Holy Name’s MS Experts Write Book Chapter
Holy Name’s MS specialists have written a chapter for a new book released late this summer. *Systemic Disease Manifestations in the Foot, Ankle and Lower Extremity* explains how different diseases, such as diabetes, cardiovascular conditions and multiple sclerosis affect the lower half of the body.

The specific chapter written by Holy Name experts is titled, ‘Lower Extremity Manifestations of MS’, and focuses specifically on the potential effects of multiple sclerosis. The contributors included Dr. Mary Ann Picone, Medical Director, Dr. Karen Blitz, neurologist, and former intern Hunter Vincent, Clover West and Jemima Akinsanya.

Charitable Giving
Your support helps us to continue providing compassionate, comprehensive care that includes accurate diagnostics and emerging therapies to patients of all ages living with multiple sclerosis. Donations also enable the MS Center to attract top medical talent, equip them with the most advanced technology and help fund clinical trials.

To make a gift to the Holy Name MS Center please:
Visit: HolyName.org/foundation
Send: Holy Name Medical Center Foundation
718 Teaneck Road
Teaneck, NJ 07666
Contact: foundation@holyname.org
201-833-3187
201-833-3708 (fax)

THANK YOU FOR YOUR SUPPORT!

Welcome to the 2017 Fall Edition of MS Links!

Just this spring, the Food and Drug Administration (FDA) approved a long awaited MS therapy, ocrelizumab (Ocrevus) for relapsing and primary progressive forms of MS. It is the first disease-modifying therapy that has gotten FDA approval for progressive forms of the disease. It has shown impressive results on decreasing new lesion activity visible on an MRI, on decreasing relapses and most importantly, on slowing disability progression. We have been administering Ocrevus in the MS infusion center. After the initial two doses, given two weeks apart, it is then administered biannually. This is an exciting advance in MS care.

I recently attended a symposium hosted by ACTRIMS (Americas Committee for Treatment and Research in Multiple Sclerosis), and many of the lectures focused on the importance of low-fat diets, vitamin D supplementation and smoking cessation as ways to decrease central nervous system inflammation. Probiotic use was also discussed as a measure to improve the gut microbiome. Dr. Clover Youn, who many of you may remember as a rotating medical student and is now a neurology resident, joined me in giving a poster presentation at this meeting and at the American Academy of Neurology. It looked at results we found on the levels of lymphocytes in patients 55 years and older who were taking the oral disease-modifying therapies, Gilenya, Tecfidera and Aubagio.

Two medical students from Touro College of Osteopathic Medicine have completed or are conducting MS studies in our center. In collaboration with researchers from Hospital for Special Surgery, Cheryl Fields is investigating foot arch, height and structure and their relationship to gait and balance. Laura Schiraldi completed a review of the MRI improvements from Rituxan use in patients over the past 12 years and presented the study at the Consortium of Multiple Sclerosis Centers in New Orleans. In addition, Dr. Fred Feley, our neuropsychologist, and his PhD students are working on several cognitive studies and interventions to help improve memory.

In other news about our center, we have been utilizing our transportation van to enable patients who otherwise would not have access to be able to get to physical therapy, MRI appointments and MS center visits. Currently, the van goes to Bergen, Essex and Passaic counties.

We are also expanding our infusion area to provide for the increased use of infusion therapies such as Tysabri, Lemtrada, Rituxan and Ocrevus. Many of you have already met Marie, our new infusion nurse. We are also working on developing a Wellness Program that will incorporate complementary treatments like yoga and mindfulness, as well as expanded physical and cognitive rehabilitation services.

Our goal at the Holy Name MS Center continues to be to work together to provide the best care for our patients. With new disease-modifying therapies, symptom management strategies, exercise and diet we hope to continue to make strides in improving quality of life and slowing disease progression. You are not in this alone. We are in this together, and we are here for you. Enjoy this newsletter and the fall and holiday season!

