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Multiple Sclerosis Association of America

MSAA Podcast - Episode 15:

If I Knew Then: Reflecting on an MS Diagnosis – PART 1

Host: Kate Durack

With special guest: Barry Hendin, MD

Kate Durack:
Hi, my name is Kate Durack, and I'm the Director of Communication and Patient Focus with MSAA. You are listening to part one of MSAA's, MS Awareness Month podcast series, "If I Knew Then: Reflecting on an MS Diagnosis, Part 1." This episode will discuss important areas to focus on for individuals who are newly diagnosed with MS, communicating with one's healthcare team, and emotional well-being. We will explore the journey of being diagnosed with multiple sclerosis, sharing real stories from those who have experienced it firsthand, and expert advice on navigating the early stages of an MS diagnosis. In part two of this series, we will hear from three incredible people living with MS who will share their personal experiences. As a person living with MS myself, I can say that I'm honored to be part of these conversations and especially honored to have MSAA's Chief Medical Officer, Dr. Barry Hendin, joining us to share his insights. Dr. Hendin is a neurologist and Director of the Arizona Integrated Neurology MS Center. He is also Director of the Multiple Sclerosis Clinic at Banner University Medical Center, and Clinical Professor of Neurology at the University of Arizona Medical School. Welcome, Dr. Hendin.

Dr. Barry Hendin:
Thank you very much, Kate.

Kate Durack:
All right. We have our first question here for you, Dr. Hendin. From your perspective as an MS specialist, what are the most important things someone newly diagnosed should focus on in their first year? Are there any common misconceptions that you often hear from your patients?

Dr. Barry Hendin:
So, beginning with the first years' experience with multiple sclerosis and then maybe going on to misconceptions thereafter. I find that being diagnosed with MS, and again, you know this far better from a personal standpoint, can be a very anxiety provoking situation. And so, when I see people for the first time, when I make the diagnosis or when they're sent to me to confirm the diagnosis, I see a wide range of behaviors because the people are different from each other. A wide range of reactions because people are different from each other. But very, very often, it is

anxiety and concern regarding the unknown, regarding the future; “what will become of me? Will I have to deal with increasing symptoms? Will I become disabled?” Often characterized by: “Will I end up in a wheelchair? What about marriage? What about relationships? What about my medications?” So, they're just really a host of unknowns.

And so, it becomes a time, well, a really good time for the person living with MS, and now newly diagnosed with MS, to start to learn. And that means learning the realities of MS, which are so much more favorable today than would have been the case 50 years ago. And so, what's the first year like ideally? Well, I don't know that there's any absolutely stereotypic pattern, because again, everybody's different from each other. But I suppose it is first getting the diagnosis, and being reassured that the diagnosis is correct, that it is not one of the mimics of MS.

And with that having been said, to understand what MS is, what is this disorder that we're dealing with together? What are the medications that may change the course of MS in the person living with MS. And that is the disease modifying therapies. Which is the right one for you? Which is the one that fits you and your needs, but also is the most effective, with the best benefit and risk ratio? In our experience, it's most often the high efficacy agents used early. After that, what about today? Because people with MS may be feeling their own symptoms, not just the diagnosis, but symptoms. Is it their bladder? Is it their right leg weakness? Is it their depression or anxiety? And those things can be addressed here and now to make life better today. And so, I think that's a very important part.

And then this concept of what can you do that is a collaborative effort to change the course of your MS? And that means wellness. So, it really does mean a discussion of all the things that we should be doing anyway. So healthy eating, often defined by many people in many different ways. But maybe a consensus around the Mediterranean type of diet. Exercise regularly, I think it's very important. Maintaining social connection. Maintaining good mental health. All of those things are so very important. And then, maybe in the final step, that all those things don't get in the way of the most important thing, and that is living your best life. And so, this is all about the sort of technicalities of MS. But life is about life. And so, the reassurance that one’s aspirations mostly should be able to remain. One’s actions are about how to make one's life as fulfilling as possible. So, some of it's about MS, some of it's about life. But. It's hard to move on from A to B if you're very, very concerned and don't know. So then maybe we go to the misconceptions.

