



Family and Caregiver Support: Taking Care of Those that Support Us

Presented by:
Victor M. Rivera, MD, FAAN

Yahaira Rivera:

Hello, good evening. Welcome to our webinar, "Family and Caregiver Support: Taking Care of Those that Support Us." This seminar will be presented by Dr. Rivera and is part of our initiative Together Finding Resilience, Living with Multiple Sclerosis. This initiative is part of our efforts to bring health equity, especially for the Hispanic and Latinx community.

My name is Yahaira Rivera Bobadilla, and I am the Director of Mission Delivery and Program Development for the Multiple Sclerosis Association of America, and I will be your host tonight. This program is presented by the Multiple Sclerosis Association of America, better known as MSAA, in collaboration with Impact Education, and is made possible through the generosity of our sponsors, Biogen, Bristol Myers Squibb, Genentech, and Sanofi Genzyme.

For our English-speaking viewers, thank you for joining us tonight, thank you for joining MSAA's live webinar, "Family and Caregiver Support: Taking Care of Those that Support Us." Know that this webinar is going to be conducted in Spanish, however, we are providing the content slides in a bilingual mode, so you'll be able to follow along with the English content, and also to participate using the chatbox to provide your comments, your thoughts, and your questions during the Q&A portion of tonight's webinar.

Welcome everyone and let's get started. Next slide.

Before we begin our seminar, I want to give you some information about who we are and the services we have available to the multiple sclerosis community. MSAA or The Multiple Sclerosis Association of America is a national non-profit organization dedicated to improving the quality of life for the multiple sclerosis community through vital services and support. These support services include a toll-free helpline, which you can call Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern time. We also have an equipment distribution program that includes equipment that helps you safely move around the house and do daily tasks, such as grab bars, walkers, shower chairs, or yoga and exercise mats. Additionally, we have cooling vests to help with heat sensitivity. We also have an MRI access fund program where you can receive financial help to cover the cost of an MRI exam, as we know it in English, which is so important for diagnosing multiple sclerosis and also for monitoring progress. If you want to participate in

these support resources, you can call us and fill out an application and if you qualify, the equipment will be sent to your home or financial support will be sent to you.

We also provide educational programs to keep the community informed. We have online tools and digital resources with important information, such as magazines, information about vaccines, the Hispanic American experience of multiple sclerosis, and many more resources available on our website. We also have social networks and Community Connection so that you can keep up to date with our events and meet other people who also live with multiple sclerosis.

For more information about our services, you can contact our helpline or visit our website, mysaa.org, as you see on the screen. Next slide.

We want to join our community and wish you a happy Hispanic Heritage Month which is celebrated from September 15 to October 15 and is a time in this country, in the United States, to celebrate the contributions of Hispanic and Latino members and remember all the people who have left their home country, have come to the United States, and contribute every day to society and the community. And what is better than celebrating our culture, our history, and our achievements? So, Happy Hispanic Heritage Month! Next slide.

A quick disclaimer: We want to remind you that this program is for informational and educational purposes only and does not constitute any formal recommendations or diagnoses provided to you by your healthcare provider. If you have specific questions about your diagnosis and treatment, we always recommend that you consult your doctor for advice. I also want to let you know that during tonight's program, we are going to have different opportunities to interact and answer your questions. You can write your questions and comments in the chat, and during the Q&A session with Dr. Rivera, we'll try our best to share them. I also want to let you know that after the program you will have access to a survey. We ask that you please take a few minutes to fill out the survey and let us know how you liked today's program, and if you have suggestions, it would be our pleasure to read them as well. Next slide.

Now, let's talk a little bit about our learning objectives tonight. Alongside Dr. Rivera, we will explore how the family can be the main source of identity and support, and we will also explore how people living with multiple sclerosis and their caregivers, be it family members or close friends, can support each other emotionally and practically. Next slide.

