

Preventive Care Recommendations

THE BASIC FACTS

MULTIPLE SCLEROSIS



Carlos Healey, diagnosed in 2001

Medical checklist:	Recommendations:	Dates of last & next test
Blood Pressure & Pulse	Yearly if normal.	
Height & Weight	Yearly if normal. Assess for both under and over weight problems.	
Complete blood cell count (CBC), liver function tests, and other monitoring tests	Test at initiation of disease modifying therapy. Review your medical history and medications carefully with your healthcare provider to determine need and frequency of laboratory tests.	
Thyroid Function Testing	Test at time of MS diagnosis and also consider for anyone with new symptoms of fatigue.	

Medical checklist:	Recommendations:	Dates of last & next test
Urinalysis	To assess for urinary tract infections and following the completion of treatment for a urinary tract infection, as per physician recommendation.	
Chest X-Ray	Discuss with health-care provider.	
Electrocardiogram (EKG/ECG)	Discuss with health-care provider.	
Total Skin Exam	Discuss with health-care provider. Limited sun exposure and sunscreen use are recommended.	
Dental Cleaning and Examination	Every 6 months. (Note: Make sure your dentist has a current list of all the medications you are taking. If daily tooth care becomes difficult, discuss with health-care provider and consider electric appliances.)	
Over age 20		
Fasting Cholesterol (with HDL, LDL & triglycerides)	Men age 35 and older, and women age 45 years and older if they are at increased risk for coronary artery disease.	
Fasting Blood Sugar	Every 5 years starting at age 20, or more often per physician recommendation.	
Over age 40		
Cardiovascular Disease	Men over age 45 and women over age 55 should ask their physician about taking a daily baby aspirin, particularly those with other risk factors such as high blood pressure, diabetes, heart disease or smoking.	
Thyroid	Consider testing annually for women age 40 and older and for anyone with symptoms of fatigue.	
Visual Acuity/Glaucoma	Every 2-4 years for ages 40-65, then yearly.	

Medical checklist:	Recommendations:	Dates of last & next test
Over age 50		
Stool for Occult Blood	Yearly (three stool guaiac cards) starting at age 50.	
Sigmoidoscopy/Colonoscopy	Every 5 years starting at age 50 for sigmoidoscopy or every 10 years for colonoscopy. Begin screening high-risk individuals earlier. (Reference: America Cancer Society)	
Hearing	Every 5 years over age 50.	
Bone Density Test	Once, for everyone with risk factors including prolonged use of steroids or anticonvulsants, a family history of osteoporosis, and a sedentary lifestyle. Retest periodically. Women at age 65, or at age 60 if they have higher risk due to impaired mobility or family history of osteoporosis.	
For those with risk factors		
PPD (purified protein derivative)	Every 1-2 years if at high risk for tuberculosis (including health-care workers, persons with HIV, persons living in areas where TB is prevalent).	
Fasting Blood Sugar	At least every 5 years for those with risk factors such as obesity or family history of Type II diabetes.	

Medical checklist:	Recommendations:	Dates of last & next test
Women only		
Pap smear with bimanual (pelvic) examination	At least every 1-3 years for women who are or have been sexually active and have a cervix. The American Cancer Society recommends initiation no later than age 21. Other organizations recommend age 18 because of the high prevalence of sexual activity.	
Clinical Breast Exam (by health-care provider)	Yearly.	
Self Breast Exam	Monthly.	
Mammogram	Every 1-2 years starting at age 40. (The American College of Obstetricians and Gynecologists recommends every 1-2 years from age 40-49 and annually over 50 years. The American Cancer Society recommends annually starting at age 40.) If there is a family history of breast cancer, consult with a physician about appropriate beginning age.	
Men only		
Prostate exam (digital rectal exam)	Yearly starting at 50. African-Americans or those who have a family history of prostate cancer, start at age 40.	
PSA (prostate specific antigen) test	Discuss with health-care provider.	
Clinical Testicular Exam (by health-care provider)	Yearly.	
Testicular Self Exam	Monthly. The American Academy of Pediatrics recommends starting at age eighteen.	

Vaccines:	Recommendations:	Dates
Immunizations (People with MS should generally avoid live virus immunizations)		
Tetanus-Diphtheria	Boosters every 10 years.	
Influenza Immunization	CDC recommends yearly immunizations with injectable vaccine for everyone. Check with your MS provider first if you are receiving immunosuppressive therapy.	
Hepatitis B Immunization	Health-care or public-safety workers who have exposure to blood in workplace. Household contacts and sex partners of those infected with hepatitis. Sexually active men and women with more than 1 partner in last 6 months or with recently acquired sexually transmitted diseases. Intravenous drug abusers.	
Pneumococcal Immunization	Once at age 65 or older or anyone with additional risk factors. If received before age 65, need booster after 5 years.	
Human Papilloma Virus (HPV) Immunization	Once up to age 26 years	
Varicella Immunization (chicken pox)	Once if there is no clinical history of Varicella.	

General Health and Safety Recommendations

- **Stop smoking (or don't start)** to reduce your risk of cancer and heart disease. Those who begin smoking before age 17 have a 2.7 fold increased risk of developing MS later in life. Smoking may also accelerate MS disease progression. It's not too late to join a smoking cessation group and/or consider medication to help decrease desire to smoke.
 - **Exercise regularly.** Check with your doctor before starting on a new exercise program.
 - **Eat a well-balanced diet.** Limit saturated fat, added sugars and sodium. Emphasize fresh fruits and vegetables, low and fat-free dairy products, and whole grains to reduce risk of heart disease, control constipation, and maintain a healthy body weight.
 - **Drink fluids.** Drink plenty of non-caffeinated, low sugar fluids every day to maintain general health, health of the urinary system, and to lessen constipation.
 - **Maintain a healthy body weight.** If you are overweight, lose weight to reduce your risk of developing heart disease, hypertension, diabetes, and other diseases.
 - **Consume adequate calcium.** Adults between ages 19-50 should consume 1200 mg daily. Women aged 51 and older and men aged 65 and older should consume 1200-1500 mg daily.
 - **Vitamin D.** Many American adults are at risk of vitamin D deficiency. Low vitamin D levels can cause numerous symptoms and may play a role in the MS disease process. Ask your clinician about blood testing and appropriate supplementation.
 - Women of childbearing age should be consuming 0.4-0.8 mg of **folic acid every day** to prevent common birth defects (neural tube defects or spina bifida). Folic acid (or folate) is a vitamin that is contained in many multivitamin supplements.
 - Give each of your health-care providers a **current list of all of the medications** (prescription and non-prescription) you are taking at each medical visit.
 - **Alcohol** can affect balance, coordination, and thinking. It depresses the nervous system and may interact with your medications. Check with your doctor about whether alcohol is safe for you, and if so, how much and how often. Avoid "recreational" drugs.
 - **Protect yourself against sexually transmitted diseases** by using condoms whenever appropriate, and by using your best judgment with sexual partners. Sexually active adults should be tested for sexually transmitted infections. Women who have not had a hysterectomy should also be tested for cervical cancer.
 - Wear **lap and shoulder belts** while driving or riding in vehicles.
 - Install and maintain **smoke detectors**.
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- * The National Multiple Sclerosis Society is proud to be a source of information about multiple sclerosis. Our comments are based on professional advice, published experience and expert opinion, but do not represent individual therapeutic recommendation or prescription. For specific information and advice, consult your personal physician.

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