion looks like.

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EASY, RELAXING CRAFT ACTIVITIES FOR MS NURSES

Nancy Monson is the Editorial Director of IOMSNNews and author of Craft to Heal: Soothing Your Soul with Sewing, Painting and Other Pastimes. She has written articles for national magazines such as AARP The Magazine, Bottom Line Personal, Family Circle, Harvard Special Health Reports, Reader's Digest, Shape, USA Today, Woman's Day, and Women's Health, and websites such as www.AARP.org and www.NextAvenue.org. She writes about topics ranging from creativity and crafts to travel, relationships, health, nutrition, fitness, and pets. She is a lifelong crafter and an avid quilter and fiber artist. Visit her website at www.nancymonsonart.com.

Life has been hard lately. Really hard. Harder than we can ever remember it being. We're overworked. We're overeating. We're under-exercising. We're languishing (a new term for the in-between place between depression and mental health characterized by a lack of well-being). We've been feeling a sense of ennui, listlessness, an inability to focus, and pandemic boredom. We are all stressed out.

A poll conducted by *The Washington Post* and the Kaiser Family Foundation this spring found that around three in 10 healthcare workers have considered leaving medicine. Sixty percent say pandemic-related stress has damaged their mental health, and half feel burned out.

As a creative, I can tell you that tapping into your crafty side can help distract you both from the distressing aspects of life right now and going forward, reducing stress and offering a way to self-soothe. More than just being fun, researchers are finding that pursuing a craft can help relieve stress as much as meditation, deep breathing, and other relaxation techniques. Creative activities that can bring on "flow"—a state of intense absorption and joy—can be healing. Repetitive and rhythmic crafts such as knitting and sewing may even evoke the relaxation response, an evidence-based feeling of bodily and mental calm that's been proven to enhance health and reduce the risk of heart disease, anxiety, and depression. Best of all, you don't even need to be good at a craft to get mental benefits. But you do have to release yourself from expecting perfection or great skill in order

to achieve stress reduction and promote relaxation.

This article highlights three types of activities that you can easily do at home and on the go and that don't require a lot of supplies.

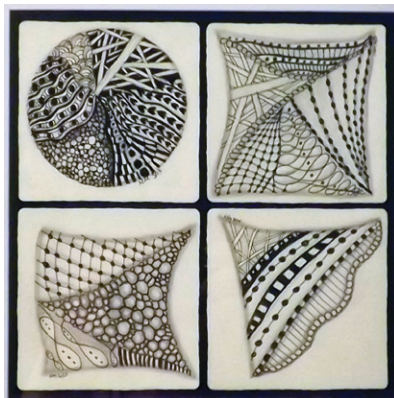
Zentangle® Drawing

The Zentangle Drawing Method is a structured drawing technique that is relaxing and pleasing. It's more intentional than just doodling—you make specific patterns called tangles—but you don't need to have a lot of artistic talent to make the drawings. And while it looks complicated, the truth is that you just have to be able to follow step-by-step patterns to create beautiful tangles.

The mantra of the Zentangle Method is that "Anything is possible, one stroke at a time.™" Zentangle art is all about being mindful and present, paying attention to what you are doing and getting into a rhythm and a flow, which pushes away worries and distractions. The drawings unfold in an unplanned, yet structured way,



Nancy Monson
Editorial Director,
IOMSNNews
Health Coach
Southbury, CT



Zentangle drawings and supplies.



All photos courtesy of Nancy Monson

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and everyone's drawing comes out differently—even though each person creates the same patterns. There are no mistakes either; if your tangle doesn't look like another person's tangle, it just means you've created a personalized version.

"The Zentangle Method works with what we call the 'elegance of limits' to inspire a creativity that isn't normally experienced with the just-do-anything approach to doodling," says Rick Roberts, who along with artist and calligrapher Maria Thomas founded Zentangle, Inc. The duo from Whitinsville, MA, created the method back in 2003, merging the best of meditation and art, and have since trained thousands of teachers all over the world. These Certified Zentangle Teachers (or CZTs—including me) have, in turn, taught others the technique.

