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Multiple Sclerosis Association of America

The Long Game: Lifestyle Medicine and MS

Presented by:
Lisa Doggett, MD, MPH

Kate Durack:
Thank you, everyone, for being here, and welcome. Tonight's webinar is. So sorry, I just lost my notes. Is The Long Game: Lifestyle Medicine and MS, with Dr. Lisa Doggett. My name is Kate Durack, and I'm the Director of Communication and Patient Focus for the MSIN program for MSAA. I also live with MS, and I was diagnosed 10 years ago. I am honored to be your host for tonight's program. In case this is your first time joining us for one of our programs, I'd like to share information about MSAA and review housekeeping items.

MSAA is a national nonprofit organization dedicated to improving lives today through vital services and support for the MS community. Our initiatives are designed to advance educational, wellness, and supportive resources. Our free programs and services include a national helpline, equipment and cooling distribution program, educational programs, award-winning publications, shared management tools, a peer-to-peer online forum, and more. For more information about all of that, please feel free to visit our website at mymsaa.org.

During tonight's program, you'll have the opportunity to submit your questions by using the Q&A chat box. As time permits, questions will be addressed during the Q&A portion of tonight's webinar. Also, please know that this program is being recorded and will be available as an on-demand video on our MSAA video library within the next few weeks. At the end of the program, we ask that you please complete a brief survey. Your feedback is extremely important, and it helps us develop future content and programs. And the link to that survey will be included in the chat box.

And, just as a friendly reminder, this program is for educational and informational purposes only and does not constitute formal recommendations. Please speak with your care team for specific questions or concerns.

And with that, I get to welcome you to our webinar. We are so glad you're here, and this evening we're exploring an aspect of MS that can be deeply impactful, yet often overlooked. And that's how lifestyle medicine can play a meaningful role in living well with MS.

I am absolutely thrilled to be joined by Lisa Doggett, who is a physician and leader in lifestyle medicine. Lisa brings a thoughtful, practical approach to integrating evidence-based lifestyle strategies into everyday life and her perspective is both accessible and grounded in a real-world experience. I hope that you all will find this presentation insightful, encouraging, and full of actionable takeaways. And with that, I will turn it over to Lisa.

Lisa Doggett:
Great, thank you so much, Kate, and thank you to the MSAA for having me on tonight. I'm going to share my screen and jump right into our presentation.

All right. So, just a little bit more about me. I'm based in Austin, Texas. I am a physician. I'm board certified in lifestyle medicine, as well as family medicine and obesity medicine. I have started a wellness program at the University of Texas Dell Medical School's MS and Neuroimmunology Center, where I continue to lead a wellness program. I also serve as Medical Director or actually Chief Medical Officer for Sendero Health Plans, which is a new role for me.

I'm the mom of two daughters, and I have lived with MS since 2009, so I definitely bring that lived experience to my presentation and see all of this is through the lens of having MS and being a patient and MS warrior myself. I'm also an author. I published a memoir back in 2023 called Up the Down Escalator: Medicine, Motherhood, and Multiple Sclerosis. It is about my journey as a physician turned patient while I was raising two little girls and also running a clinic for people without insurance. I hope you'll check it out. I've had great feedback from people that have read it. It's available on Audible as well, and I got to narrate it, the audiobook, so that was kind of fun. But it's also available at all the usual places, including Amazon.

So, before we jump into my ideas and the evidence on lifestyle medicine, I definitely want you to know this disclaimer, and that is that the information shared in this talk is intended for education and discussion. It is not meant to replace routine medical care, so please discuss any lifestyle or treatment changes with your physicians and your healthcare team.

So here's my plan. I'm going to define lifestyle medicine and explain its importance. We will review the six pillars of health, of lifestyle medicine, their relevance to MS, and my specific recommendations, which come from a lot of evidence and a whole lot of study of this topic. The six pillars of health that we're going to talk about are physical activity, nutrition, sleep, stress management, avoidance of risky substances, and connection. I will go on a short tangent and talk briefly about vaccines, and then I'm going to share some strategies for incorporating healthy habits into your life. Thank you so much for taking time to do this for yourself, to help improve your health, for your interest in living your best life with MS.

Okay, so what is lifestyle medicine? I didn't know what lifestyle medicine was until just a few years ago, because it's actually a newer specialty. It's a specialty focused on prevention, treatment, and reversal of chronic disease through healthy lifestyle. The pillars, the ideas behind lifestyle medicine have been around for decades, if not centuries, but we really just learned how critical lifestyle medicine is over the last many years, last few years. This specialty was created in the mid-twenty-teens.

It can address, lifestyle medicine can address, up to 80% of chronic conditions, including heart disease, type two diabetes, obesity, and more. It can lower the risk of cancer and dementia. It can reduce common MS symptoms. This is a big reason why I dove into lifestyle medicine. It can reduce pain, reduce sleep disturbance, reduce fatigue, reduce depression. It has a profound impact on quality of life in those of us with MS. And it complements, it does not replace traditional medicine, and I want to be very clear about that. I do not ever want people to think ‘I'm going to treat my MS solely with lifestyle.’ It is very, very important to work with an MS specialist about treatment medication options for you in addition to lifestyle medicine.

