



“Mujeres Fuertes: Viviendo con Esclerosis Múltiple como Latina”

Presented by Erica Rivas-Rodríguez, MD and Judy Farias, MD

Moderator:

Hello and welcome to the Multiple Sclerosis Association of America Educational Webinar, “Strong Women: Living with Multiple Sclerosis as a Hispanic Woman” which is part of our “Living Strong with Multiple Sclerosis” series. On behalf of MSAA, we greatly appreciate the opportunity to connect with you. As you may know, the MSAA is a national nonprofit organization based in the United States, dedicated to improving the lives of people with multiple sclerosis and community care throughout the country.

Some of our free services include patient education programming, a national helpline, cooling equipment and products, funding for MRIs, an online community, and an extensive library of publications. Visit our website at MyMSAA.org for more information about our programs and services, recent educational webinars and videos, and much more. As a kind reminder, we invite everyone reviewing this program to complete the MSAA Patient Education survey form below.

This information will help us evaluate the quality, impact, and usefulness of educational programs, as well as provide support for future education funding. “Strong Women: Living With Multiple Sclerosis as a Hispanic Woman”, which is part of our “Living Strong with Multiple Sclerosis” educational program, is provided by MSAA and our partner Impact Education. This webinar series is made possible by generous financial support for education from Bristol Myers Squibb, Genentech, and Johnson & Johnson.

This series receives additional support from our virtual exhibition sponsors including Biogen, Genentech, and Sanofi Genzyme. Details and information can be found in our new virtual showroom by visiting the link below. Before we begin, we have some important points. The information that will be shared today is for educational purposes only and is not a substitute for professional medical advice.

Additionally, MSAA programs and services are developed to comply with the laws and regulations of the United States of America. Other countries may have laws, regulatory requirements, and medical practices or availability that may differ from those of the United States. Therefore, MSAA programs and services or partner services that may be described during this presentation are not available to individuals living outside of the specially designated geographic service areas of the United States and Puerto Rico.

Now, the reason we're here together today, "Strong Women: Living with Multiple Sclerosis as a Hispanic Woman," features our expert speakers, Dr. Erica Rivas-Rodríguez and Dr. Judy Farias. It's an honor and a pleasure to introduce to our speakers today, Dr. Erica Rivas-Rodríguez and Dr. Judy Farias. Dr. Rivas-Rodríguez is an expert in autoimmune disorders including multiple sclerosis, neuromyelitis optica or Devic's disease, autoimmune encephalitis, and other rare neuroimmune disorders that affect the central nervous system.

Dr. Rivas-Rodríguez attended the School of Medicine of the Faculty of Medicine of the Central University of the Caribbean. She completed her fellowship in multiple sclerosis and neuroimmunology at the University of Southern California and completed her neurology residency at UR Southwestern Medical Center. She is certified in neurology by the American Board of Psychiatry and Neurology. Dr. Judy Farias grew up in the Rio Grande Valley, joined Urology San Antonio after completing her residency at the University of Arkansas.

She has a BA in Biochemistry and a Ph.D. in Medicine from Texas Tech University in Lubbock. She is fluent in Spanish. Dr. Farias treats urological conditions in men and women, including specialized clinical cases such as urinary incontinence, urological cancer, kidney stones, urinary tract stones, and robotic surgeries. She has been a part of Urology San Antonio since August 2018. Welcome, Doctor Rivas-Rodríguez and Doctor Farias.

Dr. Rivas-Rodríguez:

Thank you very much for the introduction. Today I have the pleasure of working with Dr. Farias and talking to them about strong women living with multiple sclerosis as a Hispanic woman.

What is women's health and why is it important? Everything related to the experience in specific health issues of women or that are more common in women. This is the definition of women's health. Women's health experiences differ throughout their lives. There are menstrual cycles, pregnancy, birth control, menopause, and post-menopause.