A study from Drexel University found that 45 minutes of drawing a day reduced levels of cortisol, making people feel calmer. And a survey of 1,362 people worldwide conducted by researchers at the University of St. Joseph in Hartford, CT, showed that people who made Zentangle drawings felt the activity relaxed them and helped them to focus, eased pain and anxiety, and enhanced their creativity.

"We believe life is an art form and that each of us is an artist," Roberts concludes. "You are more creative, more imaginative, and more expressive than you could ever know. And Zentangle drawing helps you to access that creativity and make beautiful drawings as a bonus."

How to Learn

Supplies: You can use any kind of paper, but if you're serious about Zentangle, purchase lovely paper "tiles" from the www.Zentangle.com website or from Michaels, which sells Zentangle kits. You also need a black fine-line marker (Micron and Pigma pens are good brands, but any fine black marker will do when you're just starting), a smudger (also called a tortillon), and a black pencil to work on white tiles and a white fine-line marker (Gelly Rolls are great) and a white pencil to work on black tiles.

For beginning instruction: Go to www.zentangle.com and <https://www.youtube.com/channel/UCOTuMDZPrfXCptwr-Q1EzqA> for videos to show you how to create your drawings.

Patterns: The website www.tanglepatterns.com was created by a CZT to share an ever-expanding library of tangles.

Books to learn from:

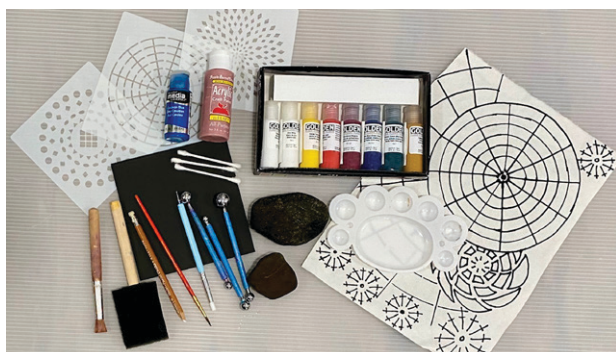
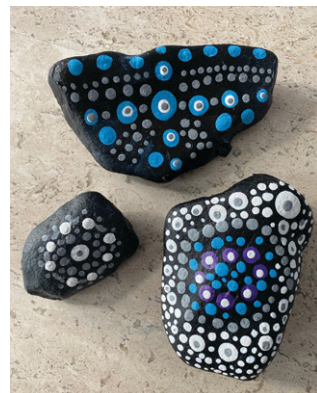
- *The Book of Zentangle* and *Zentangle Primer 1* by Rick Roberts and Maria Thomas
- *The Great Zentangle Book* by Beate Winkler, CZT
- *One Zentangle a Day* by Beckah Krahula, CZT
- *Time to Tangle with Colors* by Marie Browning, CZT

Mandala and Rock Painting

Making dots with acrylic paint on rocks or heavy paper is one of the hottest crafting trends today because it's relaxing and rewarding. You do have to practice a bit to get perfect circles, but with the help of stencils you can make intricate and beautiful mandalas and other patterns.

How to Learn

Supplies: You need a scrapbooking paper or cardstock, usually black and cut into



Mandala and rock painting examples and supplies.

5 1/2" x 5 1/2" squares, and/or rocks with smooth surfaces that you paint black. You'll also need to buy water-based fluid acrylic paints like Golden Fluid Paints, DecoArt, or Plaid Folk Art Paints that are thin and flowy to paint with; white and metallic paints look particularly great for dots. To make the dots, you can use the eraser end of a pencil, the round handle end of a small paintbrush, or a Q-tip. There are also dotting kits available for \$10 to \$20 on Amazon.com and

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Target.com and at craft stores that contain dot-making tools and mandala stencils to guide your compositions. **Tip:** Be patient and work in sections so you don't smudge the paint.