So I mentioned the six pillars, and here they are in pictures. The physical activity we're going to talk about first, then we'll talk about nutrition, sleep, stress resilience, stress management, avoidance of unhealthy substances, and connection. This bottom picture is a group of MS warriors. I am among them, all joining together to ride a bike ride, and also just help further the good cause of doing more research and support for people with MS.

So, why does this matter? On a population level, we really are not doing as well as we'd like to be. U.S. Life expectancy actually improved for decades. We were doing really well until about 2014, and it peaked and started going down. Life expectancies started to decrease just over 10 years ago. It started sliding before the pandemic. People think ‘Oh, it was because of the pandemic.’ Actually, it has improved some since the pandemic, when it really took a dive. But really, over the last couple years, we have not seen the kind of rebound that we would have expected. We've not gotten back to the levels where we were earlier on pre-pandemic.

Chronic disease is the primary reason that the U.S. lags behind many other nations in life expectancy. Heart disease, cancer remain leading causes of death in people who are younger, 35 to 64. This is a big reason why our life expectancy is lower than many other countries. Over 40% of Americans are obese, up from about 30% just 25 years ago. About 50% of Americans have diabetes or prediabetes. So this is the situation that we're facing, and yet we have a really important tool that we are not fully taking advantage of in lifestyle medicine.

For people with MS, comorbidities are more common. Comorbidities are other chronic conditions that you can have in addition to MS.

Comorbidities lead to increased rates of hospitalization and early death in those of us with MS, and here are some of the conditions that we see more commonly in MS. They include depression, anxiety, high blood pressure, heart disease, lung disease, diabetes, certain other autoimmune diseases, fatigue- super common over 80% of people- and then chronic pain is over 50% of people with MS. Many of these comorbidities are preventable and treatable with a healthy lifestyle.

So let's jump into those six pillars. First one, physical activity. It was just a few months ago that I was listening to a talk at the UT Medical School and an MS neurology researcher said physical activity is the fountain of youth for people with MS. It is absolutely critical. It is the one thing that keeps coming up over and over again when I read about how to prevent MS progression, how to reduce MS symptoms. This is something you can do. It's actionable, and it is possible in just about anyone, no matter what your limitations are. You may have to make some adjustments, though, and we'll talk about that. Physical activity is important for everyone. It preserves brain health for everyone. It lowers the risk of cancer, diabetes, and heart disease. You've heard me say that about lifestyle in general, but physical activity specifically, really, really critical for lowering those risk factors. It improves sleep, mood, and fitness. It is safe and highly recommended for people with MS.

Why does it matter specifically for MS? Well, it certainly helps manage MS symptoms, fatigue, sleep disturbance, pain, those are really common ones that we know are improved with physical activity. It improves our overall well-being. It has been proven to enhance mobility, strength, balance, and cognitive function. It may help reduce MS progression. We're still researching exactly how exercise and physical activity impacts progression, but we know that it really can help with day-to-day living with MS and reducing long-term disability. It lowers the risk of other chronic diseases that are more common in MS that we just talked about.

So how much should you exercise? How much is really needed? Ideally, adults should engage in 150 minutes or more per week of moderate-intensity aerobic activity, or 75 minutes a week of vigorous exercise. Moderate intensity means you can talk, you can actually carry on a conversation with someone, but you can't sing, should you want to sing while you're doing your exercise. Vigorous activity is you can't even talk. You're really short of breath and working hard. In addition to aerobic exercise, it's important to do two sessions per week of strength training, resistance training. This can look like resistance bands, doing weights, doing core body exercises. But that is really, really critical, especially as we age to reduce muscle loss.

Balance training is also helpful in MS. But any activity is better than none, and I've had patients where we had a goal that, I had a patient who was really mobility impaired, and her goal was to do 2 minutes on a stationary bike every day and build from there. And you can start there. You look for ways that are tolerable, that are things you actually can do, and just start small, but build from there. So some specific suggestions for those with MS. First of all, you do want to try to meet those national guidelines if you can, but it is not possible for everyone. Keep in mind that any activity is better than none. That woman that I had as a patient who was doing 2 minutes a day on her stationary bike, that is much better than nothing. She's getting some significant health benefits just from that.

You want to be aware of safety concerns due to your symptoms, so if you have heat that makes you weak, or you have foot drop that leads to falls, you do need to look for accommodations and adjust your activities so that you don't put yourself in harm's way. You want to make sure you're staying safe while remaining active, so break up your exercise maybe into shorter sessions if you're getting overheated, or use a fan, drink cold water, try exercising in a pool. A lot of people who have mobility challenges will feel so good in a pool because they can move in ways they can't on land. Work with a professional, a physical therapist or an athletic trainer, for customized plans, especially if you have significant disabilities.

If you plan to start or significantly increase your exercise, you're really not doing anything right now, or you're wanting to really amp up what you're doing, do get medical clearance from your doctor, especially if you have other health problems. So don't take any big risks, you want to talk to your doctor before you make any big changes. I hear this one a lot. Some of you may be thinking this, I don't have time. I wanted to tell you that exercise will give you more time in the long run than it takes. You gain about 2 to 5.5 hours of life for every hour of moderate activity, or 5 to 11 hours of life for every hour of vigorous activity that you do. Active adults age 80 are expected to live about 1.2 to 1.6 years longer than non-active adults. So, starting to exercise at any age can be beneficial.