Sincerely,

Mary Ann Picone, MD
Medical Director

Mary Ann Picone, MD
is a board certified neurologist with over 20 years of experience in the field of multiple sclerosis. Dr. Picone has been Medical Director of the MS Center at Holy Name Medical Center since 1993, and is a member of the Clinical Advisory Board of the New Jersey Metro Chapter of the National Multiple Sclerosis Society. Dr. Picone is an assistant professor at Touro University School of Medicine and has been named a Top Doctor by Castle Connolly and Inside Jersey.
New Kid On The Block
By Dr. David Duncan

There is a new kid on the block for treatment of multiple sclerosis (MS). This is a particularly important addition to the rapidly expanding therapies available, since the new therapy, known as Ocrevus™ (ocrelizumab), is the first such MS therapy that treats both relapsing and progressive forms of MS. It is well known that the majority of patients who develop MS suffer from the relapsing form, which consists of episodes of neurologic symptoms such as numbness, tingling, imbalance and visual changes that come and go either completely or partially. Approximately 10-15 percent of MS patients have neurologic symptoms that appear gradually and progress steadily. This is known as primary progressive MS. Relapsing and progressive MS are felt to be related but different. Up to this point most therapies were focused on T cells more than B cells. Up to this point most therapies were focused on T cells more than B cells. Ocrevus works similarly to another therapy used in MS, Rituxan™ (rituximab). However, this medication provided only mixed results in patients with progressive MS. Holy Name participated in the two main phase-3 studies used by the FDA to determine if Ocrevus should be approved: OPERA 1/II for relapsing disease and ORATORIO for progressive. In these studies, Ocrevus showed superior effects compared to Interferon medication in relapsing MS and to placebo in primary progressive MS patients.

Ocrevus™ is felt to work in a search and destroy method by seeking cells which carry a protein marker known as CD20 on their surface. Ocrevus works in a search and destroy method by seeking cells which carry a protein marker known as CD20 on their surface. These cells are primarily B cells. Up to this point most therapies were focused on T cells more than B cells. Ocrevus, on the other hand, finds the CD20-positive B cells and destroys them. It is felt that CD20-positive B cells are primarily the ones that cause inflammation and result in lesions in the brain, which cause the symptoms of MS. Other B and T cells that are able to protect against previous infections or infections that a patient has been immunized against, do not seem to be affected. In the above-mentioned studies, side effects were mild to moderate and included infusion reactions as well as upper respiratory infections. Due to the fact that this medication suppresses the immune system, it is recommended that patients should be screened to make sure that they have no active infections, including illnesses such as hepatitis B.

It is also recommended that any vaccination should be given at least six weeks prior to starting Ocrevus to prevent any complications.

Progressive multifocal leukoencephalopathy (PML), which is a potentially fatal brain infection sometimes found in immunosuppressed individuals, has been seen in one patient who recently transitioned from Tysabri to use of Ocrevus. It has also been found in other MS therapies and may be a risk. In addition, it is not felt that Ocrevus causes cancer, however several malignancies were identified during the investigational studies, including breast cancer. Due to these concerns of infections and malignancies, it is recommended not to use Ocrevus with other immunosuppressive therapies as this may significantly increase risks of complications. There has been no experience regarding pregnancy and breast-feeding with Ocrevus, so this should be avoided. Overall, the effects of Ocrevus look quite impressive, however, it is important to remember that results are specific to each individual patient. The approval of Ocrevus represents an important advance in the treatment of relapsing and progressive multiple sclerosis. A well-welcomed new kid on the block.

Karen Langford

Karen Langford has been living with multiple sclerosis for so long that back when she first developed vision problems her doctors thought she had an eye disease caused by exposure to birds on a farm. To those physicians, it didn’t matter that she grew up in a city and the only interaction she had with any animals was viewing the pigeons perched high above crowded streets.

Eventually, she was correctly diagnosed, years after she had been doing her own research and realized she had MS. But even when doctors knew what disease was causing Karen’s catalog of symptoms — seeing sunny days through a gray film, losing her eyesight completely for a week at a time, severe vomiting, vertigo, and dragging her left leg — she wasn’t always given the best course of treatment.