For beginning instruction:

- <https://rockpainting101.com/dot-mandala-beginner-tutorial/>
- <https://www.youtube.com/watch?v=FdzuaADrk7I&t=1843s>
- <https://www.youtube.com/watch?v=XVWvRVYhGZs>

Book to learn from: *The Art of Stone Painting: 30 Designs to Spark Your Creativity* by F. Sehnaz Bac

Collage

You've probably done collage or scrapbooking at some point in your life, so you know it's simple and satisfying. It can also be a good way to explore your mental state and work through problems.

Supplies: You can use any kind of heavy paper, watercolor paper, cardboard, a canvas, or my favorite—Amperсанд Artist Panels—as your foundation. **Tip:** If you're going to use paper or cardboard, prepare the surface first so it doesn't curl. Do this by brushing water on both sides and using paper tape or objects to keep it flat till it dries.

Other than that, you need scissors, glue (I like a fast-dry glue like Zip Dry that doesn't bleed through the paper, but you can also use a glue stick), papers (specialty papers, tissue paper, wrapping paper), and photographs.

Beginning instruction:

- Think of a theme, memory, emotion, or issue you want to explore.
- Use your photographs, cards you've received, and personal items in your collage. You can also buy scrapbooking and collage stickers and images. **Tip:** Make a photocopy of magazine images on higher-quality paper if you want to use them. Otherwise, the glue will stain them.
- Decide on a focal point—a large image (like the woman's face in my collage to the right) that will be the main focus of your collage. You can set this image in the center, or on the right or left side of your foundation. Your eye will first be drawn to this image and then move around the collage from there.

- Decide on background colors and papers. You want different textures and areas of light and dark to create the most interesting piece.
- Piece the colors and papers together—ripping them, cutting them artfully, overlapping them. Lay them out without glue first. Keep looking at your composition and experimenting, moving things around, taking things off, and putting other things on.
- Once you like the look of the background, glue them down.
- Then paste the main image to your board. **Tip:** Put glue on the board and not the image.
- You can alter the photo with pens, and add written or typed words or phrases.



Collage example and supplies.

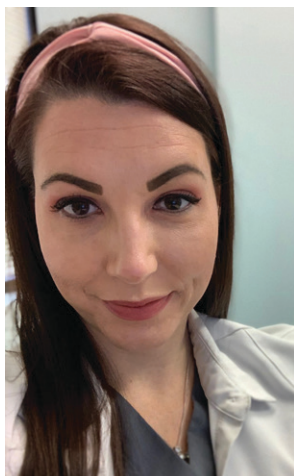
- Keep adding to the image with other photos, words, and embellishments until you feel the piece is done!
- Sign and date your composition for posterity.
- Spray or paint with varnish like Krylon Low Odor Clear Finish or Mod Podge Clear Acrylic Sealer to set and protect your collage. Frame it if you like and hang it on your wall or put it in a scrapbook. 🌍

MEET YOUR NEW NORTHEAST LIAISON MEAGAN ADAMSON, DNP, FNP-BC, MSCN

Stepping into the shoes of IOMSN stalwart Northeast Liaison Joan Ohayon, MSN, BSN, CRNP, MSCN, is no small task, but when Ms. Ohayon and IOMSN President Denise Bruen, NP, MSCN, asked if she would, Meagan Adamson, DNP, FNP-BC, MSCN, immediately said yes. “I’ve been fortunate to have Joan and Denise as my mentors, and I considered the invitation a compliment,” she says.

Dr. Adamson has been an IOMSN member since 2014, and sat for her Multiple Sclerosis Certified Nurse (MSCN) examination in 2016. “I find IOMSN to be a strong network of nurses who are highly skilled in MS, and a group that provides unique educational opportunities to learn specifically about MS care,” she reports. “I also like that IOMSN supports all types of nurses who are interested in MS, from Associates to RNs to NPs.”