And I would like you to please add some ideas that you have to the chat about how you make time for physical activity. I will share that I personally make it my priority first thing in the morning before anything else gets in the way. I get up and I do some form of physical activity. I usually plan it the night before, and that is the way I start my day, and then I'm done. I feel great the rest of the day, I've got good energy, and I don't have that hanging over me. But I'm eager to see and hear some of your ideas, too.

Kate Durack:
Lisa, one idea was to take the dog on a walk.

Lisa Doggett:
That's a good one. Love it. I like to do that, too. Any others?

Kate Durack:
I'm not seeing any in the chat, but I'm happy to share mine. I definitely lift weights. I also walk the dog at least twice a day, so that's great.

Lisa Doggett:
That's great! How do you fit it in? How do you make time?

Kate Durack:
Ooh, that's good. I like to go to the gym directly after dropping my kids off at school, because it's right on my way home, and then there's kind of no excuse to have to get back in my car and do it all again.

Lisa Doggett:
Okay, that's great, and so I'm going to talk about this a little bit later, but that's habit stacking, is what that is. So you have to take your kids to school, that's a regular habit that you're in that you have to do, and to tie your exercise in with that is habit stacking. And that's a great thing to do, is to tie it with something else.

Kate Durack:
Oh, I just got a bunch more. Do you want to hear some more?

Lisa Doggett:
Yeah, yeah, let's hear some more.

Kate Durack:
Okay, so we've got I set alarms every hour to get up and walk around my house.

Lisa Doggett:
Great.

Kate Durack:
Stationary bike in the morning before work. I have time set aside every afternoon, six days a week.

I do little exercises throughout the day, I walk on the treadmill after dinner, or when I watch TV, or I'm on Zoom calls.

Lisa Doggett:
That’s great.

Kate Durack:
I jump rope during commercials while I watch TV. Seated Tai Chi in the morning after breakfast, or schedule 15 minutes to start my day with yoga or Pilates routine.

Lisa Doggett:
What great suggestions. Thank you so much for sharing. Keep them coming, that's awesome. And I will tell you, I do have a lot of people who get very frustrated if they have progressive MS, or if they're losing ability, some of their abilities. Be adaptable, try some new things. Another good one in addition to a stationary bike or recumbent bike is a rowing machine. I have a lot of patients that really benefit from a rowing machine because they're seated, it's pretty stable, and it's using both arms and legs, so that's just another idea. I think water exercises are also really good, as I mentioned.

Okay, we're going to move on. Another really hot topic, which is diet and MS. So, the pop quiz here is, what is the best diet for people with MS? Is it the Wahls protocol, a carnivore diet, gluten-free diet, keto diet, or we don't know?

Kate, what are we seeing so far, if anything?

Kate Durack:
A whole lot of E: we don't know.

Lisa Doggett:
Okay, I'm there with you. We don't know. We don't know for sure. I mean, I am going to share my thoughts, we have a lot of research that's going on into diet. Fortunately, we're going to know more in the coming years. It’s really hard to study diet, because the impact of diet takes years, decades, a lifetime to really kind of manifest, and so it's hard to know for sure, and that's part of the reason that we don't have really clear answers. But I am going to share some thoughts with you, and I'll share what the guidelines say.

So here are just some of the many diet books that are out there on MS, and what we should be eating, and it is really confusing. However, the American College of Lifestyle Medicine recommends that we follow a whole food, plant-based diet, and this is not specific to MS, this is for everyone. A whole food, plant-based diet to prevent and potentially reverse many chronic conditions. This is pretty different than the traditional American diet. It can be difficult to hear that for a lot of people, because it's often very different from what they're doing.

Whole foods means food that's unprocessed, that's in its original form as close to that as possible. Plant-based is not animal products. That is eliminating meat, eliminating dairy, if you want to go full, whole food, plant-based. That's pretty radical for a lot of people. That is associated with lower all-cause mortality and major chronic diseases. That is why the American College of Lifestyle Medicine recommends this kind of diet.

That does not mean you need to do this. I encourage you to think about what you can add to your diet as opposed to what you're subtracting. And what you can add to your diet is focusing on vegetables, fruits, whole grains, nuts, seeds, and legumes. And pretty much every healthy diet out there recommends these key food items. They are so well studied, so nutritious, and if you add these things to your diet, you're going to, by default, be subtracting some of the things that are less healthy.

So, I have a lot of patients who are like, no way am I going to go vegetarian. And I get it, I understand that. So you don't need to think about that so much. Think about what you can add to your diet and that will automatically move you more in the direction of a whole food plant-based diet.

A couple other things, just to be a little more extra motivating to move in that direction. One is that cholesterol is only found in animal products. You do not get cholesterol if you eat things that are not from animals. Fiber, which we are very much deficient in as an American population. Fiber is only found in plants. We do not have fiber if we eat animal products. So those are really, really, important things to keep in mind. A whole food plant-based diet is also healthy for our planet. I know this is a concern for many of us. It is really clear that a whole food plant-based diet leads to lower greenhouse gas emissions, lower deforestation, less water, land, and air pollution. So, for those of you that are environmentally minded, that's a good thing to keep in mind.