Now that Karen is seeing Dr. Mary Ann Picone, Medical Director at Holy Name Medical Center’s MS Center, she receives personalized care that addresses her particular symptoms. Specifically, Dr. Picone checks her vision and gait on each visit. Karen also has access to comprehensive services including the latest clinical trials for MS. She said the collaborative effort between the physicians, nurses and staff at the MS Center makes her confident she is receiving the best care available.

“Dr. Picone listens to me,” Karen said. “She talks to me, not at me and recognizes I know what’s going on in my body. She doesn’t let me get away with being lazy about coming in for appointments and makes sure I’m doing all I can to stay healthy. She is also always up on the newest studies.”

Through the 40 years Karen has been living with MS, she worked in sales, married and raised two children with her husband David. They moved to several states because of David’s job in college athletics, weathered emergency room visits and times of blindness while caring for two children, one still a toddler. She has also raised $10,000 for MS and volunteers on several community boards.

Karen, who lives in Teaneck, believes her own aggressive stance against the disease and her MS support group, in partnership with the care she is receiving from Dr. Picone and the MS Center, have helped keep her out of a wheelchair. She uses a walker or a cane, depending on how much walking is required, and only relies on a wheelchair for lengthy jaunts.

“I go to physical therapy, sometimes occupational therapy and exercise with other people who have MS. ”
Use Exercise and Mindfulness to Improve Your Health
By Dr. Karen Blitz

Let's talk about EXERCISE. Yes, you have time! And yes, exercise really matters. It's not something you can ignore or let wait — the time is NOW. Look at the amazing benefits exercise provides:

- Cuts your risk for cancer and stroke
- Builds muscle and bones
- Improves your digestion
- Reduces the risk of cognitive impairments as you age
- Improves heart health and circulation
- Reduces stress

If you have MS, you get those benefits and more. Data shows that exercise has a powerful way of impacting your disease and your symptoms. Here's what exercise does for a person with MS:

- Resistance and endurance training reduces fatigue
- Aerobic exercise increases the volume of your hippocampus — the area of the brain responsible for memory
- Improves mood

Remember — stay hydrated. Stretch. Sweat, but stay cool internally by drinking cool beverages. And enjoy the benefits!

Mindfulness
Start your journey into a healthier and more relaxed state of mind. Mindfulness is staying actively open to the present. It is the ability to be aware of where we are and what we're doing. When you are mindful you observe your thoughts and feelings from a distance without judging good or bad. It means living in the moment and awakening to experience.

Mindfulness can strengthen neural connections by building new neural pathways and networks in the brain. This helps boost concentration, flexibility and awareness.

For more information on how to practice mindfulness, visit https://www.mindful.org/meditation/mindfulness-getting-started/

Karen Blitz, DO, a board-certified neurorehabilitation specialist and licensed physical therapist, focuses on restoring and maximizing functional ability in patients with neurologic conditions, especially those with multiple sclerosis, Parkinson's disease, stroke, traumatic brain injury, vertigo, peripheral neuropathy due to diabetes or chronic kidney disease and patients who have difficulty walking.

Scope of Service
The MS Center at Holy Name Medical Center provides a highly experienced, multidisciplinary team of medical, nursing, and rehabilitation specialists who offer comprehensive, personalized care to about 2,000 patients. The full spectrum of onsite services includes the following:

- An infusion room so patients can receive treatment without having to travel to other areas of the hospital or outside facilities
- An orthotic clinic, where patients can be evaluated and fitted for braces and other assistive devices
- Vestibular therapy for patients experiencing dizziness or balance problems
- A wheelchair assessment clinic
- Same-day MRI diagnostic testing and same-day results
- Magnetic resonance imaging (MRI), featuring open bore technology, providing better access and increased space for face and body
- Neurologic testing, including EEG, EMG and lumbar punctures
- Bladder and kidney dynamic ultrasound
- Botox treatment for spasticity and chronic headaches
- Neuropsychological testing
- Eye exams
- Bone density exams

But It's Not Stopping Her

Karen Blitz, DO
Neurorehabilitation Specialist

Beata Jakubowski

Never Give Up

Beata Jakubowski wasn’t used to giving up. When she was diagnosed with multiple sclerosis at age 20, a doctor told her not to bother finishing college — with her disease she would never be able to hold a job. She ignored his recommendation and went on to get her degree. She then landed a job that mushroomed into a position running an entire department in a national intimate apparel company.