Dr. Adamson graduated from St. Elizabeth College of Nursing, located in Utica, NY, in 2006 with an Associate’s degree. She then went on to obtain a BS and MS in Nursing from the State University of New York Institute of Technology in Utica. “After I got my Associate’s degree, I started working as a medical-surgery nurse at St. Elizabeth Medical Center, a local hospital in Utica,” she recalls. The hospital saw a diverse array of populations, including refugees, and was a trauma center. St. Elizabeth encouraged nurses with Associate’s degrees to obtain their BS in Nursing, so she decided to pursue that degree, followed by her Master’s degree. “I loved working in the hospital environment, but I wanted to give a higher level of care to patients, so getting an MS and becoming a nurse practitioner sounded ideal,” she says.



Meagan Adamson,
DNP, FNP-BC, MSCN
Neurology Center
of Fairfax
Fairfax, VA

After she earned her NP, she briefly moved to Miami for a couple of years. Her first position was working as a family NP at inpatient psychiatric facilities in Broward County. It was during this time that Dr. Adamson decided to further her education. “The American Nursing Association was at the time encouraging NPs to go into doctoral programs, so I decided to pursue a Doctor of Nursing Practice (DNP) degree at Chamberlain College of Nursing in Downers Grove, IL,” she says. Once she completed that degree, she moved with her husband to Fairfax, VA, and began working with James Simsarian, MD, in a private general

neurology practice. “I always enjoyed neurology, but I had limited experience in that area of medicine. Dr. Simsarian called and asked me if I had heard about MS. I hadn’t, but he was eager to teach me about the disease, and I started working with him at the Neurology Center of Fairfax in 2013.”

Dr. Adamson and Dr. Simsarian see the patients with MS in the practice, which has a dozen other neurologists on staff. “Eighty-five percent of my patients have MS, but I also see patients with dementia and headache,” she explains. “I started by seeing patients while Dr. Simsarian shadowed me. I then began to see patients on my own and he would review my notes and their charts. A year or so after I began, I had built an independent practice.”

Seeing Patients During the COVID Pandemic

Back in the spring of 2020 when the United States was largely in lockdown due to the

(Continued on page 20)

pandemic, Dr. Adamson reported that she and Dr. Simsarian had begun seeing patients 100% virtually. “We worked from our office using a virtual platform with video and audio, which allowed me to see about 12 patients a day,” she says, although their infusion center remained open so patients could continue their treatments.

Today, she says she is still seeing approximately 90% of her patients virtually. “I only bring in patients if they are having acute relapses or if they are new patients.” The practice hasn’t experienced any

COVID exposures in the office or infusion center, and now that COVID-19 vaccinations are being implemented widely, the practice is revisiting its policy and may begin bringing people into the office again. “I don’t think telemedicine is going to go away because it has been proven to be of benefit to some patients,” she says, “but it has definitely limited our ability to perform a comprehensive physical exam. I think telemedicine visits are appropriate for the moment, but MS changes can happen subtly and we need to see people in person to get the full picture of their status.”

There are still a lot of unknowns about MS and COVID-19, so it’s useful to have access to the IOMSN network and forum to bounce ideas off of other providers, Dr. Adamson says. “Initially, our biggest concern was that the COVID infection might be worse for people with MS, although I haven’t seen that personally in my practice. Vaccines are the most recent development. I am interested in getting more information regarding the effectiveness of the vaccines in patients with MS.” She is also enthusiastic about the COViMS Registry (www.covims.org), which is compiling

“I find IOMSN to be a strong network of nurses who are highly skilled in MS, and a group that provides unique educational opportunities to learn specifically about MS.”

— MEAGAN ADAMSON,
DNP, FNP-BC, MSCN

data on patients with MS, neuromyelitis optica spectrum disorder (NMOSD), and MOG antibody disease who contract COVID.