So the dietary impact on MS symptoms is there's still a lot of unknowns. There’s one study, and I learned about this study when I attended the ECTRIMS conference, which is a huge conference every summer, or actually end of summer, early fall, and this year it was in Barcelona, and they had a great lecture on diet and MS. And they raised this particular study as an example because it's a really large study that was important, and they'd surveyed almost 7,000 participants. They looked at overall healthy lifestyle, so a healthy diet, physical activity, and not smoking, and this was associated with a 30% lower rate risk of fatigue and 40% less likely to have pain among people with MS. Eating more fruits, vegetables, whole grains, and lower amounts of sugar and red meats was associated with less severe depression and a 20% lower risk of severe disability. So, again, there's a lot of research ongoing, there's a lot of studies out there already, there's not a lot of clear guidance, but we are definitely getting more and more of a nudge to head more in that direction of whole food, plant-based, certainly more fruits and vegetables doesn't hurt.

I want to mention the new dietary guidelines, because if you are a news junkie like me, you probably have heard about these, they just came out in the last week to two weeks. The new Dietary Guidelines for Americans for 2025 to 2030 have some core recommendations. The kind of tagline is to eat real food, so whole food. Eat more fruits, vegetables, whole grains, beans, nuts, and healthy fats, so some similarities there. Limit added sugars, sodium, and saturated fat. Prioritize proteins from both plants and animals, and this is where some of the pushback's coming in, as well as some of the guidance on saturated fats. So there have been a lot of critiques of the guidelines. The specific critiques include that there's an overemphasis on full-fat dairy, red meat, and animal sources of protein that have high saturated fat, and we know that high saturated fat is linked with cardiovascular progression, increased risk of strokes, and heart disease. And there's a huge environmental impact when you eat more animal products.

As I mentioned, climate and sustainability are a big deal and were not addressed in these guidelines. And then the other kind of significant issue that's been overlooked, and not something you're going to know if you read the guidelines directly, but there's been a lot of industry influence. So about two-thirds of the people who did the reviews for these guidelines had financial or other ties to the meat and dairy industry. So, important to just take all of this with a grain of salt. No pun intended there. We don't want salt. So, if you're confused by all the noise and conflicting advice, which I think it is very confusing, and I read about it a lot, and I still have so many questions.

But I think you can definitely go with these 3 tips, and your diet and your health will be better for it. So, the first one is to avoid ultra-processed meat. If you want to keep eating meat, okay, so be it, but avoid ultra-processed meat. Ultra-processed meat is stuff that's in a package like sausage, bacon, sandwich meat in packages, like in the deli section, throw them out, they are known to be carcinogenic and are very unhealthy. They often have a lot of added salt and a lot of saturated fat.

Number two, drink mostly water or unsweetened coffee and tea. That is the healthiest beverage for you. You want to minimize sugar-sweetened beverages which includes soda, sports drinks, juice, etc.

And then the third tip I have is to eat at least one fruit or vegetable with every meal. More is better. I recommend 5 or more servings a day. Some authorities recommend more like 8 to 10 servings a day, a serving, by the way, is half a cup or a cup of salad, but you want to really prioritize those fruits and vegetables.

Okay, I want to really put a plug in for this great resource from MSAA. I've used this for the last couple years, recommended it to a lot of patients. If you want to dive into more of the research and really understand the different diets out there, what do they mean, this is a really nice article, and I have a link to it at the end as well, but it's just a good review of different diets and the ongoing research as it pertains to MS.

Okay, we're moving on to one of the other pillars here. We're going to talk about quality restorative sleep, which is really, really, critical. Poor sleep is associated with an increased risk of falls, mood disorders, fatigue, insulin resistance, inattention, and more. The recommendations are to aim for 7 to 9 hours of sleep each night. If you're over 65, you can probably get away with 7 to 8 hours a night. You don't need quite as much sleep as you age. You want to make sure you address underlying conditions: sleep apnea is very, very, common among people with MS. A lot of people with sleep apnea snore. If you snore and you haven't been tested for sleep apnea with a sleep study, it's worth talking with your doctor. But even people who don't snore sometimes have sleep apnea, and if you have a lot of fatigue, it's something to consider.

Also, other conditions like chronic pain from MS, or something else, anxiety, those can lead to a lot of problems with sleep. So, making sure you talk with your doctor and address those issues. It will really improve your sleep. You don't want to automatically turn to sleeping pills. I think we do this too often, and we doctors are part of the problem. I think we are often rushed when we're seeing patients. Patients expect to get a sleeping pill, we give them a sleeping pill. We don't have a long discussion about the other things they could do. But sleeping pills have a lot of risks, especially with long-term use. So, if you're taking a sleeping aid, you might want to think about some other strategies that you could use to reduce your dependence on that sleeping aid.

And there are a lot of other strategies. One really important thing to do is to avoid caffeine in the afternoon and evening. Caffeine can stay in your body. The half-life is 6, 8, sometimes even 10 hours. It can have a really big impact on sleep, so that's critically important for a lot of folks. People are different. Some people can do fine with caffeine later in the day but a lot of us, like me, are very sensitive to it. You also want to minimize and avoid alcohol, especially before bed. Alcohol is something that I know people use as a sleep aid sometimes because it makes you tired. But it actually interferes with your quality of sleep, and we're talking about quality restorative sleep, not just sleep overall. We want to make sure you really are getting good, restful sleep and alcohol makes that a lot harder.

