

The campaign to end all campaigns

The logo for the endMS.ca campaign, featuring the text "endMS.ca" in a bold, sans-serif font. The "MS" is in red, and the ".ca" is in black.

The buzz is quickly growing about the new endMS campaign at the MS Society.

More than simply another fundraising event, the endMS campaign focuses on the heart of the matter: research. With a new infusion of \$60 million, new bursaries, grants and scholarships to attract and support more researchers will ensure the drive to a cure continues, and the creation of the endMS Research and Training Network will increase the pace of discovery and accelerate the drive to end MS in the shortest time possible. The goals of the endMS Research and Training Network are to:

- develop outstanding young scientists through all stages of their training;
- provide the world's first national

- forum for training MS researchers;
- coordinate research activity to maximize collaboration and results;
- ensure that research dollars are granted to innovative, collaborative studies; and,
- establish MS Leadership centres in key cities across the country.

Winnipeg will be one of the main launch points of the endMS campaign across the country and the excitement is high at the Manitoba Division office. New Division President Wendy O'Malley is very excited about about the campaign. "It will just be fabulous," she says.

On a national level, O'Malley envisions a new conduit of information through the Research and Training Network, raising the profile of the MS Society through education and awareness.

"We can increase our participation and people will be motivated. I see it as a

Continued on page 2...

OUR MISSION

To be a leader in the finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

MS CONNECTIONS August 2008

call to action. It's the entrance point for people to choose how they might become involved."

On a local level, it gives a new and exciting story to talk about, she notes. "It gives us a new energy. It's bold and it's positive."

"What I think is exciting is that we're taking a risk. When an organization like ours says 'end MS,' we're creating an expectation and I really believe that it's offered as a challenge. It's hopeful, but you have to be responsible and realistic. EndMS is giving us a very focused vehicle to invest in the research that is going to allow us to 'end MS.'"

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As to the specific role the Manitoba Division will play in the national campaign, O'Malley sees Manitobans as a whole being the key contributing factor.

"I think that as a province and as a people, Manitobans rise to any challenge. We're never satisfied to be second best, so I think that Manitoba can lead the way," posits O'Malley, "in terms of our participation in the campaign."

The endMS campaign will also be an opportunity to re-connect and re-direct different elements of the Manitoba community towards a common cause. Caregivers, neurologists, the MS Clinic, the MS Society of Canada, members and volunteers will all come together at the Manitoba Division endMS launch held at the Society's offices, which is tentatively scheduled for October 14, 2008. Check the Manitoba Division website www.mssociety.ca/manitoba for updates. Visit www.endms.ca and www.mssociety.ca for more information about the endMS campaign.



MS Connections is published three times per year by the **Multiple Sclerosis Society of Canada, Manitoba Division**, 100-1465 Buffalo Place, Winnipeg, MB R3T 1L8 (204) 943-9595 or 1-800-268-7582 Fax: (204)988-0915 info.manitoba@mssociety.ca www.mssociety.ca

Manitoba Division Client Services Staff

Client Services is made up of staff and volunteers providing a wealth of knowledge, experience and commitment. Staff members provide services directly and assist volunteers in helping people with MS to help themselves. **You can reach them via the MS Society's toll-free line: 1-800-268-7582** or directly at the numbers below:

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(204) 988-0916
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- Deanna Austin.... Social and Recreation Program Coordinator, Winnipeg
(204) 988-0905
- Ellen Karr..... Client Services Coordinator, Winnipeg
(204) 988-0917



The **Knowledge is Power** (KIP) program is a free mail-out educational and support series for individuals starting to confront and cope with an MS diagnosis. KIP addresses common concerns and provides answers to frequently asked questions. Developed by the National Multiple Sclerosis Society in the U.S., KIP provides the reader with up-to-date information about MS. Receive a new volume every week for eight weeks in the comfort of your home. The topics include:

- What is MS?
- Dealing with your Diagnosis
- Working with your Doctor
- Treatments in MS
- Disclosing your Diagnosis
- Disease-modifying Treatments for MS
- The Impact of MS on the Family
- Maximizing your Employment Options

To register for the free mail-out subscription, call 943-9595 or our toll free number at 1-800-268-7582.

