

Frequently Asked Questions

The Ongoing Battle Against MS



1. Can MS be diagnosed by MRI alone?

No. Using magnetic resonance imaging (MRI) is not enough. A definite diagnosis of multiple sclerosis (MS) requires:

- A history of symptoms consistent with MS.
- At least one objective clinical sign on examination.
- Diseases which might mimic MS must be ruled out.
- MRI to confirm the diagnosis and help to rule out other diseases.

2. Is depression common in MS patients?

- Some studies show an over 50% lifetime prevalence of depression in MS patients.
- Depression can occur at any level of disability.
- The rate of suicide is increased at least fourfold over the general, age-adjusted population.
- Depression in MS is treated in the same way as in the non-MS population.

For an in-depth article on MS, please go to page 108.

As presented at the **Drug Update and Practical Therapeutics Course, University of Alberta**, by **Mary Lou Myles, MD, FRCPC**

3. When and how should MS relapse be treated?

- First, rule out infection, especially urinary tract infection.
- Treat only if the symptoms are impairing function.
- Use a short course of high-dose corticosteroids, with or without a subsequent tapering dose of prednisone.

4. Is exercise helpful to people with MS?

- Elevation of body temperature with exercise may transiently worsen MS symptoms, but will not cause any long-term harm.
- Exercise can help treat a number of MS symptoms, including fatigue, depression, spasticity, weakness, constipation, balance impairment, pain, and sleep disturbance.