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## Tailoring Treatment Plans for MS Patients

### Announcer Introduction:

You're listening to *NeuroFrontiers* on ReachMD, and this episode is sponsored by Novartis. Here's your host, Dr. Charles Turck.

### Dr. Turck:

Welcome to *NeuroFrontiers* on ReachMD. I'm Dr. Charles Turck, and joining me to share their perspectives on taking a patient-centered approach to multiple sclerosis care are Dr. Vikram Bhise and Ms. Patty Bobryk.

Dr. Bhise is an Associate Professor for the Department of Pediatrics and Neurology as well as the Chief of Division of Child Neurology and Developmental Disabilities at the Robert Wood Johnson Medical School at Rutgers University. Dr. Bhise, thanks for being here today.

### Dr. Bhise:

Thank you for having me.

### Dr. Turck:

And Ms. Bobryk is a certified assistive technology practitioner as well as a board and committee member for the Consortium of MS Centers and the National MS Society. Ms. Bobryk, welcome to the program.

### Ms. Bobryk:

Thank you very much, glad to be here.

### Dr. Turck:

So Dr. Bhise, let's begin at the start of the patient journey. Can you share with us some strategies you use to recognize multiple sclerosis early on?

### Dr. Bhise:

Absolutely. I think it's all about having a high index of suspicion. While you might find that a number of people fortunately do not have multiple sclerosis, you never want to miss anybody. And we've learned through the years that really nobody should be considered too young for the diagnosis.

For the most part, though, we'll be looking for classic symptoms: double vision, blurring of vision in one eye, difficulty seeing colors, sometimes numbness or weakness in certain classic patterns. And we'll look for a story that something happened. It quickly got worse, and then might even have gotten better if we are catching the person at a later point in time. And then another clue can also be the family history. Are there other family members with multiple sclerosis? Or even autoimmune disease? Because that's quite common. So we'll take all elements of a story and put that together and really keep our eyes open for even subtle cases.

### Dr. Turck:

And then once a patient is diagnosed, Ms. Bobryk, what communication tactics can help us learn more about their priorities and goals?

### Ms. Bobryk:

Well, since there is no known cure yet for MS, we're going to treat these folks over the trajectory of their whole disease. If they choose to have us be their healthcare providers, we'll know them over the course of their lives. So establishing really firm and wonderful rapport with them on that initial visit is really key to building kind of that foundation that we'll need to be able to formulate the best treatment plan over the course of their disease.

If you have someone that's newly diagnosed, the first way that I like to start off my evaluation is to give them the opportunity to ask questions. I usually ask them, 'Well, what do you know about MS?' And usually that will kind of start this conversation. I think being able to meet a patient where they are and where their knowledge base is so we can help fill in the gaps is really important. Being able to validate any of their symptoms is really key also that what they're saying is important and that we're doing very much an active listening interview with them, versus, 'I'm just asking you questions that I want just these one-sided answers.'

As I establish my rapport and communication with the patient and their family, it's not only about asking about their symptom profile or their history, but really how it impacts their function. So I'm really kind of becoming entrenched in kind of the nitty gritty of their lives. How are these symptoms really affecting you in your day-to-day life? Whether it's vocational, recreational, or just performing their ADLs at home. And I always asked them, what is the most important issue? And what are their goals? That is always, day one, I always ask them. I can set priorities, I can set goals for someone when they come in by my evaluation, but that might not be in line with what they want or what they need.

**Dr. Turck:**

Now as a quick follow-up to that, Ms. Bobryk, sociodemographic and socioeconomic factors can also play a role in a patient's treatment plan. So would you be able to tell us more about that?

**Ms. Bobryk:**

Absolutely. I mean, I just transferred here to rural Colorado from a large Orlando metro area that had three MS centers there in a 10-mile radius. Out here, rural care is really impactful on our patients and their ability to access care. We're doing a better job with telehealth, but that doesn't always give us all of the information and have that good connection that we always need. Being able to travel to a long distance to get to specialized care is really sometimes very much a barrier. Along with that is that you might not have a community that can help support you in that diagnosis. There might not be that support that you need, whether it's family, friends that may not understand the diagnosis or may not be able to support you in the way that you need to be supported. And there also might be cultural factors that might influence care. A lot of times, people are medication adverse just because that's kind of culturally where they've come from. When I think of socioeconomic, I mean, I think about access to services and treatment, because of lack of financial support or gaps in our insurance. You know, quite frequently, we have limited benefits for rehabilitation. And so I'm limited in what I can do for a patient just because of the socioeconomic limitations that that brings on.

**Dr. Turck:**

For those just tuning in, you're listening to *NeuroFrontiers* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Vikram Bhise and Ms. Patty Bobryk about how we can tailor our treatment plans for patients with multiple sclerosis.

So Dr. Bhise, once we identify a patient's goals as well as the sociodemographic and socioeconomic factors affecting them, what evidence-based management strategies are available to us?

**Dr. Bhise:**

We really want to put it together. And in some ways, the family, the patient, they're telling us their limitations. They're telling us what maybe that they cannot do or is difficult for them. So if there are socioeconomic factors that might limit them from certain types of treatment or cost prohibitions, we're going to listen to all that. We're going to try to figure out the best thing within a person's capabilities. What can they do? And what do they want to do? You know, we're also listening to their fears, their concerns, and trying to come up with a combined tailored approach. If somebody doesn't enthusiastically believe in what you're doing and what they're going to be doing, then it's going to be a fail for everybody. We would in fact prefer someone be even on something slightly less potent if they're going to take it regularly than take something that maybe you recommended, but they're going to skip most of the doses.

**Dr. Turck:**

Now we're almost out of time for today, but before we close, I'd like to hear from each of you on how we can tailor our treatment approach to individual patients. Ms. Bobryk, let's hear from you first.

**Ms. Bobryk:**

Well, I've been in MS work for a very long time, and I've yet to see two people that live with MS that are exactly the same. So our treatment approaches cannot be cookbook. There's no protocol driven. Certainly, there's certain guidelines and certain things that we want to provide for our patients. But no two patients are exactly the same. So it's my job that I tease out exactly what that patient needs and how to best treat it.

Every time you see that patient, there might be something new or something different. So you can anticipate that this is what you're going to do in a treatment session. But you might have to punt or take a different path because the patient comes in either with a different symptom or a different concern. So being flexible is really important in this care.

**Dr. Turck:**

Thank you, Ms. Bobryk. Turning to you now, Dr. Bhise, what are your thoughts on how we can keep our patients at the center of care?

**Dr. Bhise:**

I think that's always going to be the heart of everything that's happening. Once you're talking to somebody and you're listening to them, you're keeping in mind everything that they're worried about and everything they want. They're always going to be at the center. Everybody's case is tailored, especially in multiple sclerosis. I can't say that I think of anybody as different from another, even if I recommend the same medicine to two different patients in two different families, there's still going to be a lot of differences and all the subtleties of everything that we do.

So always remembering that getting the story from somebody, just hearing what got them to you, what was the unique part of their story, that will always help you keep them at the center. Remembering that there's a specific special story there to that person will keep their image in your mind and help you always remember that you're doing something really just to help them.

**Dr. Turck:**

Thank you both for those closing remarks, and as that brings us to the end of today's discussion, I want to thank my guests, Dr. Vikram Bhise and Ms. Patty Bobryk, for joining me to share their perspectives on multiple sclerosis care. Dr. Bhise, Ms. Bobryk, it was great having you both on the program.

**Dr. Bhise:**

Thank you for having me.

**Ms. Bobryk:**

Thank you for having me.

**Announcer Close:**

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