And now, without further ado, it fills me with great pride and joy to introduce our guest speaker tonight. We are pleased to have Dr. Victor Rivera, Distinguished Professor Emeritus of Neurology at Baylor College of Medicine in Houston, Texas, and Founding Director of the Maxine Mesinger MS Clinic in Houston, Texas. Dr. Rivera obtained his Bachelor of Science from the Centro Universitario in Mexico City and his Doctor of Medicine from the National Autonomous University of Mexico.

He completed his internship at Manchester Memorial Hospital in Connecticut and did neurology residencies at Wayne State University in Detroit State and Baylor College of Medicine in Houston, Texas. Dr. Rivera has been a pioneer in the study of multiple sclerosis and has dedicated his career to clinical research and neurological education in multiple sclerosis since the late 1980s. He is a Distinguished Professor Emeritus of Neurology in the School of Medicine at Baylor College of Medicine and is the founder and first director of the Maxine Mesinger Multiple Sclerosis Clinic, School of Medicine at Baylor Methodist Hospital in Houston, Texas.

Dr. Rivera is also a member of the American Academy of Neurology and collaborates with professional groups that focus on multiple sclerosis both nationally and internationally. In addition, he was the founder and twice president of the Latin American Committee for Treatment and Research in Multiple Sclerosis, better known by its acronym LACTRIMS. Currently, Dr. Rivera serves as its Chancellor. He retired from active leadership of the multiple sclerosis clinic and practice in 2011 but continues to be heavily involved in multiple sclerosis education and research in the United States and throughout Latin America. Doctor Rivera, welcome. We are pleased to have you with us tonight and thank you for joining us.

Dr. Victor M. Rivera:

Thank you very much, Yahaira. It's a very generous introduction that I appreciate, and I also appreciate this great opportunity that MSAA has given me to be with the audience and discuss this topic, which is quite important. Next slide, please.

Let's begin thinking about this - What does the word or concept of family mean? Families? When any of you hear the word "family", what comes to mind? Remember that we have the chat and of course any comments you have we will gladly consider for discussion. For me, family is one of the most important institutions we have that gives us life and shapes us into the people we are. After we are born, with the help of our parents, we grow over the course of a life that can be complicated or difficult at times, but generally, it fills us with happiness when we see the members of our family. It is such a special situation, so important, and the good thing is that in our culture, our Latino culture, the family is characterized as a unit. We are very close-knit, and we always want to make sure that our family is happy, that everything is fine, and that we have many ways of expressing those feelings. Next slide, please.

Families are often the people who support us throughout our lives. I refer initially to our parents, many times to our grandparents, and always, always the members closest to us can be brothers, sisters, or cousins. In short, in our culture, we also have the interesting situation that many times we consider our long-time friends as family, or even recent friends, with whom we identify and whom we love, support, and want to help.

Interestingly, a person with multiple sclerosis is often helped and supported by family members. Not always, but this is very common, particularly, again, in our culture. Let us remember that the journey of multiple sclerosis is long, it is a disease that lasts a lifetime. I always make the comparison that multiple sclerosis is not like a race in that you can run quickly and then rest a little later because you have already reached the goal. Right? Multiple sclerosis is a journey, it is a very, very long race, very slow, but we are always going to have faith that things are going to get better, and tonight we are going to discuss how some of the people who help us and support us the most are people from our own family. Next slide, please.

What does emotional support mean? Very important. Very important. Family supports us because they love us, but we also love our family. So, it's mutual support. The person who lives with multiple sclerosis must be surrounded precisely by that support, that affection, that understanding. We are going to discuss in a little more detail how this union can be realized, this reciprocal situation where the caregiver supports the person living with MS, and the patient with MS can help his/her helper. This is part of tonight's message. For example, some of the ways that we can support each other emotionally are: spending time together, listening without judging, sometimes it's hard, but it can be done, sharing a hug, sharing a handshake, sharing something, listening to a song we like. In short, there are many ways to give emotional support, and many times a few kind words work better than many medications, antidepressants, etc. So emotional support is very, very important in this situation. Next slide, please.