You also want to remember good sleep hygiene. That means keeping a consistent sleep schedule, so waking up and going to bed at the same time. Using your bed for sleep and sex only. You don't want to be in bed on your phone, you don't want to be in bed on a computer, or eating, or just hanging out. You really want to try to use your bed for sleep. And you want to optimize your sleep environment, and generally that means to keep your bedroom cool, a cool temperature. You want it to be dark, and you want it to be quiet. And this picture, by the way, is my dog, who doesn't have any problem with sleep, but she likes to sleep on our pile of laundry, as you can see here.

Okay, so I've got a pop quiz for you. What should you do if you can't sleep for more than 20 minutes in the middle of the night, or if you're waking up and you can't fall back asleep? Should you read something boring on your phone? Should you get up and start your day? Should you take melatonin? Should you eat a snack? Should you get out of bed, go to another room, and do a quiet activity until you feel tired?

What do you think? All right, Kate, what are you seeing? Or Shelby?

Kate Durack:
99% E’s.

Lisa Doggett:
All right, good! So, y'all are already ahead of the game there. So, yes, the right answer here is E, and I will go through these just briefly because I think it's important to note some of the nuances here. It’s okay to get up and go to another room and read. You don't want to generally read on your phone. Often the phone is problematic for lots of reasons. I generally will read on a Kindle, I think that's a little bit better, but trying to get up and go to a different room is important because it avoids you associating your bed with doing an activity that's not sleeping. Again, you want to associate your bed and your bedroom with sleep, not with doing something else. That's why it's important to go to a different room. If you get up and start your day, you might consider doing that if you're getting 7 hours of sleep and you're feeling reasonably refreshed, so if you're going to bed at, you know, 9 o'clock and waking up at 4 o'clock in the morning, it might be reasonable to start your day, but in general, you don't want to. You want to try to go back to sleep if you can.

Taking melatonin is not going to be helpful. Melatonin takes an hour or two to kick in, and it's not great to use as a sleep aid over, you know, over the long term. Melatonin is more useful if you have changes in your sleep. If you're traveling and you have changes, you need to change your circadian rhythm with light and with traveling, melatonin can be useful. Eating a snack, not a great strategy for waking up in the middle of the night either. So definitely the best answer here is to get out of bed, go to another room, and do a quiet activity until you feel tired. If you're in bed and you're not sure if it's been 20 minutes, you don't look at your clock. In fact, it's a good idea not to look at your clock throughout the night, just estimate. If it's been about 20 minutes, you can get up and try this. It is hard to do, but it is really a good, important thing to try.

Moving on to stress. Okay. So, excessive stress can contribute to anxiety, depression, obesity, immune system problems, and more. It is a true health issue. And stress levels have been climbing over the last 3 decades. Almost 50% of Americans say they frequently experience stress. I'm sure this is really relatable to a lot of you. It certainly is for me. Stress is inevitable, but we can control our response. MS creates stress. Here's a picture of me about to get my MRI a couple years ago. Certainly, having to deal with doctor's appointments and labs and potential MS progression, the uncertainty, and people not understanding, those are all really, really hard, and they create a lot of stress and conflict at times.

MS also creates pain and fatigue. It can create heat intolerance, disability, unpredictability, as I mentioned, emotional distress, social isolation. It impacts the person who's sick, but it also impacts your care partner. It impacts the people that are close to you. It can create quite a lot of stress. So what do you do? There's not really a perfect answer here, but I think being aware of stress, being aware of its impact on you, hey, use MS as an excuse if you need to, in order to do the things that you need to take care of yourself and reduce your stress. Prioritizing stress management is really, really important. So, just some ideas. Relaxation, music, exercise, dance, yoga, all great ideas to reduce stress. Make sure you're taking time for fun, for hobbies. If you are unable to do a hobby that you used to, maybe because of MS or because of age or something else, find a new hobby. It's certainly possible to pick up new interest as you age and try new things.

Limit your social media, limit the news. These can be really stressful as well, and then also practicing gratitude. We hear that a lot, but it is really important. Practice gratitude with a friend or your partner, or just have a journal where you write down things you're grateful for. Journaling is a really, really great way for me to relieve stress. It's actually been shown to be helpful for a lot of people. The picture here is my very, very first journal that I started at age 11, but I continue to keep a journal every night and find it to be very helpful in processing my day, and being able to even track how I'm doing with MS.

Meditation. Really, really a great tool. I was skeptical. I finally tried it about 10 years ago, and it really has helped me with my MS symptom management and with sleep and stress. Mindfulness-based stress reduction, or MBSR, is a form of meditation where there are classes you can take. It's very, very useful in terms of being able to reduce pain, depression, as well as improving sleep quality and reducing stress. Counseling, especially when you're facing chronic stress, can be very helpful. And I forgot to mention this, but cognitive behavioral therapy, which can be helpful for things like stress as well as anxiety and depression, is also very helpful for sleep. Cognitive behavioral therapy for insomnia is one of the best strategies out there for addressing sleep issues that have to deal with, that, like insomnia. And then finally, you want to incorporate those other pillars of health into your life. So, thinking about diet and exercise, these can be really, really helpful in stress management.

So what are your best tips? I'd love to have some other ideas that you put in the chat.

Yeah, just share some of your best stress management tips and I'll pause for just a second, Kate, if you've got some yourself, or if you see some coming up.

