



## DEVELOPMENT

June 1, 2012

CC: Marketing

### **2012-2013 National Team Weeks and Blitz Days Announced**

As you finalize your Walk MS, Bike MS and Challenge Walk campaign plans for 2013, please incorporate the nationwide Team Weeks and Blitz Days into your plans.

Each of these weeks highlights a strategy to recruit, cultivate and build your teams throughout the event season. They build upon each other to help you reach your financial and team registration goals. By cultivating your captains during National Team Recognition Week your chapter will register captains more easily during Team Captain Celebration Week. And the more captains you register during Team Captain Celebration Week, the higher your potential for recruiting large numbers of team members during the National Team Weeks. The Blitz Days are designed to support your ongoing recruitment and fundraising activities specifically related to Bike MS.

There will once again be a national work team focused on messaging for Team Weeks. Please contact [Christy.Fath@nmss.org](mailto:Christy.Fath@nmss.org) if you are interested in being a part of this team.

#### **2012-2013 National Team Weeks\***

National Team Recognition Week – November 12-16

Team Captain Cultivation Week – January 7-11

Team Week #1 – February 11-15

Team Week #2 – March 11-15 (MS Awareness Week)

Nationwide Fundraising Week – March 25-29

*March Team Week is during MS Awareness Week - coordinate efforts to be most effective!*

#### **2013 National Bike MS Blitz Days**

World MS Day Blitz: May 29, 2012

First Day of Summer Blitz: June 21, 2012

Summer FUNdraising Blitz: July 26, 2012

*\* Bike MS and Challenge Walk Team Weeks should be scheduled in a way that makes the most sense for your individual Bike MS event. We recommend one at 12-14 weeks out from your ride and an additional one at 8-10 weeks out from your ride.*

If you have questions, please contact: Sarah Klein at [sarah.klein@nmss.org](mailto:sarah.klein@nmss.org) or 303.698.6100 x15170



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## RESEARCH/CLINICAL UPDATE

cc: Chapter President, Programs, Development

June 1, 2012

### **Survey of MS Specialists Suggests People Are Commonly Misdiagnosed as Having Multiple Sclerosis**

A diagnosis of MS sometimes occurs in people who are later found to not have the disease. Andrew Solomon, MD (University of Vermont College of Medicine) and colleagues at Oregon Health and Science University evaluated survey results from 122 doctors specializing in MS to find out why and how often this happens. Survey results were published early online on May 11, 2012 in the journal *Neurology*

(<http://www.neurology.org/content/early/2012/05/11/WNL.0b013e318259e1b2.abstract?sid=51408ae6-28d8-4a4b-b048-fb2daaa5b59d>).

**Background:** Diagnosing multiple sclerosis can be challenging, and is made after considering many types of information, including neurological exam, symptoms, MRI scans, and laboratory assessments. Through international initiatives launched by the National MS Society, the diagnostic criteria for MS were developed and updated in 2010

(<http://nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/diagnosing-ms/index.aspx>), and guidance on ways to differentiate MS from look-alike disorders were published in 2008 (<http://msj.sagepub.com/content/14/9/1157.abstract>). Being incorrectly diagnosed with MS can have important psychological, economic, and treatment implications for individuals and their families.

**Study:** Dr. Solomon and colleagues conducted an online survey of MS specialists, largely in the United States. Of 242 individual neurologists originally contacted, 122 completed the survey. MS specialists are often consulted after a person has initially been diagnosed by a non-specialist. The survey focused on determining how often MS specialists encounter patients who are misdiagnosed with MS, and the characteristics of these patients.

The results showed that:

- Almost all (95%) of the survey respondents had encountered at least one patient who had been misdiagnosed with MS, and about 40% had seen 3 to 5 patients over the last year that they felt had been misdiagnosed with MS.
- Most reported that a portion of those they felt had been misdiagnosed with MS were taking an MS disease-modifying therapy; about one-quarter of the respondents reported that three-quarters of the misdiagnosed patients were taking disease-modifying therapy that was inappropriate in the absence of MS.
- Most found it challenging to inform individuals that they did not have MS, but most did so. Around 14% of respondents had chosen not to inform some patients of the misdiagnosis for a variety of reasons, including risk of psychological harm to the patient; consequences of benefits and finances that would negatively impact the patient; and belief that “undoing” the diagnosis should be the responsibility of the physician who originally made the diagnosis.
- Alternative and likely diagnoses made by respondents for patients incorrectly identified as having MS included non-specific brain abnormalities, small blood vessel ischemic disease, migraines, psychiatric diseases, fibromyalgia, neuromyelitis optica, and several others.

**Comment:** An accompanying editorial

(<http://www.neurology.org/content/early/2012/05/11/WNL.0b013e318259e2e2.extract?sid=dfd180b5-9011-4e6f-a5d2-e01e33892537>) by Richard Rudick, MD (Cleveland Clinic; Chair of the National MS Society’s Research Programs Advisory Committee) and Aaron Miller, MD (Mount Sinai School of Medicine, New York; Chief Medical Officer of the National MS Society) notes that because there is still no definitive diagnostic test for MS, the problem of misdiagnosis persists, possibly because of over-reliance on MRI imaging. They recommend that physicians perform thoughtful and complete assessments of symptoms and laboratory results when making a diagnosis, in light of the fact that although early initiation of disease-modifying drugs in people with definite MS is beneficial, there should be a high level of confidence in the diagnosis before a person goes on long-term disease-modifying therapies, the use of which “entails risk, discomfort, inconvenience, and high cost.”