But by 26, her exhaustion made it too difficult to continue working. She also lost her father at the same time and was so overwhelmed she just took to her couch. She wondered what, if anything, she was going to do with her life. As days morphed into months, three years passed before a nurse recommended she see Dr. Mary Ann Picone, now the Medical Director of the MS Center at Holy Name Medical Center.

“That’s when my life got back on track,” Beata said. “She kept encouraging me to do things and got me into a clinical trial for Rituxan. I finally started to feel better.”

Fast forward 20 years. Beata moved from the wheelchair she had come to rely on pretty heavily to using a walker. Now she needs the wheelchair only for long distances, like when she traveled in London with her husband. “I feel so good at the gym. I keep wondering why more people aren’t exercising,” Beata said. “Especially people with disabilities — there was only one person with a walker. I wanted everyone to feel as good as I did. Now it’s become a passion.”

But life doesn’t always move forward in a straight line. In 2008, Beata was diagnosed with breast cancer. While it took some time to recover after undergoing a mastectomy, she focused on getting stronger and enjoying her life.

“And I never would be doing this if it wasn’t for Dr. Picone and the MS Center at Holy Name; she said. “Everyone there makes such a great team. When you’re not at your best and reach out, they respond immediately. And having valet parking means the world to people who might be having a bad day with mobility. Now I can go by myself instead of needing someone to come, so they can park the car and leave me at the door.”

Beata is still on Rituxan. It’s been the only drug that has mostly kept debilitating attacks at bay and allows her to run her own business. She’s able to visit client’s homes if they are unable to make it to the gym.

“Let’s face it, when you go to a job interview with a walker, you’re automatically labeled,” she said. “Now I have my own label — I’m a personal trainer.”

“But none of this would have been possible without Dr. Picone,” Beata said. “She’s so knowledgeable but also someone I can confide in — she has truly been a mentor to me. I am loaded with gratitude that I have her in my life.”

To learn about Beata’s business as a personal trainer, Unique Physique Fitness, LLC, visit uniquephysiquefitness.com.

“I felt so good at the gym I kept wondering why more people weren’t exercising,” Beata said. “Especially people with disabilities — there was only one person with a walker. I wanted everyone to feel as good as I did. Now it’s become a passion.”

But life doesn’t always move forward in a straight line. In 2008, Beata was diagnosed with breast cancer. While it took some time to recover after undergoing a mastectomy, she focused on getting stronger and enjoying her life.

“And I never would be doing this if it wasn’t for Dr. Picone and the MS Center at Holy Name; she said. “Everyone there makes such a great team. When you’re not at your best and reach out, they respond immediately. And having valet parking means the world to people who might be having a bad day with mobility. Now I can go by myself instead of needing someone to come, so they can park the car and leave me at the door.”

Beata is still on Rituxan. It’s been the only drug that has mostly kept debilitating attacks at bay and allows her to run her own business. She’s able to visit client’s homes if they are unable to make it to the gym.

“Let’s face it, when you go to a job interview with a walker, you’re automatically labeled,” she said. “Now I have my own label — I’m a personal trainer.

“But none of this would have been possible without Dr. Picone,” Beata said. “She’s so knowledgeable but also someone I can confide in — she has truly been a mentor to me. I am loaded with gratitude that I have her in my life.”

To learn about Beata’s business as a personal trainer, Unique Physique Fitness, LLC, visit uniquephysiquefitness.com.
Holy Name Patients Improve on Rituxan

Studies have shown that many patients with relapsing-remitting MS taking the medication, Rituximab, (Rituxan) have significant reductions in the brain lesions that are the hallmark of the disease. Laura Schiraldi, a medical student at Touro College of Osteopathic Medicine in New York, conducted a similar study here at Holy Name. She reviewed the charts of 110 patients from 2005 to the present.

