



Little did we suspect that the world would be facing a pandemic in the first months of 2020. This outbreak wreaks havoc in the scientific meeting season, but this is a relatively minor inconvenience compared to the morbidity and mortality associated with COVID-19 (coronavirus disease 2019). Our patients are concerned that potent disease-modifying therapies (DMTs) targeting their immune system may render them more vulnerable to the virus. This developing situation also brings back to mind unanswered questions regarding the potential role of viruses in the pathogenesis of MS. Another lingering question, as efforts to develop a vaccine against SARS-CoV-2 (the virus that causes COVID-19) are underway, is that of the risk of triggering demyelinating events through immunization. Coincidentally, one article in our March/April issue reports on an episode consistent with neuromyelitis optica spectrum disorder associated with positive myelin oligodendrocyte glycoprotein (MOG) antibody, following the receipt of multiple vaccines in a pregnant woman from Africa. The anti-MOG positivity was transient, suggesting that this was a monophasic episode. In this article, Kumar and colleagues also provide a succinct review of the temporal relationship between vaccination and episodes of central demyelination. While these cases fall short of establishing a cause-and-effect relationship, they demonstrate the need for further investigation to elucidate this matter.

Two articles in this issue cover important topics related to DMTs: safety and when to stop treatment. In a prospective observational study among more than 300 patients receiving their first course of alemtuzumab, China and colleagues observed transient and clinically insignificant changes in vital signs during and immediately after the infusions. Of note, most patients exhibited potentially clinically significant vital sign abnormalities, confirming that vital sign monitoring is necessary. Early treatment initiation after a diagnosis of MS is gen-

erally recommended, but clinicians are also confronted with questions about treatment discontinuation. The review of the literature by Knox and colleagues demonstrates that high-level evidence is lacking to guide patients and clinicians in the decision to discontinue DMTs at a later stage of the disease. Using the example of the Canadian health care system, the authors illustrate how shared decision making and awareness of the complex ethical issues raised by treatment discontinuation should inform this discussion.

Multiple sclerosis causes a variety of alterations of body functions. Abnormal bladder function is known to be frequent and often bothersome. In their systematic review and meta-analysis, Al Dandan and colleagues report on the prevalence of lower urinary tract symptoms, described according to the International Continence Society classification (CME/CNE credit is offered for this article). Cognitive function is also commonly affected by MS. Beier and colleagues studied the reliability of iCAMS, a tablet version of a validated cognitive assessment battery for MS, which could improve the ease of measuring cognitive function in clinical practice.

From a broader point of view, the impact of MS on patients is driven by many factors relating to the disease, and to the characteristics of the individuals and their environment. Tzitzika and colleagues, in their study of more than 900 partners and spouses acting as informal caregivers, similarly found complex influences on their relational satisfaction, involving not only caregiver burden, but also their commitment to the relationship and, to a lesser degree, prerelational behavioral tendencies.

We are delighted to publish the list of abstracts from the 2019 International Symposium on Gait and Balance in this issue. The full abstracts are freely accessible on our website (ijmsc.org). Our entire team hopes you will remain safe and healthy during these challenging times.

—Francois Bethoux, MD
Editor in Chief