Kate Durack:

I actually want to speak to that, the first part, Dr. Hendin, if I can. I had, I was very lucky in my initial diagnosis that I, my neurologist, his first question to me was, what do you want for your life? Like, you've now been diagnosed with MS, what do you want for your life? What does this look like for you? Do you want children? You know, what is it that... what are your activities, physically, that you'd like to maintain? And so, we used that as a basis for developing my treatment plan, which to me made me feel very empowered. And it felt like a very independent diagnosis of my life situation and how we should approach it specifically tailored towards me and my experience with MS. So, I'm really glad that I had that kind of experience. But I do know that that's not typical.

Dr. Barry Hendin:

So, let me stop for a moment, too. Let's acknowledge that you were very fortunate to have a skilled and wise neurologist. And also, in the same breath, you said not everybody is so lucky. And it's sort of... So, it kind of reminds us of a couple things. One is the need to empower the person living with MS so that they maintain that message and that they maintain that sense that their life's goals are still primary. That never changes. And that if they have a relationship with a clinician as idealized as yours, wonderful. But not everybody, not every clinician understands

MS well. Not every clinician who understands MS gives that same kind of "why" interactive discussion. And sometimes it is not only should you feel free to express yourself about your needs, but also, if it doesn't work, to say where can I go next?

Kate Durack:

Sure. So, as a clinician, what would you say to someone who doesn't feel like they're having that type of guided discussion with their personal clinician? I mean, what could somebody do in terms of self-advocacy to start those conversations?

Dr. Barry Hendin:

So sometimes, a clinician... I say clinician instead of doctor because the clinician might be a nurse practitioner or a PA or a physician. It's not always... or a nurse navigator. And so, there's a team. But I would say, sometimes, unless the person with MS expresses him or herself, the physician is a little less aware, particularly if their time is limited, particularly if they have less time to spend. So, I think, number one, you want a clinical team and a clinical team that has the time for you, and the clinical team that listens to you. And then the responsibility also turns back to you. And that is, when a physician is directed toward a conversation exclusively about the modifying therapy, the exclusion of your personal needs, etc., etc., I think it is incumbent on you to say, Here's the things that are concerning me. Here's what I want to talk about today. Everything else too, but here's the things that are most important.

And if that doesn't work, sometimes, as a general neurologist, and I think it's fair to say, is there someone, a specialist in MS who you trust? And ask that clinician for their help and advice in advocating to get you into the right place. Often, the MS directed, MS focused clinician, will have more experience and more understanding of the whole MS process. But sometimes a talented clinician who is not an MS focused clinician will also just by nature of their personality and character fulfill the same needs. But I would say if it works, it works. If it doesn't work perfectly, advocate and make it work. If even after having done so, it still doesn't work, change.

Kate Durack:

Yeah, that makes great sense. So, I think at this point we can move on to that second part of this first question, which is the misconceptions that you often hear from patients.

Dr. Barry Hendin:

Sure. And the misconceptions, I mean, I think, misconceptions are really common. And it's up to us as collaborators, that being the person with MS and the clinician, to address those misconceptions. Some early on, some as the discussions evolve over the weeks and months that follow. So some ideas people come in with: the first one, I think, is if they have an aunt or grandparent with multiple sclerosis, who was diagnosed in an earlier era, who had less access to the current advanced medication, they may see MS as a much more disabling disorder than is usually experienced today. So, I think one of the things that I find necessary to talk about earlier on is that our goal Is to keep you as you are. So, it is, "Are you high functioning today?" Our goal is to keep you as you are. And it's not an unrealistic goal to set.