But we also have practical support. How can the family practically support a loved one living with multiple sclerosis? I think that all of you who are listening can give us examples, can give us opinions about this question, how can the family support each other in a practical way? Well, I also have examples: taking the patient to a medical appointment, or helping with errands and chores, there are many ways that practical support can be given to the person who requires it. Next slide, please.

Now I turn to the caregivers. As I mentioned initially, earlier, they can be members of our family or friends that we trust and count on. In our culture, again, it is very common that they are people from our family, but nevertheless, they are still people that we can count on as very close friends or volunteers. In short, there are lots of possibilities. The question is how have your family or friends supported you in the process of coping with multiple sclerosis? You are not alone; you are never alone. How have you supported a loved one who has multiple sclerosis? Giving us examples and giving feedback would be very helpful. Next slide.

I think Yahaira is going to read a comment to us at this time.

Yahaira Rivera:

I am going to read you a quote from Josie, who currently lives with multiple sclerosis, let's hear her perspective: "My sister has always been there for me, from day one. She was with me at the neurologist's appointment when I found out I had multiple sclerosis. Since that day, she has been my rock and fortress. I couldn't get through all of this without her help. I wish I knew how to support her because I know this is hard."

Dr. Victor M. Rivera:

Thank you very much, Yahaira. I want to make a couple of comments here. Josie has multiple sclerosis and is living with multiple sclerosis. From what we see in the photograph, Josie probably is a young woman. As we know, multiple sclerosis, unfortunately, affects more women than men. And when it comes to the Latino population, it starts earlier in our community than in other communities with multiple sclerosis. For example, those of European descent generally start a little later, but it is always a disease that begins in youth and often in early youth.

From what I see here, Josie finds in her sister her rock, her strength, her anchor. And I get the impression that before they gave her the diagnosis, of course, Josie did have some manifestations, some neurological symptoms that led to some tests being done, and as you know, the process of diagnosing multiple sclerosis is quite complicated and requires many studies. It requires magnetic resonance imaging, and many times a lumbar puncture to remove a sample of cerebrospinal fluid. They are all complicated experiences, and they are difficult, and of course, her sister was always there and that is why Josie says that she accompanied her even the day they gave her the diagnosis, and I can imagine how difficult it was to leave the office that day for both of them. Yahaira, please.

Yahaira Rivera:

Now I'll read a quote from Amanda, who is Josie's sister, caregiver, and support partner: "I will always be here for my sister. I have seen how difficult it is for her to live with multiple sclerosis. It is very stressful to see her when she has difficult days. It is also difficult for me because I am the only person who takes care of her. She tries very hard, but I still drive her to all her appointments, help her with the housework, and try to be there for her. Lately, I have been

feeling very exhausted, not because it's upsetting to take care of her, but because it really is a lot."

Dr. Victor M. Rivera:

I think I have a comment here as well, Yahaira, in the sense that the sister, Amanda, is already having like... she's having difficulties from a physical point of view, from an emotional point of view, she feels exhausted, most likely frustrated, to a certain extent she is the only person who is taking care of her sister. That is a tremendous burden, a tremendous responsibility. From the caregiver's point of view, in certain cases, not all, but in certain cases they have a "36-hour day." If we see it that way, then we must be very aware and very sensitive to what is happening to our caregivers. Well, in this case, it is a sister, but it could be someone else, it could be a father or mother, each circumstance is different, and it is through the many years that I have had the opportunity to work for young people with multiple sclerosis and its impact on them as caregivers. I have seen incredible things. Young children, for example, who are the ones who learn to speak English more quickly, a son or a daughter suddenly becomes a caregiver for a person. We are seeing that less now because of advances in information, education, and support in general in society. But a few years ago, I witnessed a very, very serious situation and it moved me very much. Next slide, please.

How the caregiver may feel. Was anyone able to relate or identify? (I'm referring to the audience now) with how Amanda feels as a caregiver. She is exhausted, she is tired, and she realizes that it is a great responsibility and that she has to do a lot for her sister. She is also a support partner. So, I don't know if Yahaira has any comments from the audience right now for all of us.