But what does that mean for women living with multiple sclerosis? What's the difference between women and men? Multiple sclerosis can affect women in a ratio of three to one, so it's more common in women than in men. There is no single gene for multiple sclerosis. There can be several and there is a hormonal component. When we talk about women's health throughout life, we can see it in a linear way. We have fertility, pregnancy, postpartum care, menopause, and post-menopause. And throughout life, there are also other influences, such as relationships, sexual dysfunction, and urological symptoms.

These are all important moments in life to keep your healthcare or healthcare team informed about how you're feeling, what you're experiencing, what you're thinking, and your treatment plan. Let's talk about fertility. Can multiple sclerosis affect my menstrual cycle? The answer is yes. And how is that? Well, in general, multiple sclerosis symptoms tend to get worse before and during your menstruation.

Some of those symptoms can be balance problems, fatigue, depression, muscle weakness, but they can be different in different patients or people. Body temperature can affect these multiple sclerosis symptoms and there are treatments for multiple sclerosis that can affect your cycle, including, for example, selective serotonin reuptake inhibitors and SR or SSRI and disease modifying therapies or DMTs.

Dr. Farias:

Dr. Rivas, you have been asked before how is it that ... if you're or aren't ready to start a family, you're thinking of taking the pill or the pill, what should I know with a diagnosis of multiple sclerosis?

Dr. Rivas-Rodríguez:

Very good question, Dr. Farias. Well, considering... There are considerations for taking the oral contraceptive pill and the effectiveness of these pills must also be taken into consideration while we are on specific therapy for multiple sclerosis or specific medications for multiple sclerosis. And we must also take into account the effectiveness of these DMTs is while taking the contraceptive pill.

Dr. Farias:

What are some of the things you may want to take into account with the diagnosis and the pills?

Dr. Rivas-Rodríguez:

We know that more than 40% of women with mild multiple sclerosis do not require any treatment before conception or in the postpartum period. When we talk about preconception care in multiple sclerosis, keep in mind that you have to do it in a planned way with your neurologist and your GP as well, in addition to your OB-GYN.

And you have to know what medications and treatments you're taking or receiving or are thinking of taking or receiving. Some considerations for women of childbearing age who want to become pregnant or who do not use a reliable contraceptive method, it must be borne in mind that when we take medications for multiple sclerosis, in particular, to modify the condition, these medications may have a teratogenic potential and they may have a risk known as serious relapses due to the rebound effect.

If you stop the medication because you're planning your family, you may have a rebound from your multiple sclerosis. Or there are medications or treatments with unclear but plausible risks. That means we don't have a lot of knowledge about medication. They may cause a problem, but we're not sure.

Now let's talk about pregnancy. Each person's pregnancy journey is different, whether they live with multiple sclerosis or not. It's important to remind everyone to talk with their doctor during this process, when you're considering, contemplating planning for your family.

How could multiple sclerosis affect my pregnancy? A study published in 2020 in *Neurology* concluded that the majority of women these days diagnosed with multiple sclerosis can have children without incurring an increased risk of relapse.

Women with a suboptimal disease fight before pregnancy can benefit from highly effective DMTs, which are compatible with pregnancy and breastfeeding. What it means is that there may be medications that can be taken before pregnancy that are highly effective against multiple sclerosis.

But remember, as we said, you have to be in communication with your doctor to help us manage it. What should I keep in mind about my multiple sclerosis and my treatment plan when I am planning to get pregnant or am pregnant?

Magnetic resonance imaging, CT scans and radiography during pregnancy, the impact of previous use of DMTs on fetal development, the use of symptomatic therapies during pregnancy, cesarean delivery, and use of epidural anesthesia. All of this has an implication where we talk about postpartum and multiple sclerosis, Dr. Farias.

Dr. Farias:

Will my experience with multiple sclerosis diagnosis be different?