Number two, if there are problems you're having today, you don't need to accept those as some things that are unchangeable. And so, address the things that aren't going well. That may mean... it may mean walking. That may mean bladder, that may be mood, that may mean anxiety or depression. That may mean your boss. That may mean your spouse. That may mean your energy. But those are the things we can talk about that influence your day-to-day happiness. And I think those are things that you shouldn't just accept.

Number three, people go to chat rooms and get misinformation. They get good information and misinformation, often in equal portions. I think it's... They can listen to a wide variety of educational sources. But the more reliable, the better. MSAA being a perfectly good choice. But there are more than just MSAA... Discuss those. We talked about shared decision making. But it should also be shared thinking, educational process, that we talk together. I think people worry about their medications. They worry about the side effects of medications. So many of our medications, they are so low in side effect profile, really have wonderful benefit risk ratios, but they may hear terrible things on the web about a particular agent and it might frighten them.

So those are some of the things, but also in an earlier era, but still... issues about pregnancy. “Can I get pregnant? Can I not get pregnant? What does it mean? What about my job? Will I be able to continue working?” I think people just need to be reassured and turn to more reliable educational sources, including their clinicians. And then maybe, also be wary of nonscientific, magical cures, including people who leave the country for unauthorized therapies that would not be and have not been approved in the US, or do so even with ones in the US. I think there is a time for discussion of the science, with someone who's reliable in understanding it.

Kate Durack:
Absolutely. Yes, thank you for that. One thing that you touched on was just how you're kind of... for me, MS, my diagnosis, made me very reflective on my life as a whole. And I actually feel like I have made improvements in the past nine years that I don't know that I would have made otherwise, because I think very often about the impacts on my body and my health with things like what I eat and my relationships and my exercise routine. I mean, I feel like I am more in tune with not only my body but my mind. And its kind of, in the weirdest way, has been a blessing in that way because I'm, you know, I feel very strongly encouraged to think about all of these things often.

Dr. Barry Hendin:
A couple things. First of all, just reaffirming what you said. The first is: there is almost not a single day in which a patient doesn't say to me, or vice versa, I'm blessed. And It's something that you might not understand if you don't have MS. But, I think what they're saying is what I expected in my life the day I was diagnosed and how I was able to live my life since, is not only a reflection of what I thought then, but how I changed as really an advocate or partner in my own care. So, what you're talking about is that clinical partnership. Your clinician is doing certain things, prescribing certain medications, there's shared decisions between you and that clinician, but you're taking charge. You're eating differently. You're exercising differently. You're thinking about your relationships differently. And that's a partnership. And so, what you're talking about isn't just the physician’s or the clinician’s role, but your role as a collaborator, as an advocate, as someone who's really in charge, and I think it's essential.

Kate Durack:
Yeah. And it's also a blessing in that I feel like I'm... So, since my diagnosis, I've had two boys, and they are five and seven, and I feel like I am able to also instill in them how important it is to be healthy and what health really means, and also to listen to their bodies and not, you know, not just kind of ignore little things that are happening, and to communicate about it and how important that is. So, I feel really blessed to have that experience myself and then be able to pass it along to my children.

Dr. Barry Hendin:
Although it's kind of reemphasizing what we've talked about, isn't it lovely to be able to view the changes in your life that come with your own understanding, your own maturation, your own

partnership, your own control of your life, and to make it better than it would have been otherwise? That is a blessing.

Kate Durack:
Absolutely, absolutely. Okay, so my second question is, many newly diagnosed individuals struggle with communicating their needs to their healthcare team. Dr. Hendin, what advice would you give to help people build a strong, patient-doctor relationship and effectively advocate for oneself? I feel like we talked about this earlier, but if there's anything else that you'd like to add, we'd love to hear it.