Yahaira Rivera:

Yes, Dr. Rivera, we do have a comment from one of the participants who says, "One of the most direct supports is to have a lot of patience and understand that the person with multiple sclerosis may have cognitive disabilities, or that they cannot do other things that seem very obvious or simple."

Dr. Victor M. Rivera:

Excellent, excellent. We accept that completely and incorporate it into our sensitivity towards the person who is sick and the person who is left to support them. Next slide.

This is an interesting situation. The stages of grief that we now apply to caregivers, as Yahaira mentioned, were taken from the stages of grief when someone dies or is already in an advanced stage of illness. That doesn't apply to multiple sclerosis, but in general, cancer, for example, or a massive stroke or something like that. So, in any case, from a psychological point of view, a book has been written for more than 50 years precisely analyzing these stages of grief from a psychological point of view. And here in this situation, we apply it to caregivers as well, when they are denying that there is anything wrong.

Amanda and her sister did come out of the doctor's office, and they were both completely confused, worried, and scared. And many times, the first reaction is to deny that there is something wrong. "No, I think it's a different thing." Anyway, another stage is anger - "But why did it happen to me?" Then you negotiate, try to accommodate the situation the best you can from an emotional standpoint, or you experience serious depression, and finally many times, it ends, sorry for the repetition... accepting the situation.

Now, in these stages, I do not want to say that the first is denial and the second is saying no, they do not follow one another, and many times, this does not always happen in everyone. There may be people who start out angry and then become depressed, and there may be other people who remain in one of these stages for a long time and do not experience anything different. Therefore, the question I have for our audience is: Have you experienced any of these stages as a caregiver? I am referring to those who are taking care of the patients. I don't know if Yahaira has any questions or a comment from someone.

Yahaira Rivera:

Not yet, but we invite you to share your experiences or your thoughts with us through the chat, and then we can share them with everyone.

Dr. Victor M. Rivera:

One more comment I'll make on this topic, and I have seen it on two occasions, in which the patient has several caregivers. Fortunately, they are all family members, including the patient's mother, and many times the mother refuses to think that her daughter has multiple sclerosis and when they come to the consultation there is a big discussion with the mother about it. But all of this is natural, and it was already mentioned by a participant that you must be patient, but patient with everyone, including the doctor who is listening to the symptoms and who is discussing the situation with the family. It is very important to incorporate the family in all crucial meetings, mainly the caregiver, because the caregiver is the one who will have this situation of being in continuous contact with the patient. Anything else Yahaira?

Yahaira Rivera:

Yes, we have a comment: "It is very difficult to accept reaching that stage of acceptance and it is also difficult to accept that we will be caregivers forever because up to now there is no cure for multiple sclerosis. So, we must accept that in the long term it is an illness for life and that it changes the daily lives of families." So, he is saying that "they both face the long journey of multiple sclerosis, both the patient and the caregiver." Thus, it's hard to get to that stage of acceptance.

Dr. Victor M. Rivera:

Excellent. It is a very appropriate comment and, again, each case is different. Each case can be very difficult or relatively difficult. But each situation is very special and very individualized and again, we must have the ability to analyze everything properly and incorporate all the members in the patient's environment in discussions and in decisions. I cannot forget the patient, because the patient is a person, the most important piece in this situation of deciding and negotiating. But the caregiver is also an important piece, too. Next slide.

Here is another question: How can we emotionally support those who support us? This has been studied a lot in different diseases, and in different clinical conditions, but in general, it is recommended, and this is for the caregiver, more than anything. It is difficult, it is difficult, but it is possible to develop a kind of system and practice and calmly do what is required, motivating, and encouraging the person we care for.

It is suggested that you keep a kind of diary. In our culture that is not always very common. However, it is possible. Many times, it is very useful for the person who is caring for the patient, to have some sort of journal. It can be a small book, or it can be a notebook in which you can write about what you think, and how you are interpreting the situation. You can describe it by hand, there are many people who are more involved with technology, who use their computer or

their laptop. For example, "Today I am thinking that the situation is better.", "I need to plan for this.", those kinds of situations serve as an emotional release by putting it in a reflective way.