MS.

MS Clinic has new nurse practitioner

Not only new to the Clinic, but a first as well, Victoria Landry joins the MS Clinic as its Nurse Practitioner.

Prior to Landry's arrival, there had never been a Nurse Practitioner employed at the MS Clinic. With Dr. Ruth Ann Marrie's arrival last August as Director, it was determined that a Nurse Practitioner with additional diagnostic skills and the ability to prescribe medication would be a benefit.

Landry's primary role at the MS Clinic is very comprehensive. She performs several duties, all with equal priority.

"I'm definitely there to see patients who are having more acute symptoms, like for instance, acute relapses or if they are having issues with symptom management," she states. "I work in Clinic the same days as all of the neurologists do, so I spend one afternoon a week with each of the neurologists seeing patients for follow up and for their regular appointments. I also do education sessions with all newly diagnosed patients and also ongoing education with them. I also act as a resource to the other nurses." She also takes phone calls and enquiries from patients.

Victoria Landry joined the MS Clinic in January, 2008. She was not familiar with the Clinic prior to her arrival as she was going to graduate school in Boston and then worked at the University of Manitoba as a full-time instructor. As a Nurse Practitioner, Landry felt it was very important to continue working directly with patients; so when the opportunity at the MS Clinic presented itself, she took it, as she was looking for an area to specialize in.

Neurology is a new branch of medicine to her and the learning curve over the past 6 months has been fairly steep.

"My background is mostly in primary care," she notes, "which is an asset, especially in dealing with symptom management and trying to give patients comprehensive care." Still, Landry has risen to the challenge and is finding her work very rewarding.

One of her goals over the next year is to improve client service.

"I'm going to evaluate my education sessions with patients and see what patients think of them and how I might be able to treat them to better fit their needs."

Active living

Why Be Active?

Every day we are bombarded with information about our health and well being – healthy eating, medical breakthroughs, research findings, new technologies, the benefits of fitness and exercise. While an active lifestyle is important for everyone, it is particularly important for those living with a chronic illness like multiple sclerosis. Research has demonstrated active individuals can enjoy better overall health, improved quality of life, elevated self-esteem, prolonged independent living in later life and increased mobility. For people with MS, these benefits help make coping with the everyday challenges of life easier, and can help ward off potential health problems.

What is Active Living?

Active living stresses the importance of doing activities that feel good for you and that are moderate and fun. This approach reflects Canada's Physical Activity Guide to Active Living. The goal isn't to burn calories, but to enjoy the feeling of movement and to make it part of your everyday life. Active living is more than just physical fitness or exercise. It means making physical activity a part of daily living, whether it's getting in and out of bed on your own or going for a walk or playing with your kids or grandkids. Active living encourages everyone, not just people who are young and fit, to get up and get moving.

Optimist or Pessimist?

Optimists will identify their level of ability while pessimists bemoan their level of disability. People with a positive outlook on life generally are willing to try new things, to enjoy life and to manage the adversities of life more effectively. Regardless of your level of ability, there are ways to incorporate active living into your lifestyle.

How can the MS Society Help?

The MS Society acknowledges the importance of active living. Getaway Weekend is a prime example of this. We are aware that there are members who are unable to participate in programs that involve travelling out of the city and overnight stays away from the comforts of home. Therefore, we are considering other options that are inclusive of our members whose active living needs cannot be met through existing programs. If this describes you, would you say yes to a picnic in the park or an active living day complete with activities, food and entertainment? A local program would enable you and your caregiver to benefit from and enjoy an active living day.

Be an optimist and incorporate a healthy lifestyle philosophy into your day! We are interested in receiving your feedback on our ideas.