Her Goals as IOMSN Liaison

Dr. Adamson’s territory as IOMSN’s Northeast Liaison includes New England, New York, Pennsylvania, New Jersey, West Virginia, Maryland, Delaware, and her home state of Virginia. “It’s a large geography, and I think that the virtual platform we’ve developed during the COVID pandemic may actually be beneficial in many ways for educating and recruiting more nurses to IOMSN and MS nursing,” Dr. Adamson says. “Initially, I plan on reaching out to local and regional nursing organizations and offering information about the IOMSN and available resources.

“I also hope to go to the Annual Meeting in Orlando this October, to meet again with my fellow nurses and other MS providers,” she says, noting that she attended the virtual Consortium of Multiple Sclerosis Centers’ (CMSC) meeting in 2020.

Getting Personal

Dr. Adamson has a 3-year-old son named Leo, with whom she is very active. “Little Leo is currently learning how to ride a bike, and that has been an adventure,” she says. He is in daycare with two other children, which “has been a blessing for me during the pandemic. I have been able to continue working while knowing my son is safely cared for.”

In her spare time, Dr. Adamson likes to catch up on medical journals and news articles unrelated to MS. “It might sound weird, but I find it relaxing and interesting. My dad was a physician and used to do the same. I guess I picked up the habit,” she says. “I also didn’t watch a lot of news before the pandemic hit, but now I watch more frequently so I know what is going on in the world,” she says, “especially as we are all thinking about making future travel plans. The pandemic has made me realize that we need to take more time to explore the world and be with our families. And now we need to mentally prepare ourselves for interacting with others again.” 

IOMSN LIAISONS

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.

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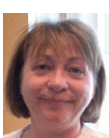
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IOMSN
International Organization
of Multiple Sclerosis Nurses

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.

Visit our website at <http://iomsn.org/>
or call us at 201-487-1050

Annual Meeting Schedule (Continued from page 2)

| | |
|---------------|--|
| 8:30-9:30 PM | VA MS Centers of Excellence and NARCRMS Investigator Dinner (by invitation only) |
| 8:30-10:30 PM | First Night |

Tuesday, October 26

| | |
|------------------|---|
| 6:00-7:00 AM | Yoga |
| 7:00-8:00 AM | Independently Supported Symposia |
| 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 |
| 12:00-2:00 PM | FCMSC Scholar Recognition Luncheon (by invitation only) |
| 12:15-1:15 PM | Product Theater |
| 1:30-2:30 PM | Roundtables |
| 2:45-4:45 PM | Platform Presentations and Clinical Courses |
| 4:45-6:00 PM | VAMSCOE Business Meeting |
| 4:30-7:30 PM | Exhibit Hall Open (Poster Session 5:00-7:00 PM) |
| 5:00-7:30 PM | Product Theaters |

Wednesday, October 27

| | |
|------------------|--|
| 6:00-7:00 AM | Meditation |
| 6:00-8:00 AM | NARCRMS Industry Advisory Board Breakfast (by invitation only) |
| 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: An Exploration of the Patient Journey (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 PM | Closing Ceremony/Awards |

Thursday, October 28

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

VIRTUAL MEETING SCHEDULE

Monday, October 25

| | |
|-------------------|-----------------------------------|
| 8:00-9:30 AM | National MS Society Symposium |
| 9:45-11:15 AM | Independently Supported Symposium |
| 11:15 AM-12:30 PM | Opening Luncheon |
| 12:45-1:30 PM | John F. Kurtzke Memorial Lecture |
| 1:45-3:45 PM | Clinical Courses |
| 4:00-5:30 PM | Independently Supported Symposium |
| 6:00-8:15 PM | Product Theaters |