Dr. Barry Hendin:
Well, I think it may be a time, though, to say, So, how does one build a strong relationship? So, part of it is it's often not just one person. There's often a team. Sometimes it is who's the head of that team. And so often, the MS clinician, be that a physician or nurse practitioner or PA, with the help of a navigator, with the help of the other specialists who are part of that team, I think it's getting the right people with whom you have comfort, and when there isn't sufficient response, advocating for your own needs, and not letting them just be quiet. If that advocacy gets answered appropriately, wonderful. You've done your job. If it isn't answered appropriately, then it may be time to say where will I find the best collaboration? The best partnership? But it means you can't be quiet.

Now we have a sheet that everybody signs every day when they come in to see us, a face sheet. And part of that is, “what should we be talking about today? What's the major problem?” So, it's formalized in our practice that every patient we see with MS, which is our whole practice, signs or fills out a face sheet every day they see me. And they tell me in writing before they walk in what's important to them that day. Sometimes it's routine. But often it is “the pain in my right leg or my balance or my job.” But I know what to talk about. If there isn't such a formalized focus on what the problem is, know what your primary issue is for the day. And it's okay to state it at the outset. “I know we talked about many things today, doctor, but I hope this is something that we address, because this is my chief concern today.” So, it doesn't get pushed into it's time to leave, and it's the question you ask just as you walk out the door when there's no time to really address it.

I think it really is, I think it's something you know, but not everybody does, and that is, this is a partnership. So, we talked about shared decision making, as if that is only about the disease modifying therapy you take or the symptomatic therapy you take. But that partnership and that shared decision making is about what we talk about. Do we only talk about what the clinician thinks is important or is your voice equally, or even more, important? And I would suggest that shared decision making really is shared thinking about what's important to you.

Kate Durack:
Yeah. I appreciate all of that. So, when I was first diagnosed, I had a wonderful neurologist, as I previously mentioned, but since then, I've moved to three different states. So, I've had different care teams several times, and I've had a couple of instances where I definitely didn't feel the level of support, I felt like I was just a number in a clinic. I knew that no level of self-advocacy was really going to help me and the situation that I was in because it just wasn't a priority. And that was really palpable during my visits. And in those cases, I really had to seek out additional support and knowledge in places like MSAA, and then in therapy with a counselor who I could really discuss what was going on and, kind of, what my concerns were and have a partnership with someone outside of my direct medical care team to help me figure out how to navigate what I was going through.

And so, I do just want to bring attention to the very, you know, it's not a nice thing to talk about, but I do feel like there's people that are just kind of stuck in a system and don't feel like there's a way out. I mean, this was before I worked with MSAA, I didn't have the insurance to get into an MS specialist. I didn't have an option. I wasn't living near a big city. I just didn't have that kind of access. And so, I was lucky enough to have an experience before that, where I knew what was possible and what I should be doing. And that was really helpful. But if I imagine a world where that hadn't happened and that was where I was initially diagnosed, I would feel pretty lost. So, I don't know if you could speak to that kind of situation.

Dr. Barry Hendin:
What you're really talking about, in part, is not every clinician is made equally. And I sometimes had to give a talk to graduating interns and residents and fellows half a dozen years ago, about what made a good clinician. And I said that “everybody thinks it’s how smart they are, but it’s really... everybody got to where they got to because they were smart enough.” And so, after that, it's about a bunch of other things. One of them is, do they have enough time? So, not every clinician has enough time. And if they think that they can see six patients in an hour, or four patients in an hour, they may focus only on some very obvious top-level things in a way that is more like triage and not being able to get down to your concerns. So, question number one is do they have time?

Question number two, things as simple as: do they return phone calls? Do they acknowledge you and your needs and listen, not just the kind of rote responses to, “Did you take your medicine? Do you have any side effects? Did your MRI look like this?” But really, “what's going on with you?” If that isn't a comfortable relationship, it's fair to say, first, “this isn't comfortable. Can we do better?” Because I think it's always appropriate to address the clinician, if you can. But if it still doesn't work, then to know that there are more people around. You, as a patient, have had that experience. I, as an MS neurologist, also see patients who have migrated from other practices, some from very bright clinicians, either because they wanted a practice that was MS focused, I think that's fair, or they wanted someone who would spend a little more time and a little more listening. That's fair. Or someone whose advice was more in line with their needs, because not everybody is philosophically the same. So, finding a place that works for you is what you've learned, and what I certainly agree with is absolutely true.