Kate Durack:

I am seeing meditation, reading.

Lisa Doggett:
Meditation, reading, yep, I'm a fan of both of those.

Kate Durack:
Coloring, I hear that one, I'm an artist myself, so yes.

Lisa Doggett:
Oh, that's a good one, and that's a great one to do in the middle of the night if you wake up and need a quiet, restful activity.

Kate Durack:
Deep breathing, listening to music.

Lisa Doggett:
Yes.

Kate Durack:
Taking naps, cooking, meeting with friends, crossword puzzles. Listening to classical music, going outside.

Lisa Doggett:
Great, yes, absolutely. Being out in nature is a really good one, so I like that. These are all great, thank you.

Kate Durack:
Yeah, these are absolutely great. Knitting, lots of hobbies, so this is wonderful.

Lisa Doggett:
Yes, good! Wonderful. Okay, so let's move on. Avoidance of risky substances. This is one of the key pillars of lifestyle medicine, and I don't think it's surprising that it is, because these are just so, so important. We know that tobacco and excessive alcohol increase the risk of chronic disease, of cancer, and early death. Even small amounts of alcohol, we've learned just in the last year or two, can increase the risk of dementia and cancer. Tobacco has been linked to MS progression. So, of all the things we're talking about tonight, tobacco is one of the most important ones to tackle if you're a smoker, because we know that it does increase the risk of disability and progression. Quitting can slow the rate of disability to match never smokers, so you really, really want to try to stop if you're using tobacco.

I want to mention marijuana because I hear about people using marijuana quite a lot with MS, and there are some indications for its use in MS. But it can lead to addiction, impaired attention and memory, which is another symptom that's common in MS. It can lead to increased risk of heart attack, stroke, and lung problems. I think we've gotten to a point where marijuana is kind of considered safe by people, but actually it's got a lot of risks, and I certainly don't consider it to be low risk. I think it's got a lot of safety concerns.

So here's some recommendations. If you smoke, you can still benefit from quitting at any age. You want to avoid or limit alcohol. You want to avoid or limit recreational marijuana use. If you're using marijuana, make sure that you're doing it with your doctor's blessing, and that you're working with him or her to make sure that it's safe and that your use is not escalating. Consider interactions of substances with other medications and if you're having a concern, you want to enlist the help from someone else. Talk to your doctor, get help from friends and family, get a counselor, get a support group. Don't try to go at it alone. Tackling a substance use problem can be really, really tough.

Okay, moving on to the last pillar of lifestyle medicine. This is my very favorite one and it's Social Connection. I didn't really think about this so much as a health issue when I was practicing in community clinics years ago, but social connection is absolutely critical for good health. Isolation's been associated with an increased risk of stress, infections, heart disease, dementia, mental health problems, and even early death. Positive social relationships improve physical, mental, and emotional health.

So I think this is the last pop quiz for you. True or false? As we age with MS, loneliness and social isolation are inevitable. What do you think? Kate, what do we think?

Kate Durack:
I'm letting some more answers come in, but mostly...oh, I don't know. Looks like mostly false, but we've got some truths peppered in there.

Lisa Doggett:
Yeah. Okay. So my answer is false. As we age with MS, connecting with others may take more effort, but loneliness and social isolation are not inevitable. There are things you can do, but it can feel like a lot more effort, and it can be much more challenging. So how do you increase social connection? You can reach out to old friends, engage in activities that bring joy and connect you to others, even if you've got limitations. Schedule time each day to connect with those you care about in person or via phone, email, text, or video chat. You can make new friends. You can do that by volunteering somewhere. You can volunteer even if you're homebound, you can volunteer from home. Take a class, meet your neighbors. Join or start a book club, and this can be virtual as well. Get involved in your church or a place of worship. Reciprocity, super important. If you are part of someone else's support circle, they are more likely to be part of your support circle. So, reach out to other people who are struggling, and they'll be there for you as well.

Okay, I've got my little bonus here. This is not part of the six pillars of lifestyle medicine, but it is so, so important that I really wanted to mention it, and that is, I really encourage all of you to catch up on vaccines. I very rarely see a patient who is all caught up on their vaccines. We think of vaccines as being for kids, but adults need vaccines very much as well. Vaccines are safe and are recommended for people with MS. You generally follow the same vaccine guidelines as those without MS. But there are a few extra considerations that I want to just mention. Most vaccines are not considered live vaccines, but if you take immunosuppressing medications like Ocrevus or Briumvi, Kesimpta, there are a bunch of them, you want to avoid live vaccines. The live vaccines include things like the MMR measles vaccine, which most of us have already received and don't need to have again. They also include the nasal flu vaccine, but the regular flu vaccine is okay and is highly recommended for those of us with MS. In fact, getting flu can increase your risk of an MS flare. So it's really important to protect yourself.