Tuesday, October 26

| | |
|------------------|----------------------------------|
| 7:00-8:00 AM | Independently Supported Symposia |
| 8:00-8:45 AM | Presidential Lecture |
| 9:00 AM-12:00 PM | Symposia |
| 12:15-1:15 PM | Product Theater |
| 2:45-4:45 PM | Clinical Courses |
| 5:00-7:00 PM | Poster Virtual Session |
| 5:00-7:30 PM | Product Theaters |

Wednesday, October 27


| | |
|------------------|--|
| 7:00-8:00 AM | Independently Supported Symposium |
| 8:00-8:45 AM | Whitaker Lecture |
| 9:00 AM-12:00 PM | Symposia |
| 11:00 AM-5:00 PM | More About MS: An Exploration of the Patient Journey (Patient Education Program) |
| 12:30-1:30 PM | Product Theater |
| 2:00-5:00 PM | Symposia |
| 5:15 PM | Closing Ceremony/Awards |

Thursday, October 28

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

Celebrating Diversity (Continued from page 9)

- Include discussion of diet as part of comprehensive care when talking with patients and caregivers. “The Middle Eastern diet is often recommended as a healthy diet, and while it’s not expensive, it does take quite a bit of time to prepare many dishes, which has led to Middle Eastern people adopting fast foods and the poor American diet,” she says.
- Also assess for mood disorders, but do it in a delicate way, since many Middle Eastern people won’t readily admit to anxiety and depression.
- Include family members in visits if the patient consents. “Family is very important to people of Middle Eastern origin,” she says, “and family members will want to be informed about the patient’s diagnosis and treatment, and what he or she can and can’t do.”

- Try to normalize MS and preventive care strategies by making statements like, “Many people of Middle Eastern heritage find that X or Y is helpful.” 

*See the Winter 2019 issue of *IOMSN* for more of Marie Namey’s tips on communicating with patients and caregivers. Available at: https://iomsn.org/wp-content/uploads/2016/07/IOMSNNews_Winter2019_NoAds_Vol3-Issue4.pdf.

Sources

1. Yamout B, Sahraian M, Bohlega S, et al. Consensus recommendations for the diagnosis and treatment of multiple sclerosis: 2019 revisions to the MENACTRIMS guidelines. *Mult Scler Relat Disord*. 2020;37:101459. Available at: <https://pubmed.ncbi.nlm.nih.gov/31670208/>.
2. Ezenkwele UA, Roodsari GS. Cultural competencies in emergency medicine: Caring for Muslim-American patients from the Middle East. *J Emerg Med*. 2013. Available at: <https://doi.org/10.1016/j.iemermed.2012.11.077/>.
3. Attum B, Hafiz S, Malik A, Shamooun Z. Cultural competence in the care of Muslim patients and their families. *Stat Pearls* (Internet). January 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/29763108/>.
4. Zeineddine MM, Yamout BI. Treatment of multiple sclerosis in special populations: The case of refugees. *MSJ*. January-March 2020;1-7. Available at: <https://pubmed.ncbi.nlm.nih.gov/31976080/>.



Encourage Your Patients to Visit LiveWiseMS.org

Information is power, and the right information is empowering. LiveWiseMS.org is a premier MS resource that seeks to empower patients with MS, their care partners, and healthcare professionals by providing trustworthy, evidence-based information about the disease and its treatment.



COVID-19 Infections in MS & Related Diseases



To obtain additional information about this joint effort or to report a case of COVID-19, please visit:

www.COViMS.org

www.covims.org

COVID-19 Infections in MS & Related Diseases (COViMS) is a joint effort of the Consortium of MS Centers (CMSC), the National MS Society (NMSS), and the Multiple Sclerosis Society of Canada (MSSC) to capture information on outcomes of people with MS and other CNS demyelinating diseases (neuromyelitis optica and MOG antibody disease) who have developed COVID-19. Together, the CMSC, NMSS, & MSSC along with several independent experts launched this very important effort on Thursday, April 3, 2020.