Kate Durack:
Yes, absolutely. Well, thank you for that. Okay, our third question is: So, MS doesn't just affect the body, it can have a big impact on emotional and mental health as well. Dr. Hendin, from your experience, what role does emotional well-being play in managing MS and what advice would you offer to someone navigating the emotional side of their diagnosis?

Dr. Barry Hendin:
So, I don't know if you know the logistics to this answer, but you know that I'm a father of three daughters. My oldest daughter is a psychologist. My middle daughter is a neurologist, MS neurologist. My youngest daughter is a psychiatrist. And while the concept of sort of combining the biological MS, the neurological MS, and the whole person, including psychology and mood, it's important. You know already that anxiety and depression are more common in MS than in the general population. And some people don't understand that, and think, “Well, people are anxious because they've got MS, so it's made them anxious to be diagnosed or they're depressed because of a loss involved in having MS.”

But brain diseases carry with them a certain amount of neuronal and biochemical change, that makes you more susceptible to depression and anxiety, mood disorders. And they can, in a very interesting way, interact with the biology of somatic biology, of MS, the bodily biology of mass.

So, for example, just taking one example, fatigue in MS. The most common symptom of MS is fatigue. But anxiety makes fatigue worse. Depression makes fatigue worse. A second one, memory and cognition. Sometimes, people with MS will say, “I'm having trouble with my memory.” Really often, or more often with the processing speed. But anxiety makes memory and concentration worse. Depression makes memory... So, what I'm really trying to say by all of that is, we're not just one thing, a mind and a body. They are really highly integrated, and in MS, that's particularly so.

So, for me, it is natural to think about anxiety and depression and ask about those, both in the face sheets that people fill out when they see me every day, but also in the questions that I ask. Some people who are depressed know that they are depressed, some people who are depressed don't know that they're depressed. But someone in the room will. And so I will often ask a family member about, not just... if someone comes in with a family member, I may say, first to the patient, “how are you doing? Better?” I may turn to the person in the room who is and say, “How is she doing? How is he doing? You know, if you were separately going to tell me about her, about him, I want to hear it. How she’s doing?” And so, sometimes it's getting a wider perspective. But I think we have to keep a low threshold to bringing into this mix psychology and psychiatry. Psychology, more often talk. Psychiatry, more often pharmacologic or medications, but ideally both.

And then what you brought up in the very beginning. The need for wellness. Exercise is an antidepressant. Exercise can be anxiolytic, reduce anxiety. Healthy eating can improve energy and mood. And so, it brings back this whole idea of wellness, both the official, psychology and psychiatry, but also the partnership. And the partnership, that means I should be advocating for those non-pharmacologic. The Pharmacologics are those things like healthy living, maintaining connection, not being disconnected from family, friends, community. It happens too often. It happens more often when there's depression. And so, really, to have your clinician and have you be kind of partners in wellness, including mental health wellness. Depression and anxiety take a terrible toll on quality of life.

Kate Durack:
Absolutely. I have a few things to ask you about for that answer. So, for me, my MS diagnosis left me... And sometimes, I'll be honest, you know, I'm nine years in, and I circle back around to these thoughts from time to time, I feel very out of control. I don't know what my future looks like. And what I have found is that if I can focus back in on what is actually in my control, which is what I eat and when I exercise and how much I engage with the people around me and what all of that looks like, I feel like I have at least a better handle on today. So, I think that speaks a little bit to what you were saying.