Again, not everyone can do it or doesn't feel comfortable doing it, but let's say it's a suggestion, nothing more. What is important is to have adequate dialogue, adequate talk, and constant communication. If there is something that is bothering me or that is worrying me, it must be communicated and that is worthwhile for people on both sides. Practicing together, or at least the caregiver could also practice physical exercises: yoga, and or gymnastics. It's not a very complicated or a very complex thing, but something to take your mind off the situation. And many people find relief by praying. Spirituality, there is nothing wrong with it. If you want to go to church every day or pray very frequently and even have the support of a minister or a priest, it is perfectly justified. All of this helps and it's all part of handling the situation. Some people meditate. For that, you could have some training, but you can meditate even without training - go outside, close your eyes, and calmly think a little about different situations. And again, all of this helps the caretakers in terms of continuing to do the very important job that they have to do.

And finally, I am very, very in favor of joining a support group. There are many support groups, and I think the MSAA has a way to give people guidance in this aspect depending on where they live, but there are support groups that are tremendously effective, not only to give information and education but also to socialize. And a lot of times by talking to other caregivers you get facts; you get useful information that can be applied to our own situation. So, I encourage you to join a support group, because that can also be very good for all as well. Are there any comments from the audience?

Yahaira Rivera:

Yes, they just asked about that precisely, support groups for care partners or for patients. Openly, our association always recommends that you ask your medical provider because usually there are different support groups that meet in different communities throughout the entire country. We always recommend that you search online on the Internet or ask your doctor or your specialist, and then you can get specific information for your community depending on the state where you live.

Dr. Victor M. Rivera:

Excellent, excellent. This is a very, very good, very useful suggestion. Anything else? Next, please.

How can we practically support those who support us? Very well. Motivating and encouraging, again, often requiring the help of other people or other resources, other groups. Use all possible resources so that we continue to provide good care and good support for ourselves. It is very important that the caregiver has relief because they will require rest periodically. You can't handle those "36-hour days" constantly and you're going to end up getting sick or developing a major emotional problem, including depression, as we discussed. So somehow or other find a source of relief.

And of course, keeping everyone, that includes not only the rest of the family, friends, and everyone, informed properly, but without threatening the confidentiality of the affected person. It can be done and must be done with honesty, and you must be specific, that is, do not leave situations to "I think", no, you have to be objective and address specific situations. And of course, the person who is giving the support, who is caregiving, must also be given new preventive care in some way, as I mentioned before so that chronic fatigue is not developed, that state of being completely exhausted and frustrated. I think that with good communication

with the treating physician you can also get some information, suggestions, and guidance for caregivers in that regard. Next slide.

Now we are going to reflect a little on everything that we have discussed and of course answer any questions you may have or reflect on any comments you made and share them with the rest of the audience. It would be very useful; it would be very good. So here I am going to ask Yahaira to help us with all this.

Yahaira Rivera:

Yes, if you have any comments about what we have learned today, you can share them in the chat with us to share them with the rest of the audience. So, Dr. Rivera, we can continue with our question-and-answer section.

Dr. Victor M. Rivera:

Perfect. Let's go to questions and answers!

Yahaira Rivera:

Right, we have some questions. I am going to begin with the one that was shared in the chat: "My brother has a lot of rough behavior; he changes from happy to annoyed and from happy to grumpy. What can we do to help him?"

Dr. Victor M. Rivera:

That is a technical question, and in fact, it happens with people with this disease, there may be times when the patient is frustrated, and their mood is affected. And this can fluctuate. If this becomes an impediment to a good relationship in the family and between the caregiver and the patient, the person with multiple sclerosis, then it is going to be necessary to consult your doctor because there are certain techniques designed by psychologists to modify or improve behavior, conduct, but good professional guidance is required.

Yahaira Rivera:

Thank you, Dr. Rivera. We have another question, and it goes like this: "Some of our symptoms are invisible. What guidance can we give family members so that they can better understand or deal with and understand the symptoms?" We know that some of the symptoms are invisible, we do not notice them physically and the person may think that the patient is making it up or simply wants attention. So, what can you do to help family members understand this?