Call **Ellen Karr** at **988-0917** or email **ellen.karr@mssociety.ca**.



Research News

Laquinimod Results Published: Oral Drug Reduces Disease Activity in Phase 2 Study

MEDICAL UPDATE MEMO

July 3, 2008

Summary

Treatment with oral laquinimod (Teva Pharmaceutical Industries) reduced disease activity by 40.4% compared with inactive placebo in a phase 2 study of 306 people with relapsing-remitting MS*. Laquinimod is believed to affect the immune attack on the brain and spinal cord that occurs in MS. Giancarlo Comi, MD (Scientific Institute San Raffaele, Milan) and colleagues, who originally reported the results at the Annual Meeting of the American Academy of Neurology in 2007, now publish these results in the *Lancet* (2008; 371: 2085-92). A phase 3 study of laquinimod is underway in 1,000 people with relapsing-remitting MS.

Details

Multiple sclerosis involves immune-system attacks against the central nervous system. Currently approved therapies for MS involve injections or infusions. Having an effective therapy in pill form would be a big step forward for people with MS. Laquinimod is an oral therapy that is thought to shift the balance of immune cells away from inflammation. The drug is related in structure to linomide, which showed early promise but in phase 3 clinical trials caused significant adverse events including cardiac toxicity.

Dr. Comi and colleagues randomly assigned 306 people with MS to receive placebo, .3 mg/day, or laquinimod .6 mg/day. Participants underwent monthly brain MRI scans and clinical examinations from week 12 to week 36. The primary outcome tested was the number of active lesions (areas of active disease activity or damage) as observed on MRI.

The cumulative average number of active lesions was significantly reduced by 40.4% in the group taking .6 mg compared with those taking placebo, but no benefit was seen in the .3 mg group. No significant reductions were seen in relapses; however the study was not designed to detect these differences.

Both doses were considered well tolerated, and heart problems were

not seen at either dose. Increases in liver enzymes occurred in 23.4% of the .6 mg group, 33% of the .3 mg group, and in 10.8% of the placebo group, with two patients in the .3 mg group discontinuing treatment due to these abnormalities. One patient in the .6 mg group developed Budd-Chiari syndrome (a partial blockage of blood outflow from the liver) after one month on treatment. This person had a pre-existing tendency toward blood clots, and the authors note that the possibility that such patients might be at increased risk of serious adverse events should be explored in further studies.

In an accompanying editorial, B. Mark Keegan, MD, and Brian Weinshenker, MD (Mayo Clinic, Rochester, MN), write that this study may have been too short to reveal reductions in MS relapses, and that the two-year, phase 3 study should clarify this issue. They also suggest that head-to-head studies are needed to directly compare laquinimod with approved MS therapies to determine if the convenience of oral therapy is adequately matched by the drug's effectiveness.

With information from the National MS Society (USA)

*ASK MS Information System Code:
1.4.2.ii*



Trigeminal neuralgia

What is trigeminal neuralgia?

One of the most painful symptoms that can be experienced by people living with multiple sclerosis is trigeminal neuralgia (TN). About 1% of people with MS develop TN when a demyelinating plaque affecting the trigeminal nerve system results in pain in the face. The trigeminal nerve, the fifth cranial nerve, has three branches:

1. to the eye, eyebrow, forehead and frontal portion of the scalp;
2. to the upper lip, teeth, gum, cheek lower eyelid and side of the nose;
3. to the lower lip, teeth, gum, side of tongue, lower jaw and side of the head

The condition causes episodes of intense, stabbing, electric shock-like pain in one or more branches of the nerve. It usually affects one side of the face, but may involve both sides, and is characterized by periods of exacerbation and remission. Attacks may be spontaneous or may be triggered by something as simple as brushing the teeth, talking, eating or even a slight breeze. Over time, the periods of exacerbation can become more frequent and severe, while the remissions become shorter so that the person with TN feels nearly constant pain.