Timing may be different on certain medications. Again, some of the infusion therapies, like Ocrevus and Briumvi, you have to time your medications to be close to those infusions, but not too close, and it's important to work with your neurologist on that timing. Certain vaccines, especially to prevent shingles, the vaccine is called Shingrix, as well as pneumococcal infections, those are recommended at earlier ages in people who are on immunosuppressing medications. So typically these vaccines are started- the two that I mentioned- are started at age 50, but if you're on certain immunosuppressing medications, it's recommended to get them earlier. Talk with your doctor. Your doctor may not be fully up on the vaccine recommendations, so they may need to do a little bit more research, but it is important to educate yourself and to advocate to get the vaccines that you need to get in order to fully protect yourself. Also, get other people in your household to get vaccinated, because if you can't get vaccinated for some reason, or you have a bad reaction, or an allergy or something, the people around you are, if they're vaccinated, they're much less likely to pass on an infection to you. They're much less likely to get sick and pass something on.

Okay, so my challenge to all of you is, in thinking about the six pillars of a healthy lifestyle, set a goal to do at least one small thing every day to improve your health. You want to make that goal specific and realistic, and you want to tell someone who can help hold you accountable. So it's not enough just to listen to this talk, you've got to actually make some changes. So, the next step here is to set goals. So it can be one goal, it can be multiple goals, but at least one. Try to think of it. So, your goal, ideally, should be a SMART goal, and SMART is an acronym that stands for: Specific, Measurable, Achievable, Relevant, and Time-bound.

I have some examples here. One example is: beginning next week, that's a specific time period there, I will substitute salmon for red meat two nights every week. Starting tomorrow, I will take a 15-minute walk with my neighbor after waking up in the morning on Monday, Wednesday, and Friday. Starting tonight, I will stop using my phone an hour before bed, and I'll leave it in the kitchen overnight. Tomorrow, I'll call my friend Sally to arrange a weekly meetup at a coffee shop we both like.

To help meet your goals, write them down, review them regularly. Find an accountability buddy, enlist your doctor's help. Make it fun, try new recipes, classes. Podcasts, music while exercising. New ways to connect. Start small and build from there. Try habit stacking, which we talked about a little bit earlier with Kate's example of exercising after she drops off her kids. So, habit stacking is combining a new habit, tying it in with something else. And I've had patients who do squats while they've got food in the microwave. Or while they're watching a show, they might do some exercises or physical therapy exercises.

Consistency is key, so if you're starting out and you're like, you find out that the goal you've set for yourself is really unrealistic, back off, do something small, but do something every day, or at least keep to the schedule that you've set for yourself, and be flexible. Adjust those goals if needed. And this is a picture of me and my mom and my daughter at an exercise class over the winter break.

Okay, I've got a bunch of resources for you. I want to just put another plug in from my book, which is not about lifestyle medicine, although there is some in there about that, but it's much more about my own journey with MS, and I think a lot of you will find it relatable. I also really want to put a shout out for the book, Atomic Habits by James Clear. It's a really great best-selling book. There's, like, 25 million copies sold, about ways to incorporate healthy habits into your life. Another book I read recently that was really helpful is Joyspan by Dr. Kerry Burnight. She writes a lot about how to incorporate lifestyle habits into your life as you age. A lot of really good specific suggestions. A book that will really help with diet and giving you the latest research, a lot of really detailed information, is by Dr. Michael Greger and Gene Stone. It's called How Not to Die. And then the book Why We Sleep is a really good one if you are struggling with sleep and want to learn more by Matthew Walker. I have a link to some really good information about vaccines that shows all of the vaccines that are recommended for adults.

And then I also have some of my favorite links here for some MSAA resources. There's their online community forum, their incredible MS Manager mobile app, which is really good for tracking symptoms and lots of other tools. The MSAA's diet article that I mentioned earlier, really check it out, it's really good.

Then there's a health coach if you're wanting to do more and really get into this and need some support from someone. Dr. Amy Behimer is a pharmacist who lives with MS. She's fantastic, and she does coaching and group settings, as well as individual, and is virtual. Then finally, I love these exercise videos from Can Do MS, which is another great advocacy organization. They have videos for people who are super active and fit and mobile and, you know, can do everything, and then they have really good exercises for people that have significant limitations, in a wheelchair, and everything in between. So, you can really, like, look through their videos and find something that will suit you.

I also have an e-newsletter that I would encourage you to sign up for. There's the link, this is what it looks like. You can get this tip, the 7 tips for living with and without MS, and I'd love to have all of you join that, too, so I'll leave that screen up for just a second. And Kate, maybe this can be sent out later? I don't know if that's possible.

Kate Durack:
Yeah, absolutely. And we actually do have a couple questions that came in, Lisa, as you were talking.

Lisa Doggett:
Oh, wonderful. Okay. So that gets us to our last slide.

Kate Durack:
Yeah, and before I close out, I do want to open us up for questions. We have about 11 minutes until the hour, so if anyone has additional questions for Lisa, I have a few to ask her so far, but if you want to throw those in the chat. We can have a little time for Q&A.

Lisa Doggett:
Great. I'll go ahead and stop sharing my screen at this point.

Kate Durack:
Sure. Okay, so the first question that I have was someone said that it's hard to push through the pain/numb legs to exercise. So, do you have any thoughts about that?

Lisa Doggett:
Yes, I think several thoughts about that. One is: I'm so sorry. I hear that a lot. It is really, really hard, those MS symptoms are just incredibly frustrating. So, I feel your pain. I would really encourage you to work with your doctor and/or a physical therapist, and/or an occupational therapist, to come up with some strategies to help reduce the pain and find some other ways that you can be

active. It may be that you are going to want to try to get in the water, it may be that you're going to need to do exercise in smaller chunks so that you're doing 5 minutes, 3-4 times a day, or 2 minutes 5 times a day, split it up, and then I really, really would encourage you to try different things. So if one exercise is making things worse, try something new, but don't give up. Keep looking. There are so many different types of exercise out there, and you might look at those Can Do MS videos, too, for some ideas.

