



**National  
Multiple Sclerosis  
Society**

**MS Learn Online  
Feature Presentation  
MS 101 – Part Two  
Jack Burks, MD**

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**Tracey>>** Hi, I'm Tracey Kimball.

**Tom>>** And I'm Tom Kimball, welcome to MS Learn Online. In this webcast Dr. Jack Burks is back with correspondent Rick Sommers to provide some more fundamental information about multiple sclerosis.

**Tracey>>** In the first segment of MS 101 Dr. Burks discussed what MS is, how it's diagnosed, and who gets it. This time he'll talk about symptoms of MS and some of the treatment options that are available.

**Tom>>** Let's watch.

>>**Rick Sommers:** Let's talk a little bit about some of the symptoms that you see in your day-to-day.

>>**Dr. Burks:** Probably the most common symptom is fatigue. Eighty-five to ninety percent of patients have significant fatigue. And it's not the fatigue that I get when I'm out working out or I'm out running or bicycling or whatever. I get tired, too. It's much different. It's a much, much more significant type of fatigue. So, fatigue is probably the number one symptom.

But there are visual symptoms. There are balance problems, there is pain, there are bowel problems, bladder problems, sexual dysfunction, swallowing problems. You name it, they can get it. But tingling and fatigue and visual problems are probably three of the most common. But it's not surprising, because, remember, every wire in the brain and spinal cord has insulation, and depending on where the immune system decides to attack, they can attack the part of the brain that controls speech or vision or strength. Nothing is sacred. Nothing is protected from the immune system.

>> **Rick Sommers:** When people ask me about MS and about my symptoms compared to symptoms they may be experiencing, one of the things I like to tell people is you talk to 10 different people, you're going to get 10 different stories. And that's pretty much what you see in practice on a regular basis.

>> **Dr. Burks:** If you talk to a hundred people you get a hundred stories, a thousand people you get a thousand stories. Everybody is a little bit different. So, when I talk about symptoms, I'm not talking about for every patient, because every patient is really different. So, it just depends on the course of the disease and the nature of the damage that's occurring.

>> **Rick Sommers:** And how about the actual conclusive diagnosis? When you get to that point, what are the tools that you use to be able to say to somebody, yes, indeed, this is your situation?

>> **Dr. Burks:** Well, remember, I'm a neurologist, so I'm going to protect my turf. The most important part of making a diagnosis is to go to somebody who is knowledgeable about MS, who knows how to take a really good history. I'm looking for past problems, because MS is a disease that comes and goes. So, most people come into the office have had past problems. So, taking the history is very important. And then doing a very

thorough neurological examination. So, the history and the examination are very important.

The next step is the MRI. And the MRI has added just tremendously to our ability to diagnose MS early. You say, well, who cares? Well, I care, the patients care. Because if you diagnose early, you get treated earlier, and we know these drugs work better when you're treated early. So, it's been a tremendous help.

Patients that we're struggling with, we'll do a spinal tap, and the spinal tap can show abnormalities that look like MS. We can actually measure with a computer how fast an impulse gets from the eye to the brain, or to the ear to the brain. They're called evoked potentials, and they sometimes can be helpful.

But the major part of this is making sure they don't have something else. No better explanation. And so there's a list of 30 or 40 diseases that can mimic multiple sclerosis. And so our job is to say this looks like multiple sclerosis, I think this is multiple sclerosis, but could it be something else? Could it be a blood vessel problem, or could it be another inflammatory disease, like lupus. Especially in young women we worry about that.

So, there are a whole list of things that the neurologist thinks about when he's seeing a patient before he makes a diagnosis of multiple sclerosis.

>> **Rick Sommers:** Diagnosis comes and when the doctor gives you those words, "Yes, you have multiple sclerosis," it's like a ton of bricks falling on you. You leave the doctor's office, you go home, you try and digest this concept. You're not even thinking about getting on a med yet, but you're thinking about how your life is going to change. Who is out there for a newly diagnosed person to talk to?

>> **Dr. Burks:** Well, fortunately, usually the diagnosis is made in an MS center neurologist's office who is a specialist in this. And they'll have

nurses there, they'll have counselors, maybe a psychologist to talk to, to sort of how to deal with, how to learn to cope and adapt to these changes that may occur. And that the good news is that you're diagnosed early enough, you don't wait with symptoms. We used to diagnose the patient seven or eight years after they started having symptoms. Now we're diagnosing them in the first few months.

So, the good news is that we can get people on treatments and settle this disease down usually very quickly, and the patients can be very productive.

>> **Rick Sommers:** One of the great terms or phrases that I've heard over the years is, "diagnose and adios," is what they used to say, I guess, because they'd say, "You have MS, that's all we can tell you, there's nothing we can do." And now you have so many cards up your sleeve and so many options that this is a good time -- if there is ever a good time to be diagnosed with a chronic illness -- this is a good time to be in MS.

>> **Dr. Burks:** The patients used to get the message, "There is nothing we can do for you. Go home and rest, take it easy, avoid stress." That's not very helpful, frankly, to a person who is just diagnosed with MS. And now the issue is, what do we treat with? What do we treat -- what sort of disease-modifying therapy do we do that may actually reduce the attacks, may reduce progression? And then how do we treat the pain that they might have, or the fatigue they might have?

So, most of these symptoms that I've talked about, we now have treatment options for them. And if somebody is starting to become disabled, we have a rehabilitation program that can really minimize their disability and improve their function.

>> **Rick Sommers:** I like to end on an upbeat note. Tell me something good about MS. You're seeing very, very promising things in the turnpike down the road.

>>**Dr. Burks:** There are over 30 treatments in clinical trials right now. The new era of multiple sclerosis treatment is going to be approaching very quickly in the next few years. There are six FDA approved treatments now, which is just terrific. All of those have occurred since 1993. In the next five years we'll probably double or maybe even triple that number of treatment options. And at the same time the current treatments work really well and we know they're very safe. We have over 15 years of data in some of these. So, you take this drug, it's going to be safe. So, it's nice to have that, just to begin with.

And then we can add to that with oral therapies, therapies that you may only have to take once a year, maybe every six months; that people are starting to develop treatments for progressive disease, because we really have not had very good treatments for progressive disease. But now at least we're looking at that. So, the options are tremendous.

Our responsibility will be to have a balance, to educate people, to teach people about what the options are and the pros and cons of each of these options. Because it's possible that the new treatments may be more convenient, they may be better, but they may have more safety issues. So, we have to weigh safety, efficacy and convenience and tolerability. If the patients -- if you have the best drug in the world but the patient can't tolerate it, it's not going to work.

So, our job is not going to be do drugs work in the future, because we're going to have lots of drugs that work -- is how you balance the other parts, the tolerability and the safety and the convenience with the patients.

So, we have a big job ahead of us, is to try to get patients -- fortunately, the patients are educated, they want to learn, they're great to work with, and they'll understand what their options are.

**Tracey>>** We hope this mini course of MS 101 was helpful. There's a lot more information on the National MS Society website or you could call 1-800-FIGHT MS.

**Tom>>** You can have literature sent to you, you can learn about educational programs available in your community or you could talk to someone who can answer your questions.

**Tracey>>** Again that number is 1-800-FIGHT MS.