



The second half of 2020 remains marred by high emotions and deep uncertainties. We have all, to varying degrees, implemented changes to our habits, lifestyle, and work activities as a consequence of the COVID-19 pandemic. Whether these changes are dictated by policies and guidelines or brought about by our own risk assessment, we do feel that they are imposed upon us by the threat of SARS-CoV-2 contamination and its potential consequences. I am often tempted to express my dissatisfaction with this new reality and my desire to return to my “normal” way of life (wasn't it only a few months ago?). But many of the persons with MS I see in my office or via telehealth remind me that they have been confined to their home for years, and that they have had to adjust to multiple life-altering transitions imposed by the consequences of MS. Furthermore, the many unanswered questions regarding the COVID pandemic and its evolution in the long term are reminiscent of the frustration experienced by our patients over the unpredictability of the course of MS.

In keeping with this line of thought, the results of the vsMS Survey, reported by Bass and colleagues, represent a timely reminder of the myriad symptoms experienced by individuals with relapsing forms of MS, and of the profound impact of the disease on their lives. At the same time, people with MS can derive hope from the tireless efforts in the domains of science and advocacy undertaken by an international community of individuals and organizations. Thakolwiboon and colleagues, through their review of recommendations regarding disease-modifying therapies (DMTs) for MS in the context of the COVID pandemic, highlight how societies all over the world developed and communicated expert guidance to providers and patients based on expert consensus and emerging evidence. Ongoing initiatives such as the COViMS (COVID-19 Infections in MS & Related Diseases) registry will help refine these recommendations.

When I started my involvement with MS care, we had three approved DMTs to offer (sometimes called the “ABC drugs”). Nowadays, it is difficult to keep an accurate count, yet the so-called platform DMTs are still available and prescribed, with new formulations being

offered. Filipi and Jack give us an update on the evidence regarding the efficacy and safety of interferon beta formulations for MS.

One area of MS management that is lacking evidence is the delivery of multidisciplinary care. Publishing such evidence is at the heart of IJMCS's mission. Multiple sclerosis adult day programs represent one type of setting for multidisciplinary care. Unfortunately, the study reported by Gasper and colleagues did not find clinically significant benefits from MS adult day programs over usual care at 1 year. The article by Donkers and colleagues provides another contribution on the topic of multidisciplinary care delivery. While there is strong evidence, summarized in published guidelines, to suggest that physical activity (PA, which includes exercise) is beneficial to persons with MS, their qualitative analysis of health care providers' experiences suggests that the implementation of PA recommendations is more likely to be successful if the entire multidisciplinary team is involved in promoting, prescribing, and monitoring the required change in behavior.

The diversity of exercise modalities offered is essential in customizing PA prescriptions to a person's needs and preferences. Genova and colleagues share preliminary evidence suggesting immediate improvement of mood symptoms and fatigue after a bout of aquatic exercise, compared with rest. In this issue's continuing education article, the pilot randomized controlled trial of functional electrical stimulation cycling in nonambulatory MS patients conducted by Backus and colleagues showed improved fatigue, depression, and perceived physical health after the exercise program compared with no such exercise.

The IJMCS editorial team is saddened by the recent passing of Dr. Susan Bennett, past-president of the Consortium of Multiple Sclerosis Centers, and a strong advocate of exercise in MS. Dr. Lacey Bromley shares with us some of Dr. Bennett's many accomplishments, and the many ways in which she touched the lives of people with MS.

—Francois Bethoux, MD
Editor in Chief