Kate Durack:
Great, thank you. Another one is for sleep. What are your recommendations for shift workers with MS for sleep?

Lisa Doggett:
You know, that's a great question too, and that's a time when melatonin might be useful because it can help you kind of just reset your circadian rhythm a little bit. So consider melatonin, but also, if you can get your shifts stacked up so that they're more consistent. My husband works in a hospital and has shift work as well, and it's really, really tough. But you do want to try. Sometimes he'll have all of his nights back-to-back, so that he kind of shifts his whole sleep schedule for a week. That can be useful if you can get your shifts aligned for a little bit, but you do need to try to come up with the strategies to create that welcoming sleep environment. So that when you get home, try to get blackout shades if it's light outside. Make sure you have a noisemaker if there's a lot of noise around you. Put on, like, a white noise machine so that you can at least have a good sleep environment, and then you might need to talk with your doctor about other strategies. That also might be an opportunity to get some cognitive behavioral therapy for insomnia if you're really struggling, and also just to strategize with someone what the best methods are to address a situation like that, it can be really hard.

Kate Durack:
Okay, and then, someone said they used to do CrossFit and Orange Theory, and they really miss the community and the fun of the exercise classes, but they're no longer physically able to do them. So what types of alternatives do you recommend?

Lisa Doggett:
Well, I think it takes some trial and error, but there are a lot of great opportunities out there if you look for them. I'm a big fan of the YMCA. The YMCA, we've got a bunch of options here in Austin, and they have all kinds of programming for people of all ages and fitness levels. We actually had a program specifically for MS for a while at the local YMCA. They offer programming on a sliding scale, so that if finances are a concern, you can usually still get a membership if you explain your situation. And a YMCA membership is transferable, so you can go all over the country if you've got a membership, which is kind of fun. So, that's a way to kind of explore different types of exercise for low-cost and also connect with others, because a lot of the programming is in groups.

And then I think, you know, you can get involved in MS support groups. There are some virtual options, there are often in-person groups as well, and that's a great way to meet people who may struggle with some of the same challenges that you have, and you can do things together. And it may be that you're doing things virtually. I sometimes take a walk with a friend on the phone, and we're walking at the same time and helping each other get through our exercise. So there are ways to connect, even if you're not physically able to be with someone doing that exercise. But look for options, explore what's in your community, and don't give up.

Kate Durack:
Okay, and then one more for you, Lisa, before we go. What about supplements, vitamin D, brain supplements?

Lisa Doggett:
Yeah, so, supplements get a lot of attention in MS. They do have a role. Vitamin D is one that's generally recommended for most of us with MS. Talk with your doctor about the dose that they recommend, but that is something that's generally pretty important. I'm not a big fan of a lot of other supplements. You know, there are supplements that can be helpful depending on what your symptoms are, but I don't just universally recommend supplements for everybody. It depends on what you're trying to treat. I don't just take a brain supplement. A lot of the supplements out there, you really want to be careful about what the people who are recommending them have to gain in selling them. So if you have someone that's recommending the supplement, and they will make very convincing arguments, they often have impressive credentials, but they also earn a lot of money from selling that supplement, and they don't have the research to back it up. So be cautious of that, because a lot of people end up spending a lot of money, and there's just not enough evidence to support those supplements. I personally take vitamin D, I take calcium, and I take vitamin B12, which I take because I have a mostly plant-based diet. But I do not take any other supplements.

Kate Durack:
And then what about a fiber supplement, Lisa? Because you did mention that if you're not completely plant-based, that that might be an issue.

Lisa Doggett:
Yeah, I mean, fiber supplements are reasonable if you're not getting enough through your diet. I would encourage most people, if you possibly can, add those fruits and vegetables to your diet. That's where you're going to get a lot of fiber. Legumes, nut seeds, those are good sources of fiber too, so try to add more to your diet, but if you truly aren't getting enough fiber, taking a fiber supplement is reasonable.

Kate Durack:
Wonderful. Thank you. I'm just checking to see if there's anything else that came through. How about red light therapy? That one was really interesting. Any thoughts about red light therapy?

Lisa Doggett:
You know, I don't know a lot about it. I did have a patient that recommended it recently during one of our wellness sessions, but I haven't had enough time to dive into it to know. I do think that some people have found it to be helpful, but I can't comment.

Kate Durack:
Okay, wonderful. Well, thank you so much, Lisa. It has been absolutely wonderful to have you here, always a pleasure to chat with you. I just want to close by saying that living with MS is incredibly complicated, and I think that what we've learned tonight is that lifestyle medicine offers a practical toolkit that can support our health, resilience, and quality of life, even when our path looks different than we expected.

This concludes our webinar, and on behalf of MSAA, we want to thank you for your time and participation. And just a reminder that this program was recorded and will be archived on our MSAA website in the coming weeks. Please take a few minutes to complete the brief survey, and we would absolutely love your feedback on that. And that is all for us tonight. Have a wonderful evening. Goodbye.