Dr. Rivas-Rodríguez:

Yes. After I have my baby, it may be. Relapses of multiple sclerosis increase in the postpartum period. And this has to do with low levels of estrogen. There are prophylactic treatments that can prevent these relapses.

Dr. Farias:

What does a multiple sclerosis patient need to know when intending to breastfeed or breastfeed? Is there something specific about life and breastfeeding that you should take into account?

Dr. Rivas-Rodríguez:

Yes, it's very important. That question is asked a lot when women are planning to get pregnant or are pregnant. Considering breastfeeding, according to information based on the published study, we know that when the woman exclusively breastfeeds her baby, then the relapse of multiple sclerosis may decrease. It means that it's protective. You also have to consider restarting the medication. If you do not decide to breastfeed or if you breastfeed intermediately, then consider restarting DMT medications.

Postpartum depression and multiple sclerosis. About one in eight women experiences symptoms of postpartum depression. This is another point in life where patients need to stay in contact with their doctors. In a study published in 2021, women with a pre-pregnancy diagnosis of multiple sclerosis experienced an increased risk of perinatal depression. And women who began experiencing multiple sclerosis-related symptoms within five years of pregnancy had a higher risk of depression and anxiety during pregnancy.

Now let's talk about menopause. And there are some questions that we are frequently asked.

Dr. Farias:

One of the most common questions: It's something that everyone goes through. Why talk about this?

Dr. Rivas-Rodríguez:

Yes, well, when people come to the office, to the clinic and ask me, because that process of life change is approaching: Would there be a difference between my multiple sclerosis and my multiple sclerosis symptoms? Would there be any menopausal effects on my MS or MS at menopause? And yes, it does. Menopausal symptoms and multiple sclerosis-related symptoms may overlap. Some of the symptoms that may overlap include sexual disorders, mood swings, bowel and bladder dysfunction, changes in sleep, and hot flashes.

Dr. Farias:

How is it that women simply go through it and it's part of aging? But sometimes I wonder what it will be like living with multiple sclerosis while going through menopause.

Dr. Rivas-Rodríguez:

It is an important point. Consider treatment. We continue DMT treatment, we stop the treatment, and how we treat the symptoms. It should also be borne in mind that as we go through menopause, osteoporosis and falls may be more common. The effect on relapses and low estrogen status also has an effect and supportive treatments, which are treatments for the long-term symptoms of multiple sclerosis.

Let's talk about the impacts multiple sclerosis can have on a woman's health throughout her entire life.

Dr. Farias:

I can say that the... As a patient who can say that multiple sclerosis has put my relationship with my partner to the test, I am concerned that my partner does not understand my condition and how it affects our life together. What is the impact?

Dr. Rivas-Rodríguez:

This is a shared concern of the multiple sclerosis patients and her partner, and sometimes not just her partner, but other relationships. Her family or close friends also. And multiple sclerosis can have a huge impact on relationships and marriages. According to a survey conducted by MSAA, the Multiple Sclerosis Association of America, in 2019 more than half of women under the age of 55 noted that multiple sclerosis had at least some, if not a significant impact on their lives.

We are talking about sexual dysfunction where up to 70% of women with multiple sclerosis can experience sexual dysfunction.

And there are several reasons why someone may experience sexual dysfunction. For example, it may be due to neurological damage. The signals from the nerves are not appropriate. It could be a symptom of multiple sclerosis. Mood. Sometimes medications for multiple sclerosis, either DMPs or symptomatic medications.

Next, we are going to talk in more detail about the urological impact on multiple sclerosis and I will leave you with Dr. Farias to speak to you in more detail on this subject.

Dr. Farias:

Good afternoon, I'm Dr. Farias and we are going to talk a little about the urology aspect in Hispanic women living with multiple sclerosis.

Dr. Rivas-Rodríguez:

A question that patients sometimes ask me, or a concern they have, is that they sometimes get up at night to urinate much more frequently than they used to. And that is something that worries them and sometimes also not only that they get up at night, but that during the day they are having to go to the bathroom more frequently or are waiting to see where the bathroom is because they have that urge to go to the bathroom.