Treatment of trigeminal neuralgia

It is important for people with TN to receive appropriate treatment as quickly as possible, as the pain can interfere with normal activities such as eating and sleeping and can lead to depression. Treatment options consist of medications or surgical procedures.

Medications

Medications are the first line of treatment for TN. Typical pain medications usually aren't helpful because the episodes of pain are related to nerve pain (neuropathic pain). Certain anti-seizure medications which stabilize nerve membranes may be helpful. Medications include carbamazepine (Tegretol®), phenytoin (Dilantin®), gabapentin (Neurontin®) and baclofen (Lioresal®).

Surgery

Neurosurgical interventions are considered when medications prove ineffective in controlling TN pain. Each type of surgery carries with it potential benefits as well as risks of complications or long-term side effects. It is important to fully discuss the options with the neurosurgery team. Types of surgery include microvascular decompression surgery, percutaneous rhizotomies, peripheral trigeminal nerve blocks, microsurgical rhizotomy and stereotactic radiosurgery (Gamma Knife).

Alternative therapies

Some people report pain reduction or relief by means of alternative therapies such as acupuncture, chiropractic adjustment, self-hypnosis or meditation. Counselling, support groups and treatment for depression may also be helpful.

Resources

It is important to see your physician about your TN. The following websites may also provide you with valuable support and information:

- Trigeminal Neuralgia Association
www.fpa-support.org
- Trigeminal Neuralgia Association of Canada
www.tnac.org
- Facial Neuralgia Resources
<http://facial-neuralgia.org>
- Multiple Sclerosis Society of Canada
www.mssociety.ca
- Canada TNA
www.catna.ca
- Centre for Cranial Nerve Disorders Winnipeg
www.umanitoba.ca/cranial_nerves/trigeminal_neuralgia

A case of trigeminal neuralgia

Any severe condition that affects persons living with MS cannot be fully understood until one sees the effects first hand. Lyn Thompson is one person who has had to live with the debilitating attacks of trigeminal neuralgia.



"It pretty much stopped me from doing almost anything," she recalls, "because the pain was so severe that it would cause my whole body to jerk. It was like an electric shock

going through my face. Sometimes it would last for minutes and sometimes it would just be gone in seconds. You never knew."

The attacks could be brought on from the most seemingly mundane tasks.

"It could hit all of a sudden for no reason at all, or it could be because I tried to brush my teeth, or I tried to wash my face, or I tried to eat or drink." It would even strike while she was asleep. "A couple of times I fell right out of bed," she remarks.

The first attack occurred on Christmas Day, 1997, though the effects became consistently severe over the past five years, sometimes more than 50 attacks a day. During that time, Thompson tried several methods of treatment including anticonvulsant medication, gabapentin, microsurgical glycerol rhizotomies, balloon rhizotomy, and finally two procedures of gamma knife stereotactic radiosurgery.

The first treatment of radiosurgery in 2006 had no effect on the symptoms. In late April of this year, Thompson had her second treatment with very positive results.

"This time it appears to have worked," she says, though the positive effects were not felt until July, three months after her treatment. The attacks have gradually subsided in both intensity and frequency so that now she only experiences some minor residual aches.

"So now I can eat, drink, brush my teeth and kiss my husband," says Thompson. "In all seriousness, that sounds silly, but being able to kiss my husband and know that it's not going to throw me down on the floor with pain - that's tremendous."

Trigeminal Neuralgia affects only about 1% of persons living with multiple sclerosis.

Book Reviews

by Ellen Karr



**Share the Care:
How to Organize
a Group to Care
for Someone Who
is Seriously Ill
(2004)
By Cappy
Capossela and
Sheila Warnock**

I first heard of this model of caregiving at a meeting of a planning committee for a caregiving conference and it impressed me so much that I requested that the MS Society purchase the book for our library. *Share the Care* offers a unique group approach that can turn a collection of family members, friends, neighbours, co-workers, home care providers and others into a powerful caregiving team. It is based on the idea that each person's care needs cover a broad spectrum of tasks and that everyone who asks the question, "What can I do to help?" has something to offer. It may be helping with a household chore such as watering the plants once a week, cleaning the fridge once a month, getting groceries, paying bills, bringing in the mail, or a more personal task such as reading the newspaper out loud each day, filling pill organizers or assisting with activities of daily living.