Dr. Barry Hendin:
You also said, in a way, MS shouldn't require that you put your life on hold. The opposite. It should be a time when you make sure you're actively engaged in your life aspirations, in your wellness, in your connections to the world, and to self, including self-awareness. So, what you've been able to do with your MS is to use your MS as a tool to be able to reflect better. And, again, we spoke of the blessing, the blessings are to be able to use things going on in your life as a tool to understand yourself better. And usually, it's the unknown and fear of the unknown that increase anxiety. It's the sense that you can do it, and that you have control over many things in your life, and you should take advantage of that. That, I think, goes a long way towards making life more fulfilling.

Kate Durack:

Absolutely. I do just want to mention, for the sake of us all being human, that this is not always easy for me. And so, you know, it is not rainbows and butterflies. I don't have it all figured out. But I am working towards it. So, especially when I am coming up on my annual MRI, or treatment appointment, like, that really kind of jogs the reality of what all of this is. And so, I try to plan for those times, knowing that I might feel a little bit more... might be a little bit more of my feelings about the whole thing around those times, and knowing that I have tools to bring myself back out.

Dr. Barry Hendin:
I will tell you just a personal insight. When I was in my 20s, I assumed that by the time I reached my 30s and 40s, I would have life figured out and that everything else after that would be coasting. It ain't so. So, everybody, with or without MS, it is navigating changes, navigating uncertainties, and the maturation that comes with it, and maybe the confidence over time that you're up to it. But many things that occur to a person with MS occur to people without MS, we're all dealing with changes, but there are unique challenges to MS, and we would be wrong not to acknowledge them. And those are, sometimes they're, “I don't see as well out of my right eye.” Sometimes they're, “I don't walk as easily as I used to.” But one can approach those with a sense that there are things to do, there are adjustments to be made, and that one can live a very fulfilling life by acknowledging what’s so, taking control of what you can, and then moving forward.

Kate Durack:
Absolutely. You also mentioned previously the visits that you have when someone brings a partner with them. And I, speaking personally, need that other person in the room with me, because it is very hard for me to admit when I'm struggling with something. And so, if there's someone else in the room to call me out and say, “no, she was talking about this last month, and this is bothering her,” I'm definitely a person that needs that. So, I am very good at self-advocating. I am also pretty stubborn. And so, if I feel like I can figure it out on my own, I won't bring it up. But I know that it's important that it is brought up.

Dr. Barry Hendin:
Your experience isn't uncommon. Sometimes, in my own office, there's two people, a husband and wife, two partners with each other. And I say, “Pretend that she's just gone to the bathroom and it's just the two of us talking now, what's going on with her?” And, because there are a lot of insights you get from getting another person's point of view. They may see you differently, and they also may be more willing to talk about it. Because, a lot of times, patients kind of share with their clinician this idea that they want their clinician to feel better. So, they say, “I'm fine, I'm fine” because they don't want to trouble their physician, their clinician. Somebody else may be the one to say, “Here's what's really going on.” So, I think that we often lose something by not taking advantage, with the permission of the person there, of the other person in the room who may add additional insight to your experience, my experience, identical.

Kate Durack:
Yeah. I feel like if I were to bring my best friend in with me to my appointments, it would actually be a really good benefit. She actually lives in a different state. So even if I brought her in via phone, I'm sure she would say, “I don’t know Kate, you were talking about how your vision was bothering you, and I don't know why you're not bringing that up.” Or something, you know, “it feels like your depression has gotten worse. You know, let's really talk about that now in this space. So, that's my takeaway from our chat today, Dr. Hendin, is I need to make sure that some”one is with me at all of my appointments from now on.

Dr. Barry Hendin:
By the way, sometimes it’s even nonverbal. So, I'll say to the person with MS in front of me, “how are you feeling? Are you having any depression?” And the person in front of me will say "no.” And the person next to them is shaking their head yes. Yeah. So, sometimes it's verbal, sometimes it's nonverbal. But yes, I think sometimes it's more than one person in the room. There's an old Japanese movie called Rashomon, that most people don't remember anymore. But in this old Japanese movie, it talks about finding truth through multiple narrators. That it's not just one person who sees it, but how it's seen by others as well. The same idea.

