

Day 1 – Thursday, 12 May 2022

N.B. Cases are for illustration purposes only and may be adapted by the faculty.

09:30 Registration and refreshments

09:45 Welcome

Dr Wallace Brownlee, Consultant Neurologist, University College London Hospitals NHS Foundation Trust & Honorary Academic Director, MS Academy

10:15 Diagnostics

Dr Wallace Brownlee & Noreen Barker, MS Nurse Specialist, University College London Hospitals NHS Foundation Trust

You see a 32 year old man in the clinic. 4 weeks ago they had a slowly worsening numbness in the left leg, and 2 weeks ago they started to notice the leg was weak and they were tripping. Their symptoms have improved in the last week. Their MRI scan shows a lesion in the cervical spine

- Common presentations of MS
- Imaging and how this can help with diagnosis
- What is the value of a lumbar puncture
- How to support patients in the diagnostic phase of MS
- How to allay concerns from internet research

12:15 Lunch

13:00 Epidemiology

Dr Azza Ismail, Consultant Neurologist, Sheffield Teaching Hospitals NHS Foundation Trust & Daisy Cam, MS Nurse, Sheffield Teaching Hospitals NHS Foundation Trust

A patient with newly diagnosed MS attends the MS Clinic for the first time. She asks if she will end up in a wheelchair.

- Natural history of multiple sclerosis
- Prognostic factors and counselling patients about prognosis
- Brain health and lifestyle factors

The patient has a 3 year old son and is thinking about having another baby. She has questions about her child, breast feeding, other pregnancies, and whether she would pass it on to her children

- What do you tell her about pregnancy and breastfeeding
- Genetics of MS and how you communicate this to patients
- Is MS a preventable disease?
- How do you discuss MS with your family and children

15:00 Refreshment break

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15:30 **Pathophysiology**

Dr Ian Pomeroy, Consultant Neurologist, The Walton Centre NHS Foundation Trust

A 57 year old lady has been referred to the clinic. She had a diagnosis of MS made when she was 27 when she had optic neuritis followed by sensory change in the arm a year later. She has been well until the last year when she has noticed that her walking has got worse.

- How do you differentiate activity and progression.
- What are the mechanisms of MS progression.
- How do you discuss progression with people with MS
- What are the differences in treatment response with different DMTs in relapsing and progressive MS

17:30 **Sessions close for day 1**

19:00 **Pre-dinner drinks**

19:30 **Informal dinner**

Day 2 – Friday, 13 May 2022

08:30 **Registration opens**

09:00 **Relapse management**

Dr Emma Tallantyre, Clinical Senior Lecturer, Cardiff University & Miranda Olding, MS Clinical Nurse Specialist, East London NHS Foundation Trust

A 34 year old man with MS attends the Acute Medical Unit with a five day history of numbness in both legs

- Pathophysiology and triggers for MS relapses
- Differentiating an MS relapse from pseudo-relapse
- Counselling patients about the risks and benefits of steroids
- How to set-up and run an effective MS relapse clinic
- Role of plasma exchange in treating relapses

11:00 **Refreshments**

11:30 **Disease modifying treatments - MDT meeting**

Dr Kate Petheram, Consultant Neurologist, South Tyneside & Sunderland NHS Foundation Trust and Rachel Dorsey-Campbell, Neuroscience Pharmacist, Imperial College Healthcare NHS Trust

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You have made a diagnosis of MS following a single relapse in a 27 year old lady. Your patient is really unsure about how they would like to be treated. What other factors should be considered?

- First line MS treatments and the NHS algorithm
- Early intensive vs Escalation.
- Treatment selection, counselling and monitoring

A 19 year old man is recovering from a brainstem relapse with double vision and ataxia. Three months ago he had an episode of clumsiness and tremor in the right arm. MRI of the brain shows three gadolinium-enhancing lesions.

- Rapidly-evolving severe MS
- Treatment selection, counselling and monitoring

A 57 year old lady with a new diagnosis of secondary progressive MS. She had a diagnosis of MS made when she was 27 when she had optic neuritis followed by sensory change in the arm. Over the last 2 years she has noticed that her walking has got worse. 2 years ago she was able to walk 500 metres without assistance, but now is only able to walk 200m.

- Use of siponimod
- Treatment considerations in older people with comorbidities.
- Treatment counselling for treatments in progressive MS

A 47 year old man has a diagnosis of primary progressive MS. His symptoms started 7 years ago and have gradually worsened since. Over the last 2 years he has had to use a stick for distances more than 100 metres, and has noticed worsening hand function.

- Use of Ocrelizumab
- Treatment considerations in older people with more comorbidities.
- Treatment counselling for treatments in progressive MS

13:30 Lunch

14:30 Patient session

Dr David Paling, Consultant Neurologist, Sheffield Teaching Hospitals NHS Foundation Trust with local patients: Zoey & Paul

15:15 Symptom management

Dr Rasha Abdel-Fahim, Consultant Neurologist, Nottingham University Hospitals NHS Trust & Ruth Stross, MS Nurse Specialist, Epsom and St Helier University Hospitals NHS Trust

A 57 year old man with MS is complaining of increasingly frequent pain, stiffness and spasms of his legs. What would your approach be to help him?

- Clinical assessment of spasticity.
- Drug treatments, effectiveness, patient counselling and monitoring
- Non pharmacological management

A 37 year old lady with MS on Natalizumab is complaining of a burning pain experienced in the left arm and leg. How would you be able to help her?

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- Assessment of neuropathic pain.
- Drug treatments including effectiveness, patient counselling and monitoring.
- Non pharmacological treatments and role of pain management services.

A 27 year old lady was diagnosed with MS 2 year ago. She had no further relapses and feels that she has made a full physical recovery since starting Cladribine, but is suffering with very intrusive fatigue and is having difficulty with cognitive symptoms at work. How could you help her?

- Assessment of fatigue
- Assessment of cognitive symptoms
- Non pharmacological treatments
- Pharmacological treatments for fatigue
- Assessment of depression and treatments

A 54 year old lady with secondary progressive MS is having more problems with urinary urgency and incontinence a couple of days each week. How would you be able to help her?

- Assessment of bladder and bowel symptoms.
- Pharmacological treatment.
- Non pharmacological treatment.

16:30 Mentorship & project

Dr David Paling

17:00 Final remarks and depart

Dr David Paling