The caregiving group or team meets together with the person to identify the required tasks and to share them out. They meet on a regular basis to re-evaluate the needs, make changes and to support one another.

The results of sharing the care are remarkable according to the authors in terms of benefits to the person receiving the care, the immediate family who are saved from inordinate stress or burnout and to the members of the caregiving team.

The book describes examples where this concept has been put into action. It explains how to start up and run a *Share the Care* group, identifies possible tasks that can be shared, addresses pitfalls and how to avoid them, and talks about group meetings and how to run one. There are many checklists and exercises included as well.

Although the examples are mainly with terminally ill people, I can see where this concept could be applied to people with MS – either temporarily for an acute attack or an ongoing basis where needs may be permanent or growing. It is a concept that could easily be adapted to a person's unique care needs and may help save our caregivers! An interesting read for sure.

Government Relations Update

National News

To promote a better understanding of the issues affecting people with MS and their families, the National MS Society prepared four position papers examining key government policies and programs:

- Multiple Sclerosis and Income Security: The Need is Now
- The Cost of Caring: Implications for Caregivers
- Continuum of Care: Meeting the Needs of People with Multiple Sclerosis
- Equitable Choice: Ensuring Affordability and Accessibility to Drug Therapies

These papers are available for viewing on-line at www.mssociety.ca. Manitoba Division has been busy working on the priority issues identified on each of the four position papers.

Federal News

To help improve the lives of Canadians living with MS, Manitoba Division met with four Manitoba MPs earlier in the year and addressed the following key issues from the Income Security position paper:

- To redefine Employment Insurance sickness benefits to be more flexible to allow people to work part-time and receive partial benefits
- To make the Disability Tax Credit a refundable benefit
- To allow spouses to claim the Caregiver Tax Credit.

Manitoba News

To enhance the quality of life for Manitobans with MS, efforts are currently underway with MLAs to address the following priority issues:

- To develop and promote age-appropriate supportive housing, congregate care and long-term care homes for Manitobans who can no longer live in their own homes
- To initiate the development of a caregiving strategy focusing on the provision of family support programs including childcare and respite services at a reasonable cost and provision of a support program for caregivers
- To develop an overall strategy as soon as possible that ensures Manitobans have access to all Health Canada-approved drugs such as Tysabri and to increase funding for costly drugs so Manitobans need not spend more than three percent of family income on prescription medications.

Local News

In light of all the recent discussion about the proposed new football stadium project, the Government Relations Committee is stressing the importance of making this facility accessible to everyone. We are expressing our hope that it will be a requirement of this proposed major new downtown building.

MS

The New Wave of MS Therapeutics: A Clinician-Scientist's Cautionary View

Presentation by Dr. Michael Cossoy,
MD, FRCP(C)

Assistant Professor, Section of
Neurology, Department of Medicine,
University of Manitoba
Neurologist, MS Clinic, Health
Sciences Centre

Nearly two decades after the arrival
of the first medications intended to
modify the course of multiple
sclerosis, several new drugs with
different mechanisms of action are
poised to hit the market.

The introduction of these new drug
therapies raise many questions. How
will they compare to existing
therapies in terms of risk and
benefit? How will basic research
contribute to the rational
development of future therapies?

Dr. Cossoy will discuss his research
goals and how they may lead to a
better understanding of how MS
evolves so that more specific
therapies can be developed.

Wednesday, September 3
4:30 - 6:00 p.m. **for members**
6:30 - 8:00 p.m. **for health care
providers only**
Program Room, 100-1465 Buffalo
Place

Free parking available at the MS
Society. Overflow parking available at
1397 Buffalo Place east of the MS
Society.