MS occurs when the immune system attacks myelin, the protective coating of nerve fibers in the central nervous system. Rituxan targets specific immune cells known as B cells, which are thought to play a role in damaging myelin.

“We observed that patients who were started on Rituxan therapy were significantly more likely to have an unchanged or improved MRI after the initiation of therapy.”

Schiraldi, under the leadership of Dr. Mary Ann Picone, evaluated the results of MRIs for 110 patients on Rituxan. The MRIs were done before and after taking the medication. Patients ranged in age from 23 to 71 years old, with a mean age of 45.94 and included 70 females and 40 males. Five patients were later excluded from the study.

The results showed that before taking the drug, 46 patients (41.8%) had lesions that were unchanged or improved, meaning there was no significant alteration in the number of lesions, no new active lesions or active lesions were resolved. After initiating Rituxan, 89 patients (84.5%) were stable or improved.

The MRIs also showed that before starting Rituxan, 59 patients (53.6%) had worsened, with new or enhancing lesions, compared to only 16 individuals (15.3%) who declined after being on the drug.

“We observed that patients who were started on Rituxan therapy were significantly more likely to have an unchanged or improved MRI after the initiation of therapy,” Schiraldi wrote in her conclusion of the study.

The study was conducted between July and November 2016 and was presented in May at the Consortium of Multiple Sclerosis Centers in New Orleans. Schiraldi spoke about her experience working on the study.

“I enjoyed collecting the data and seeing actual evidence of the medication working for these patients,” Schiraldi said. “I especially enjoyed seeing that there were patients who noted not only radiologic, but clinical improvements as well, due to the change in disease modifying therapy.”

Know Your Insurance

Educating yourself about your insurance policy will help you to better understand what your insurance coverage can do. Your insurance benefit handbook will have the answers to any out-of-pocket costs during the benefit period and breaks it down by category, including office visits, hospital stays and treatments such as chemotherapy.

Copays are set amounts, but vary with different insurance companies and are specific to your policy. The amount is usually printed on your insurance card. If not, amounts can easily be obtained by calling your carrier or going online and registering at its website. Coinsurance on the other hand, can fluctuate and the amount is hard to estimate before services are billed. It is based on the contracted rate agreed upon by the insurance company and service provider. Often, it is a percentage of the amount charged.

Deductibles are set amounts, but also vary with insurance companies and policies. Depending on the place of service, your deductible may or may not apply. This information can easily be obtained by contacting your insurance directly.

Out-of-pocket maximum amounts are set amounts. They, too, vary by insurance carrier and policy. The key thing to remember is once this amount is satisfied all services will be covered at 100% and you will no longer have any patient responsibility for the benefit year.

The place of service is important because, depending if the provider is an office or hospital administering outpatient services, copays and coinsurance will be different. In some cases, copays, coinsurance and deductible can all be different and may or may not apply.

Remember all amounts start over at the beginning of the benefit year and it does. Your insurance benefit handbook will have the answers to any out-of-pocket costs during the benefit period and breaks it down by category, including office visits, hospital stays and treatments such as chemotherapy.

Sponsorship and ad journal opportunities available.

For information call 201-833-3000, ext. 3899, email Futterman@holyname.org or visit www.holyname.org/msawardsreception

2017 MS Center
Awards Reception
THURSDAY, NOVEMBER 9, 2017
6 PM TO 9 PM
IL VILLAGGIO
651 ROUTE 17 NORTH
CARLSTADT, NJ 07072

HONORING
ELAINE ADLER
Co-founder, Adler Aphasia Center
with Lawrence R. Inserra Leadership Award

TICKET PRICE: $125

For more information, email honorees@holyname.org or call 201-833-3000, ext. 3899.
Falls are one of the most life-changing symptoms caused by multiple sclerosis and occur in up to 70 percent of MS patients. During the normal aging process, the structure of the foot changes and affects balance in everyone, but frequently more so in people with MS. This may be the cause of uneven gait and falls.

