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**1. Multiple sclerosis in a postgraduate student of anaesthesia: Illness in doctors and fitness to practice**

Reyes A.J., Ramcharan K., Sharma S.

**Abstract**

A 29-year-old previously healthy woman, a doctor, was diagnosed with remitting relapsing multiple sclerosis after fulfilling McDonald's criteria for the diagnosis of definite multiple sclerosis. Despite 22 months of immunomodulatory treatment, the feasibility of continuing to train in a stressful specialty of medicine became an ethical and practical dilemma. Fitness for practice and career advancement among doctors with illnesses or having cognitive and physical decline from disease and/or ageing is a global problem. The need for addressing this issue in a compassionate and comprehensive manner is discussed. Cognitive and physical fitness are required in doctors and other healthcare workers since medical errors/adverse events are commonplace in medical practice. The public welfare is equally important in this global problem.

**2. Patterns and predictors of naturally occurring change in depressive symptoms over a 30-month period in multiple sclerosis**

Ensari I., Motl R.W., McAuley E., Mullen S.P., Feinstein A.

**Abstract**

Background: Depressive symptoms are common in multiple sclerosis (MS), yet there is little information about the pattern and predictors of changes in depressive symptoms over time. Objective: We examined changes in depressive symptoms over a 30-month period and the demographic, clinical and behavioral predictors of such changes in relapsing-remitting MS (RRMS). Methods: 269 persons with RRMS completed the Hospital Anxiety and Depression Scale (HADS) and a demographic/clinical scale, Godin Leisure-Time Exercise Questionnaire (GLTEQ) and Patient Determined Disease Steps (PDDS) scale every 6 months over a 30-month period. Data were analyzed using latent class growth modeling (LCGM). Results: LCGM identified a two-class model for changes in HADS depression scores over time. Class 1 involved lower initial status (i.e. fewer depressive symptoms) and linear decreases in depressive symptoms over time (i.e. improving HADS scores), whereas Class 2 involved higher initial status (i.e. more depressive symptoms) and linear increases in depressive symptoms over time (i.e. worsening HADS scores). LCGM further indicated that being older (OR = 2.46; p < .05), married (OR = 2.62; p < .05), employed (OR = 4.29; p < .005) and physically active (OR = 2.71; p < .05) predicted a greater likelihood of belonging to C1 than C2. Conclusions: Depressive symptoms change over time in persons with RRMS, and the pattern of change can be predicted by modifiable and non-modifiable factors.

**3. Cost effectiveness of a pragmatic exercise intervention (EXIMS) for people with multiple sclerosis: Economic evaluation of a randomised controlled trial**


**Abstract**

Background: Exercise is a safe, non-pharmacological adjunctive treatment for people with multiple sclerosis but costeffective approaches to implementing exercise within health care settings are needed. Objective: The objective of this paper is to assess the cost effectiveness of a pragmatic exercise intervention in conjunction with usual care compared to usual care only in people with mild to moderate multiple sclerosis. Methods: A cost-utility analysis of a pragmatic randomised controlled trial over nine months of follow-up was conducted. A total of 120 people with multiple sclerosis were randomised (1:1) to the intervention or usual care.
Exercising participants received 18 supervised and 18 home exercise sessions over 12 weeks. The primary outcome for the cost utility analysis was the incremental cost per quality-adjusted life year (QALY) gained, calculated using utilities measured by the EQ-5D questionnaire. Results: The incremental cost per QALY of the intervention was £10,137 per QALY gained compared to usual care. The probability of being cost effective at a £20,000 per QALY threshold was 0.75, rising to 0.78 at a £30,000 per QALY threshold. Conclusion: The pragmatic exercise intervention is highly likely to be cost effective at current established thresholds, and there is scope for it to be tailored to particular sub-groups of patients or services to reduce its cost impact.

4. **Supporting work for people with multiple sclerosis**

Doogan C., Playford E.D.  
Mult. Scler. 2014 20:6 (646-650)  
Embase, MEDLINE

**Abstract**

People with multiple sclerosis experience some of the highest rates of unemployment among groups of individuals with severe and chronic disabilities. While unpredictable relapses, physical and cognitive symptoms all may play a role in job loss, it is more likely that job loss can be attributed to a complex interaction between disease-related factors and contextual factors, such as the working environment, and employer attitudes. This interaction leads to the concept of work instability, that is, the mismatch between work demands and the individual's capacity to meet these demands. Vocational rehabilitation services aim to provide people with multiple sclerosis vocational assessment, rehabilitation and support to enable them to find, regain or remain in work and access other occupational and educational opportunities. Such services consist of a multidisciplinary team with the ability to provide education around disclosure, and workplace accommodations, offer emotional support, maintain work performance, liaise with employers, and support to re-enter the workplace. Helpful interventions include early disclosure, proper workplace accommodation, education of employers, and government-funded initiatives to support disabled employees. Future research needs to agree on methods of recording outcomes and evaluate specific vocational rehabilitation interventions.