Dr. Victor M. Rivera:

That is a very important comment because, to begin with, the most invisible symptom is fatigue. Being tired. And in fact, it is one of the most common manifestations of the disease. 80% of people with multiple sclerosis will experience significant fatigue at some point in their illness. Thus, it's tremendously common, and since it can't be measured, since it can't be seen, since it doesn't show up on the MRI. Many times, the husband or the wife, or the caregiver, does not see this symptom, which again I am giving more of the example of fatigue, but there are many more, I agree. Pain is another sensation. In short, they are not seen but they are real. In order to understand all this, here I do believe that the MSAA can be very useful by providing educational information for the whole group that surrounds the patient. And there is specific material that can be completely useful to understand these invisible symptoms. So, I recommend that you maintain that communication with MSAA in many ways to better educate and inform yourselves.

Yahaira Rivera:

Definitely, Dr. Rivera. If you visit our website, we have many resources that are available in English and Spanish to help you learn more about these topics so that both the caregiver and the patient stay informed. Because as we always say, an informed patient is a patient who is brave to ask questions, and who is brave to have that transparent and open communication with the family. It helps us to understand each other better. There are webcasts, please visit our website, and keep an eye on our calendars because we will continue to have programs in Spanish for Hispanic/Latinx family.

We have a comment that seemed very important to me and is related to the topic we were talking about. He is a caregiver and says this: "In more difficult moments, what has helped me is to imagine that if I were the patient with multiple sclerosis, my wife would be taking care of me just as well as or even better than me." Therefore, that empathy is true of putting yourself in the place of the other person, which helps that caregiver, because it motivates him to continue fighting and taking care of his wife. Thanks for sharing that with us.

We have another question and that is, "How can I help my husband understand that taking care of himself is not the same as being selfish?"

Dr. Victor M. Rivera:

It's a great question. It requires a frank and friendly conversation and stating everything as objectively as possible- many times it is not so easy, I know. And what I have recommended in these situations is when there is a lot of communication, conflict is not good, is not acceptable, because that prevents opportunities for care, growing closer, affection, etc., etc. When there is already a degree of conflict, I do believe that it is important for the professional to get involved. It can be the same neurologist, many times there are social workers within the MS centers, then they can be useful, or even a formal consultation with a psychologist. And psychologists generally include the family group, or the husband, or the wife, which is how it should be, not just the person who is affected by the disease.

Yahaira Rivera:

Definitely. Thank you, Dr. Rivera, for that advice. It is very important that we also take care of emotional health and seek coping strategies, really, with a professional such as mindfulness, breathing exercises, relaxation, improving communication, and having patience and empathy, which are so necessary for this experience.

We have another question: "Do you have ideas on how to talk to children about multiple sclerosis in the family when someone is diagnosed with multiple sclerosis?"

Dr. Victor M. Rivera:

Yes, that is very important. The family must be kept fully informed and educated. Therefore, for that, it is often necessary to obtain material, and there is a lot of material about it. So, finding appropriate information and material. I think the MSAA has material about that.

Yahaira Rivera:

Yes, that is correct. We have a storybook, that talks about the experience of multiple sclerosis and is like a children's story from the perspective of a mom and dad. So, we do have resources for children, for the family, and for caregivers in Spanish and English.

Dr. Victor M. Rivera:

Perfect. So that relates to this topic precisely because a joint effort is required, it is important for a father or a mother to sit down or meet with their children and find a way to inform them and keep that communication open between all and with everyone.

Yahaira Rivera:

Definitely. And on our website as well, all these programs that we are doing for education, record them and they are archived in the virtual library. If, for example, you have a family member that could not attend today, in the next few weeks you can go to the virtual library and watch the video together and talk and continue learning and getting information.

We have another question: "If we have relatives who live in another country and we want to bring them to the United States to receive treatment for multiple sclerosis, how can we get specialists to help us?"