Cheryl Fields, a medical student at Touro College of Osteopathic Medicine, is working under the supervision of Dr. Mary Ann Picone and in collaboration with researchers from Hospital for Special Surgery, to conduct a study on balance and gait here at Holy Name Medical Center’s MS Center. She will be doing this by looking at two things, measuring the foot structure, specifically the arch of the foot, and also the center of pressure, which is the part of the foot that bears the most weight.

Specially designed pads placed on participants’ feet will be used to determine the center of pressure and postural sway - the horizontal movement around the center of gravity. (The more balance an individual has, the less postural sway.) Computations will be made to help identify the factors most influencing balance.

“It seems like a small thing but trying to prevent falls is about helping MS patients have more independence,” Fields said. “If they’re not comfortable just going to the grocery store or running other errands because they’re afraid they might fall, then they become homebound.”

Research shows that approximately 70 percent of patients with mild MS fall in a 6-month time period. Comparatively, only one in three adults 65 and older who do not have the disease falls in a year.

Balance is affected by the receptors found in the joints and tendons, sensory input from sight and touch, and by the vestibular system, which includes motion, equilibrium and spatial orientation.

Specially designed pads placed on participants’ feet will be used to determine the center of pressure and postural sway - the horizontal movement around the center of gravity. (The more balance an individual has, the less postural sway.) Computations will be made to help identify the factors most influencing balance.

“The study includes 25 MS patients with a history of falls, 25 MS patients who don’t typically stumble, and 25 individuals who do not have the disease. All the MS patients are ambulatory, placing them usually in the range of mild to moderate disease. It will look at each participant’s gait, how the center of pressure differs in each group and the impact of structural variations on balance. It will focus on identifying patients with a higher risk of falls and devising strategies for rehabilitation that may help reduce that risk.”

“Many people who have this symptom are young girls and right now, the only real assistance for them is to wear a leg brace, which makes some patients embarrassed. They don’t want to wear skirts and it affects their self-esteem. It would be great if we can offer them something else.”

This study, titled “Do variations in the feet of MS patients contribute to unsteady balance and gait?” is being funded by a $5,000 grant from the Consortium of MS Centers.

“It seems like a small thing but trying to prevent falls is about helping MS patients have more independence… if they’re not comfortable just going to the grocery store or running other errands because they’re afraid they might fall, then they become homebound.”

For information please call 201-833-3000, ext. 3899, email Futterman@holyname.org or visit HolyName.org/SpringFling
Palliative Care Lessens MS Symptoms

By Dr. Richard Rosenbluth

The specialty of Palliative Medicine addresses the physical and emotional symptoms of patients with chronic, often life-threatening illness. As such, it provides an extra layer of care, allowing specialists to focus more on disease-specific treatments. Patients with multiple sclerosis often present with a constellation of symptoms, including pain, spasticity, insomnia and depression. They also frequently suffer emotional distress and have various psychosocial problems related to their illness.

Richard Rosenbluth, MD
Hematologist, MS Center

Palliative Medicine specialists have been working closely with staff members at the MS Center at Holy Name to address and alleviate many of these symptoms in MS patients. The team of doctors, nurses and psychosocial consultants helps MS patients manage these symptoms and stresses through the use of medications and counseling. In addition, during the past two years, palliative specialists have been working closely with physicians and staff at the MS Center to certify more than 100 MS patients so they can use medicinal marijuana to treat some of the debilitating symptoms of the disease. The improvements medical marijuana has made in patients’ quality of life are extremely encouraging. In fact, a good number of patients have found they were able to lower doses of other medications they were taking and, in some cases, discontinue them altogether. The Palliative Medicine Department may be contacted at 201-379-5610 and is located on the Lobby Level in the hospital.