Dr. Farias:

Yes, of course. Symptoms of overactive bladder are very common in women of a certain age, young and older. You're not alone if you have bladder-related symptoms. You may see

frequency or urgency of urination, difficulty when urinating, frequent urination at night, incontinence or the inability to control urination or the inability to empty the entire bladder.

Why does a woman with multiple sclerosis experience urinary incontinence? Let's talk about this a little bit. Here on the right side, you see an image with several arrows pointing. It's a representation of the brain and the nerves of the spine, which, depending on which muscles and nerves are affected by the neurological damage of MS, you can have several different bladder symptoms or different urination problems.

The muscles that keep urine, which is the detrusor muscle, those muscles can be affected, or you can see the muscles that relax or empty the bladder that is the sphincter. This is a process that is a... These muscles work and must work together to expel urine and in Hispanic women or MS patients, detrusor and sphincter coordination can be affected.

Various areas can be affected in multiple sclerosis and as a consequence can affect them and have urinary symptoms that worsen over time. When I have patients who come to the office who are diagnosed with multiple sclerosis, there are several things that we look into. Number one, we take a history of what the voiding symptoms are.

If it hinders you, if you have a worse quality of life and how it was when the urine. The physical exam focuses on the pelvic exam. And we carry out a neurological exam, ensuring we take a look at hand movements, if there is strength in the muscles, problems with balance; we know that this can also affect urinary problems and urine treatments in patients.

Studies that we can offer include urine analysis to ensure that there is no infection or blood in the urine. And we can also do a bladder scan to ensure and determine that the residue after urinating is not large or that there are no problems truly emptying due to incompleteness. Another advanced study we can offer to patients is a cystoscopy, a urodynamic study that gives more information about the function of the bladder. Sometimes it's also necessary to make images of the upper tract, such as an MRI or CT scans of the kidneys.

What can be offered to patients with multiple sclerosis? There are simple and advanced approaches to help treat urinary symptoms related to multiple sclerosis. The first line of approach involves making changes in diet and lifestyle. Second, bladder retraining. Third is pelvic floor physiotherapy and fourth includes bowel management to ensure that there is no constipation since this can also affect urinary symptoms.

The second approach includes medications. There are different kinds of medications for urinary symptoms, or self-catheterization, which includes using a catheter or hose to empty the urine. This may also be offered in those patients who have trouble emptying the urine completely.

Advanced treatments that can be offered to the multiple sclerosis patients include botulinum toxin in the bladder, nerve stimulation, suprapubic tube, or reconstructive surgical treatment. Another problem that can affect patients, Hispanic women, with multiple sclerosis are urinary infections.

If you've had an infection, you know how uncomfortable it can be. Symptoms include painful urination or burning urine, frequent trips to the bathroom, foul-smelling urine. In the United States, there are more than 4 million visits to the doctor's office each year for urinary tract infections. Three or more culture-proven UTIs in a year is considered a diagnosis of recurrent UTI and this requires further investigation.

Females, immunosuppression, bladder function, and incontinence are specific risk factors in patients with multiple sclerosis and urinary tract infections. This is a representation of the stages and progression of UTIs that can affect any part of the urinary tract. Number 1 shows where the infection might begin. Number 2 shows the bladder and possibly the infection that can progress and affect the kidneys or even the entire body.

Dr. Rivas-Rodríguez:

Frequently asked questions from MS patients about treating urinary tract infections. For example, I heard that if I drink cranberry juice, your UTI symptom will go away. Is this true, Dr. Farias?

Dr. Farias:

I always... This is a very common question that patients receive and, in truth, there is an ingredient in cranberry that can help to improve urinary infections, naturally at the beginning of the infection. And cranberry juice can help. Yes, it's something that I do recommend if it helps, because there is a special ingredient in the cranberry that can help. Yes, it's partly true.