Dr. Victor M. Rivera:

It's a very good question. However, I have good news in the sense that a lot of progress has been made in Latin America, which I assume this person is referring to some country in Latin America. Throughout Latin America there are currently networks of professionals who are specialized in multiple sclerosis or neurologists who have a great interest in MS. There is not a single country in Latin America that does not have that kind of option. So, through the medical societies, you can contact those societies or the academy or the Multiple Sclerosis Association, and again, they are in all parts of Latin America, all countries, Central America, the Caribbean, and Mexico, South America. Each place has support groups that are also very helpful from the point of view of providing education and information.

But doctors are very, very prepared today. When I started working with multiple sclerosis and assigned myself the task of spreading education and promotion about what little we knew at that time in Latin America, there really weren't many people, there wasn't anyone, there were countries where there were neurologists but none of them were interested, and many times multiple sclerosis was not even known, because it was seen as it didn't exist in Latin America.

But all that has changed. And now I do have the great pleasure and pride to say that all our past efforts are now bearing fruit and that there is no need for you to leave to get treatment. Many times, the treatments here in the United States are very expensive, and because of that, there is no benefit to coming to the US for treatment. But in most Latin American countries there are already the most advanced treatments, I know that very well. And so, from the point of view of encouragement, I think that is important to consider.

Yahaira Rivera:

Definitely. And we have another question a little bit related to that. They are asking us if the MSAA provides support to Latin American countries. We don't physically send resources there, but all the resources that we offer on our website are totally free and available in Spanish. I invite you. We are going to share the link again so that you can visit our website, once again, there you can find all our publications, you can download and print them, and read the information and educational programs online. Everything is free through the website.

Doctor Rivera, we have five minutes before finishing up, what would you tell the audience from what they learned today, as we say in English, *Takeaways* - three things that are important that they take away from this talk that we learned today, that they can share with their families. Your

advice. Three things that can be remembered to practice and add quality of life for both the caregiver and the multiple sclerosis patients. What advice would you give them?

Dr. Victor M. Rivera:

Well, I think that more than advice, we talked about very, very important and interesting things tonight. Thank you for your patience and your interest, but I have this concept that the patient with multiple sclerosis is a person, and each case is different. These patients have taught me so much, not only about the disease, not only about them but also about me, they have taught me how to be, how to reason, and how to think about MS. And then I think of the caregivers who take care of these very special patients who teach us about them and ourselves. The caregivers are heroes or heroines, or angels. Therefore, I have great respect for these people, and I believe that they will continue to work together, and as the words, patience, and empathy have been mentioned, I think they are excellent. And it's good that this program was recorded forever. That way we can visit and watch it several times.

Yahaira Rivera:

It certainly is. Next slide, please.

We thank everyone. It has definitely been a dialogue full of many emotions. It is a very important topic, especially for our Hispanic and Latino community. Thanks to Dr. Rivera for sharing with us all his wisdom, his advice, and for taking the time and patience to educate us and our clients, people living with multiple sclerosis, and their caregivers.

To our audience -Thank you once again for your time! Thanks to all of you for participating. We appreciate that you were here with us, and we are proud of you because you are educating yourself or seeking help. After this program, the recording will be available in the virtual library archive. I also want to remind you to visit our website, there you can see the calendar of future events and other educational programs, so stay tuned, and follow us on our page and on social media platforms. Don't forget, please, to take a few minutes to fill out the survey and let us know what you learned, and what you thought of this program and give us suggestions. We now oversee the Hispanic and Latino initiatives, so we are always very grateful for your comments.

And that's all for today. We thank all of you, again, for sharing your testimony with us, and your experience. As always, we wish you the best. Keep up the good work and keep helping each other as you navigate the multiple sclerosis journey, we hope to see you soon.

Thank you for joining us. Please don't forget to fill out your survey, and we appreciate you for being here, learning alongside Doctor Rivera and myself, and on behalf of MSAA, thank you everyone, and have a beautiful night.

Have a nice night. See you soon.

Dr. Victor M. Rivera:

Thank you.

Yahaira Rivera:

Bye, bye.

Dr. Victor M. Rivera:
Goodbye!