To register for this free presentation,
please call **Susan Hologroski** at
988-0901 or email at
susan.hologroski@mssociety.ca



MS Clinic continues comprehensive care with new neurologist

Dr. Michael Cossoy is the newest neurologist at the MS Clinic, having just come to Winnipeg at the end of April, and is broadening the research facet of the Clinic's mandate.



Dr. Cossoy's role at the MS Clinic is as a treating physician, though he primarily works in research.

Because of this commitment, Dr. Cossoy is only able to see

patients one half-day a week, but still meets up to six patients per week, depending on whether they are new or there for follow-up visits.

Dr. Cossoy is perfectly suited to his position at the MS Clinic, with a background specific to his research and practice.

"My fellowship training is in multiple sclerosis and in inflammatory diseases of the brain," he notes.

Dr. Cossoy does hope to implement some personal goals in his role at the Clinic.

"In general, I think we should offer comprehensive care to people with multiple sclerosis, so it's not just treating people with the disease modifying agents but also managing any symptoms that they have, and education, and putting them in touch with whatever other physicians or other allied health care personnel or somebody that is necessary to help them improve their quality of life," says Dr. Cossoy. He is pleased to find that his goals coincide with those of the present staff at the MS Clinic and its general mandate.

"If you look at MS clinics across the country - and really, around the world - there are clinics that are primarily based as running research programs and doing diagnostic stuff and then the real management of patients is primarily done by community neurologists or family physicians," he points out. "My idea of how an MS clinic should run is that it should actually treat the whole patient and not just be a place where there are clinical trials and diagnostic dilemmas."

When asked what he likes best about his work at the MS Clinic, he responds, "It's the patient management, the patient care, interacting with people and really everybody who comes, every time you meet someone is an opportunity to see how they're doing in life and if there's something you can do to help them out."

Progressive MS Research and Management

Have you often felt that little or no research is happening to treat progressive MS? Or wondered why treatments work for the relapsing remitting and not the progressive form of the disease? This new series, offered by the MS Society of Canada, will present information about why the current therapies are not effective for progressive MS and how cutting edge research is looking for ways to manage this problem. You will also hear insights and tips to manage symptoms of progressive MS. This event will include a question period with these MS experts who will try to answer your questions about this challenging aspect of multiple sclerosis. This is an education series offered free of charge and supported by the fundraising efforts of the Multiple Sclerosis Society of Canada and its donors.

PRESENTERS INCLUDE:

Dr. Peter Rieckmann, neurologist,
Director of the MS Program,
University of BC, Vancouver, BC

Wendy Morrison, nurse,
Clinic Research Coordinator,
University of BC Hospital - MS Clinic,
— Vancouver, BC

**Manitoba – Saturday October 25
1:00 pm – 3:00 pm**

With the help of MBTelehealth we are happy to offer multiple sites to view this presentation:

Brandon Regional Hospital,
Brandon

Dauphin Regional Health Centre,
Dauphin

Boundary Trails Health Centre,
Winkler

Thompson General Hospital,
Thompson

Swan Valley Health Centre,
Swan River

Flin Flon General Hospital,
Flin Flon

The Pas Health Complex, The Pas

Russell Health Centre, Russell

Gillam Hospital, Gillam

Lynn Lake Hospital, Lynn Lake

For registration and information please call Judy at **1-800-268-7582**.

**Winnipeg – Saturday October 25
1:00 p.m. – 3:00 p.m.**

**Riverview Health Centre,
Thomas Sill Auditorium
1 Morley Avenue (main building)**

To register or for more information on all the Manitoba sessions please call Judy Hermiston at **204-988-0906, 1-800-268-7582** or email

judy.hermiston@mssociety.ca by October 22, 2008.