Dr. Rivas-Rodríguez:

How interesting! Thanks. Another question they ask me is: It seems like every time I have a UTI my doctor prescribes a different antibiotic. What is this about?

Dr. Farias:

I would need more information, but it's very important and I want to ensure that everyone understands this. It's very important that if you feel that you have a urinary infection, that you always send the urine to be cultured, which is to the laboratory, to ensure that you're receiving the appropriate antibiotic. One of the things that can happen, and the reason you may be getting a different antibiotic every time you have a UTI is that possibly, number one, you're not clearing up the infection or, number two, we are not giving you the specific antibiotic you need to improve from infection.

It all depends on this. I would need more information. But it's something that I want to reinforce, in ensuring that a urinary culture should always be sent to the laboratory if you have symptoms of an infection to ensure that it's an infection and not symptoms of a urinary problem. Where it seems to be an infection, or changes in menopause that look like an infection, but is not.

Dr. Rivas-Rodríguez:

With that information is another very relevant question. Our patient says: I know I have a UTI again, but my doctor says the test came back negative, which is why I don't have a UTI.

Dr. Farias:

Yes, it's like I've said. There are patients, especially women after menopause, who may have symptoms that seem to be an infection, but it really isn't. Obviously, if the result is negative, it means that there really is no infection, so we'd need to do more research. And to see what is what ... without the symptoms, what is actually happening.

The most common urinary symptoms of overactive bladder or especially in patients with multiple sclerosis. As we speak, there are several parts of the body, the muscular and nervous system that can be symptomatic, feeling like it's a urinary infection, but it's not. You'd have to look further to see what it is, what is happening.

Dr. Rivas-Rodríguez:

One of the concerns that I hear very frequently from women living with multiple sclerosis, and particularly because these women are young women of reproductive age, and want to plan their family and have babies.

The advancement that we have seen in multiple sclerosis over the years has been a very big advancement, where we have many drugs that have been approved for the treatment of multiple sclerosis. And some of these treatments, with the help and guidance of your doctor, can help you maintain a balance and control your multiple sclerosis and also have a healthy pregnancy and be able to have a healthy baby.

So it's important that you talk with your doctor to plan your family. And I want to assure you that it's possible to get pregnant, it's possible to have your baby and even post-pregnancy care is also possible. We know much more about how multiple sclerosis affects women and how there is a hormonal influence and we can take everything into consideration and guide you so that you can have your family.

Dr. Farias:

Well said, doctor. I will say the same for all the patients who have been diagnosed with multiple sclerosis. Several of these changes do happen in women, in any woman, but hopefully we've show that there are treatments, and we can offer treatment in one way or another to ensure that whatever step of their life you're in, we are here, we can help you, and you're not alone.

We want to thank MSAA, thank everyone who was able to be here with us today. Thank you, thank you very much for participating.

Dr. Rivas-Rodríguez:

Thanks to everyone for participating. Thanks to Dr. Farias and the Multiple Sclerosis Association of American for organizing this little talk. I hope you liked that you have learned a lot.

Moderator:

Thank you for joining us in this webinar. MSAA would like to thank our Bristol funding partners Myers Squibb, Genentech, and Johnson & Johnson for supporting this series, as well as our virtual showroom sponsors including Biogen, Genentech and Sanofi Genzyme. We would also like to thank Dr. Rivas-Rodríguez and Dr. Farias for taking time out of their busy schedules to provide us with this critical information, and for Impact Education, LLC for partnering in providing this program.

To learn more about our online educational programs, visit the MSAA event calendar for upcoming webinars. And as a kind reminder, we invite everyone viewing this program to complete the MSAA Patient Education survey form below. This information helps us evaluate the quality, impact, and usefulness of educational programs, as well as support future funding for education. On behalf of MSAA, thank you for participating.