Yoga and Sleep

Can yoga really help you sleep better? Last year, one of the medical students who worked at the MS Center conducted a study to see whether yoga could help patients with MS sleep better than those who participated in talk therapy. Jemima Akinsanya, who was a fourth-year medical student at Touro College of Osteopathic Medicine and is now a neurology resident in Atlanta, did the 8-week study involving 15 patients. At the time of the study, Jemima said, “So many patients complain about not being able to sleep and say their medications aren’t helping. I hope this will show that there is another venue or option, especially since so many MS patients are already taking a number of medications.” Of the 15 participants in the study, eight were placed in the yoga group, while seven participated in behavioral modification, or talk therapy. Both groups were given daily home exercises and completed surveys at the start and completion of the study. At the end of the study, results showed that yes, indeed, yoga can help individuals sleep better. The yoga group had an increase of 22.37 minutes of sleep while the behavioral modification group had a decrease of 34.86 minutes. “Participants in the yoga group reported that they felt more physically and mentally relaxed after practicing yoga,” Akinsanya said. “Yoga appeared to have the largest effect on fatigue.” Each participant was given a Jawbone fitness band with sleep tracker technology and required to keep a daily written sleep log. The study was funded through a $5,000 grant from the Consortium of MS Centers.

Are You Eligible for a Clinical Trial?

Holy Name Medical Center continues to be at the forefront of MS research, with a number of clinical trials that offer medications years before they are put on the market. These studies are highly controlled and carefully monitored and give patients access to medications or therapies they might not otherwise be prescribed. The entire research team is involved with each patient and the benefits and risks are thoroughly explained prior to each trial. Participation is always voluntary and patients may withdraw at any time.

Currently, the MS Center is conducting several clinical trials and is looking to launch more, said Stacy Melvin, RN, the center’s research coordinator. Patients are encouraged to speak with Dr. Picone or other members of the staff about possibly joining one of the studies, Ms. Melvin said.

Study for Patients with Secondary or Primary Progressive MS

Patients with progressive forms of MS between the ages of 18 and 65 may be qualified to join this study that is evaluating a new drug to possibly promote remyelination. Patients who have experienced a change in their MS (worsening) in the past 2 years, free of a relapse, are possible candidates. Qualified volunteers will receive study-related medical evaluations and the study drug/placebo at no cost. Compensation for travel may also be provided.

Research Opportunities for Relapsing Remitting MS

We are always interested in studies which investigate new therapies, improve on current therapies, or gain long term information on the medications currently prescribed. Contact the staff at the MS Center if you are interested.

Non-pharmacological Research at Holy Name:

Patients have the opportunity to participate in studies at Holy Name that do not involve any types of medication. Frederick W. Foley, PhD, Director of Neuropsychology & Psychosocial Research at Holy Name’s MS Center and a professor of psychology at Yeshiva University, Ferkauf Graduate School of Psychology, is conducting a number of studies looking at how various conditions affect MS patients differently than people without the disease. The research projects include:

- Evaluating how two different psychological treatments reduce pain perception and depression in MS patients with chronic pain and depression
- Identifying women with MS at risk for losing their employment and how well two interventions prevent job loss
- Testing a new method of measuring visual evoked potentials — the electrical signal in response to light stimulus — and its sensitivity in detecting abnormalities in MS patients
- Measuring memory, processing speed and emotional functioning to evaluate the relationships with motor function, walking speed and risk of falls in patients with MS

For more information on any of the studies, contact Stacy Melvin at 201-837-0727.

Research Coordinator, MS Center

Stacy Melvin, RN, BSN, MS</noscript>
MScn
Research Coordinator, MS Center

New Yoga Class

Holy Name’s MS Center will be hosting a free weekly yoga class for patients with MS.

WHEN: Thursdays
TIME: 12 p.m. – 1 p.m.
WHERE: Marion Hall, Conference Room #3
Call 201-837-0727 for registration. Yoga mats will be provided.

Patients at Holy Name’s MS Center are invited to participate in free cooking classes that focus on nutritional dishes at the Shop Rite in Paramus. The easy-to-make meals are designed for simplicity so participants with mobility issues are able to master them without difficulty. The classes will be held on October 19 and 26, from 2 p.m. to 4 p.m. Register by calling Christina Kamilaris at 201-638-8514.