Health Care Professionals and Members Conference

MS Today: Dealing With Difficult Topics (previously named Gender and MS)

November 15, 2008 at the Delta Winnipeg

Developed for the health care professional involved in the care of people with MS, and for people affected by MS, our biennial conference is unique – with health care professionals and people living with MS attending together to obtain state-of-the-art information on the latest treatments, research and models of care.

PROGRAM OVERVIEW

7:45–8:30 a.m.
Continental Breakfast



8:30–9:30 a.m.
Research Updates and MS Clinic Updates
Dr. Ruth Ann Marrie, M.D.

9:45–10:45 a.m.
Mind Matter and Myelin: The Affective, Behavioural and Cognitive Issues of MS
Dr. Abe Sniderman, M.D.



11:00–12 noon
Sexual Health and MS
Dr. Fred Foley, M.D.

Noon–1:15 p.m.
Lunch and Exhibits

Concurrent Sessions in the Afternoon



1:15–2:15 p.m.
Bladder and Bowel Problems
Kelli Berzuk, P.T.

OR

1:15–2:15 p.m.
Parenting With MS (Kids to Teens)
Kathleen McCue, M.A., L.S.W.

MS CONNECTIONS August 2008

2:30—3:30 p.m.

Pregnancy, Menopause and MS
Pat Kennedy, R.N., C.N.P.

OR

2:30—3:30 p.m.

Caregiving: Healing Ourselves While
Healing Others
Liz Wolff, M.M.F.T.

The above schedule is subject to
change.

Seats for the 3rd Biennial Health
Care Professionals and Members
Conference are moving quickly!
Apply early and take advantage of
the early bird registration rates
(extended to September 21).

Visit www.mssociety.ca/manitoba for
a downloadable and printable copy of
the registration form. You can also
have a registration form mailed to
you. For more information, please
call **Darell Hominuk** at **988-0902**
or toll free at **1-800-268-7582**.



Manitoba Self-help Groups

The MS Society understands the
importance of bringing members
together to support each other in
dealing with issues and problems
with MS. Member facilitated Self-Help
Groups run all throughout Manitoba.
If you would like to join one of our
Self-Help Groups please contact the
following staff in your area.

Parkland Chapter/Norman RHA
Robin Searle – 622-2940

Westman Chapter
Cindy Stumme – 571-5671

**South Central Chapter (Portage
la Prairie and Morden)
Interlake**
Nadine Konyk – 471-0402

Current Groups:

- Portage la Prairie
- Steinbach
- Selkirk

Winnipeg

Ellen Karr – 988-0917

Current Groups:

- Male Caregivers
- Female Caregivers
- CHuMS
- MS Friends
- Kildonan
- On our Own
- Moving Forward

MS Discussion Forums

The Multiple Sclerosis Society of Canada, Manitoba Division has a unique on-line discussion forum that offers people living with MS the opportunity to post messages, receive responses and reply to others. Reaching a worldwide audience, **MS Discuss** has posted hundreds of messages and displays 15 different forums:

- *Questions and Answers about MS*
- *You've been Diagnosed with MS...*
- *Treatments, Therapies and Alternative Medicine*
- *Emotional Support*
- *For People with Primary-Progressive MS*
- *For People with Secondary-Progressive MS*

- *Financial Assistance*
- *For Kids with MS*
- *For Teens with MS*
- *20-Somethings*
- *For Caregivers*
- *Achieving Wellness*
- *For Women*
- *For Men*
- *Read any Good Books Lately?*

Visit www.msdiscuss.com and connect with other people who have common experiences and concerns. After all, no one knows more about what it's like to have MS than other people living with the disease.



Upcoming MS Chat Rooms

All times listed are in Central Time

September 2008

www.msforkids.com

Tues., Sept. 23
7 p.m. to 8 p.m.

www.msforteens.com

Tues., Sept. 23
8 p.m. to 9 p.m.

www.msforparents.com

Thurs., Sept. 25
8 p.m. to 9 p.m.