Kate Durack:
Yeah, absolutely. And I think, you know, on top of that, when we're just talking strictly about MS and what it can do to your brain, like, I have trouble remembering what my symptoms were that were bothering me this past month, you know, so just having someone there to say, “didn't you take a note about X, Y, and Z last month that happened to you?” Because it's not that I don't want to share that. Sometimes, I just don't remember.

Dr. Barry Hendin:
But, I get back to one of the things that we talked about is, go in making sure that if there is a particular issue that is concerning to you, that you have it front and center, and that you address it front and center, and that you not leave the room if it's not talked about. It can't be just the clinician’s agenda. It's got to be yours too. It has to be shared.

Kate Durack:
Absolutely. I have been better about that. I have, I put everything in my calendar when I have a mysterious feeling in my body, just so that I can make note of when it's happening and the frequency and that kind of thing. And then I'll go back and reflect on those before I go in and see my neurologist twice a year. So that has helped. But there's definitely been times where I leave an appointment, and I go, “How did I not remember the thing that's been bothering me this year?”

Well, wonderful. Is there anything else that you would like to share before we do our closing for this topic?

Dr. Barry Hendin:
No, just how it all came to be. And so, from your point of view and from my point of view, it was really important that we have this discussion and the discussions that are going to follow about what you wish you would have known the day you were diagnosed. The anxiety, the fear of the unknown that you felt, how you could reassure your younger self about the course of MS in most people in the current era. Once upon a time MS was essentially untreatable. Until 1993, there were no disease modifying therapies. And so, once, fear of the unknown was mostly correct, because things were, more often than not, not going to go well.

Today is the opposite. More often than not, things do go well. And to be able to reassure people about that, and to reassure your younger self about that, and to have a clinician who can reassure you that your anxiety is not unnatural about the unknown, but that your fears are often way overblown, because the clinical course for so many people, most people now, it's so much better than it had been, so much better than was feared, and that the treatments that we currently have, both disease modifying therapies and symptomatic therapies and psychological support and specialty support and community support, makes this a much smoother journey for people than they imagined, than once would have been the case. So, the whole idea behind these conversations, and the ones that are going to follow, really are based on that, and that is so many of the fears are unwarranted, so many of the reassurances are needed. And, that's what I think you're bringing to light. So, I'm thrilled that you're doing this.

Kate Durack:
Well, thank you so much for all of your insights, and I do completely agree, and I think even just knowing that those fears are common is helpful, that you're thinking about those things and that you're worried that there's anxiety around it and, you know, you can get in bouts of depression about what's going on. I feel like just knowing that that is normal and part of this journey and knowing what to do about it, I feel like we should also just, you know, bring attention to the fact that you're not the only one and this is really common. And even finding people also living with MS is incredibly helpful. Just to be able to have those conversations with each other and talk about what it's like to be going on this journey, even though your journey with your MS is completely independent from anyone else's, it still has a lot of similarities to share.

Dr. Barry Hendin:
And then maybe also our mutual gratitude for MSAA. Because part of MSAA’s mission is education, like this. Part of it is to make people's lives better today. And so many things that the MSAA does is part of this supportive community, whether it is cooling vests, whether it is an MRI that couldn't have been afforded otherwise, whether it’s the education that you're doing right now, whether it's just bringing people together. We are living in a place where there is a vast network of support and MSAA is at the center of that. So, among the blessings, among the gratitude, MSAA.

Kate Durack:
Agreed. Absolutely. Well, thank you so much, Dr. Hendin, for your time today. Also, I'd like to thank Gradwell House Recording for hosting us today and producing this program. This podcast, along with additional resources and support, can be found by visiting the Multiple Sclerosis Association of America's website at mymsaa.org. Thank you for listening to part one of our series: “If I Knew Then: Reflecting on an MS diagnosis.” Take good care.

Dr. Barry Hendin:
You too. Thank you.