October 2008

www.msforkids.com

Tues., Oct. 21
7 p.m. to 8 p.m.

www.msforteens.com

Tues., Oct. 21
8 p.m. to 9 p.m.

www.msforparents.com

Thurs. Oct. 23
8 p.m. to 9 p.m.

November 2008

www.msforkids.com

Tues., Nov. 18
7 p.m. to 8 p.m.

www.msforteens.com

Tues., Nov. 18
8 p.m. to 9 p.m.

www.msforparents.com

Thurs. Nov. 20
8 p.m. to 9 p.m.

Newly Diagnosed Group

This is a program of education and support for those recently diagnosed with MS. It consists of four modules and two videos aimed at giving individuals facts about MS and tools for everyday life.

Session dates: Thursdays, November 6, 13, 20 and 27, 2-4 p.m.

To register for this program call your local Client Services Staff person.



Manitoba Division Annual General Meeting

**Tuesday,
October 29, 2008
7:30 pm**

**Program Room
MS Society Office
100-1465 Buffalo Place**

ALL WELCOME



Manitoba Division

Funding Programs

Special Assistance Fund is a funding program designed to assist members with the purchase of items that are considered "assistive devices" or "home adaptations". Some of the items funded in the past include, grab bars for the shower, raised toilet seat, transfer poles and wheelchair ramps. Members can apply once in our fiscal year (September 1 - August 31) for up to \$300.00.

To receive an application package please contact **Susan Hologroski** at **988-0901** or e-mail at **susan.hologroski@mssociety.ca**

Caregivers Special Assistance Fund is a funding program designed to offer caregivers of those with MS, an opportunity for respite and rejuvenation through activities or services that offer a balance in their lives and replenish their resources. Types of activities or services that have been funded in the past include, a break away, facility memberships and relaxation massage. Caregivers can apply once in our fiscal year (September 1 - August 31) for up to \$300.00.

To receive an application package please contact **Susan Hologroski** at **988-0901** or e-mail at **susan.hologroski@mssociety.ca**



Caregiving with Confidence: Roles, Relationships and Resources

January 20th and 21st, 2009
Victoria Inn, Winnipeg MB

If you are a caregiver, keep these dates open and plan to attend this conference presented by Rupert's Land Caregiver Services. It will include a keynote speaker on Wednesday evening and plenary and breakout sessions on Thursday. Topics will cover self-care for caregivers, dealing with financial burden, impact on family, navigating systems, dealing with dementia and more.

If you would like to be kept informed about this conference, please contact **Ellen Karr** at **988-0917** or email at **ellen.karr@mssociety.ca**.



Primary Progressive (PPMS) Support Group

Supporting each other, learning about nutrition and energy conservation are just some of the topics that will be discussed at the PPMS support group. "Getting together with others who are living with PPMS, and talking about problems and issues is what I am looking forward to," says one of the members of the newly formed group.

If you have Primary Progressive MS and you would like more information about this support group, contact Susan Hologroski at 988-0901 or susan.hologroski@mssociety.ca.

Group meetings are held in the Program Room at the MS Society #100-1465 Buffalo Place, the last Thursday of the month from 1-3 pm.



CONTRIBUTORS

Thank you to the following people for their contributions to this issue:

Tracy Brown, Darell Hominuk, Susan Hologroski, Ellen Karr, Stephen Kennedy, Judy Hermiston

Disclaimer: The Manitoba Division of the MS Society is proud to be a source of information about multiple sclerosis. The content in *MS Connections* does not represent therapeutic recommendation or prescription. For specific information and advice, please consult your physician. Articles in this newsletter do not necessarily represent the position of the Multiple Sclerosis Society but are solely representative of the positions and opinions of the contributors.

MS Connections

August 2008

Gear Up for the Challenge!



Biking to the Viking
Stonewall to Gimli
August 23 & 24, 2008

Riding Mountain Challenge
Dauphin to Wasagaming
September 6 & 7, 2008

Raise awareness.

Raise funds for research.

To register visit msbiketours.com
or call **1-800-268-7582**



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