

## **Ep4: Living To The Full**

### **Dr Therese Burke**

Welcome to episode 4, Living Life to the Full.

So today we're going to talk about travelling with So for many diagnosed with MS, the prospect of not being able to travel abroad or to curtail travel in their life is a concern that comes up quite early.

However, rather than missing out on travel, often we see the opposite.

People desiring to travel and experience all that life has to offer common for people living with MS So life can still be full of travel and holidays to remember.

However, this does require careful planning and preparation.

And we're going to walk you through what that like.

### **Tim O'Maley**

Tim, what are some holidays that we could think about? could think about?

And it might be people look at what they want to do and how little bit differently.

Cruises or drop and stop things where you get to unpack once and you're not so much worried about packing, repacking, moving on and things like that.

Don't have to run around to make deadlines.

You can choose the activities you want to do regardless of who you're travelling with. if you're having a down day, you step away from that.

And that's really important in terms of communicating with the people that you care about travelling with and taking care of yourself to enjoy it. where there's tour groups and guides and things like that that can make things as easy for you as possible. being flexible is also something that pops up and and it pops through a lot of the thread that we talk about with this chapter. knowing that there could be some supports and things that you may need prepared if you do need them, travelling with some information some information about your diagnosis, your medications and things like important and that can take a lot of burden regardless of where you are.

There are many countries that may jump onto your, I will go there because they actually have really good reciprocal healthcare agreements with And that takes just that little bit of a stress away from that point of your travelling and things like that as well.

### **Belinda Bardsley**

Just building on that point about the travel I think being prepared and approaching your healthcare team in advance to get a letter that just summarises your diagnosis of MS, what treatment you might be on, some recent scans.

Those sorts of things can be helpful, particularly if were to have an issue overseas.

But the letter can also act as a support for travel agents and airlines know, if you need some assistance with managing your luggage or how medication.

If you are taking medication, we definitely recommend that you keep it box with your name on If you need an exit row seat, for example, or you want to be a little closer to the bathrooms.

These are all things that can be planned for and usually ensure things are just a little bit easier for the travel.

I think another really important thing when people are looking at those lifestyle factors when choosing their in the back of in the back of their head, they're still thinking about travel, like can I travel overseas, you know, with so having that conversation and working out, is there a good window?

No.

Or if you wanna go at this time, how can we work through your treatment dates to accommodate that?

You know, there's a lot that we can do to actually support I'm a huge advocate that having MS should not, you know, in one of restriction on on travel. know, what's important to you and and what you want to see and how you wanna do Having some rest but having that little letter is really important to just have in your bag.

If you need it, it's there.

Most people but it just gives people that reassurance.

I think we all advocate travel, don't we?

All, all of us sitting Also really important not to forget about travel insurance. mean, everybody travelling should have but it certainly can ease a lot of stress and, and anxiety with the the diagnosis of MS and certainly very helpful if your plans need to change for any reason due to MS symptoms or factors.

However, this flight and accommodation changes as well as any medical expense cover that be required.

Also important to to look a little bit depth at the kind of places that you're staying in.

So if staying in hotels, check the facilities before booking so that you can consider if you need any sort of particular around mobility access.

For example, is the bathroom going to be manageable and accessible for you? or is there a shower over a bathtub, which could be a bit problematic in cases.

Does it have a flat base shower? there a lift or are you going to have to lug your suitcase up?

You know, heaps flights of stairs, like you might need a little place in Paris, for example.

These little tweaks can make a huge difference to to the manageability of holiday overseas.

So have a and just yeah.

Yeah.

And it'd be lovely if these were impulsive, spur of the moment yeah. but also letting your MS team know we can, you know, give you all the ammunition and support you need in letters and things like that.

But there's also vaccinations that people to consider in the timeframes they need to be done, not just with the travel, but also potentially the immunotherapy we're using now a lot of the time.

Some services will actually encourage people to consider those things before we start fiddling with your immune system with medications, but that can it's important that you kind of feel really comfortable and confident vaccinations that you can safely have.

And we want to be able to give people reassurance and help the GPs out organising those for you so that they also feel really comfortable with doing those. those.

And also knowing that MS Australia actually has a great guide- Yeah travelling guide on their that's really and that's listed in the resources.

And it actually also has a national public toilet map. yeah.

Can you believe that there is such a thing?

Mm-hmm. thing?

And it's got the 10s of thousands of toilets all around located on there. nice.

So that's good to know.

I've found out there's a lot of countries that do have those public toilet maps you can find. yeah. if you need that, that can be of of great So next we're going to move on to now that we've got you travelling, of course we're going to move on to keeping you on top of your So now staying on top can be challenging, especially in times of or crisis.

And by that I mean times of a relapse, you might have a change in your your medication might change start and and type of medication, you might have a change in your you might have a change at work, or there might be a new pregnancy.

So sometimes despite all the progress that you've made, it can feel like that you're just taking a step backward.

So we want to help you with that and get you right back where you started So don't lose heart.

### **Sharon Barlow**

So Sharon, what are some ways that we could do that? probably the first one that comes to mind is support networks. know who your tribe is, who are the people who are going to help you when there's things get a little bit ask for help. information about your health team as well.

And if we go back to diagnosed with MS, the prospect of if you haven't had a chance to look at that, you should. it's really helpful, but that's this would be a time that you would draw into into that and find out who's gonna help me here, who's going to be of know, is a GP going to be more helpful in this or would the psychologist be more helpful?

Do I need to see the physiotherapist?

So knowing that you can just really lean into those people at that time of crisis, you can opt in and then when it's not needed can opt out.

I love that. it's really important to to remember that psychologists and life a letter that just Yeah Yeah, as you said, they can be a really important part of continuing to build resilience and skills along the way.

And again, Sally Shaw, who we've mentioned a few Times Now, has some good tips for coping with change and staying on top. she acknowledges that it's really hard to manage when when things change.

Just when you think you figured it all out and you sort of know where the posts are, you know, someone moves the goal posts and it's all new all that uncertainty floods back in and, and and you can sort of sometimes you don't really know why it is that it's quite a a small change, like perhaps having to just change is causing such a degree of yeah. and it's sort of hard to work out why that's been so distressing. been so distressing.

So a few tips she, she provides reminding yourself that this is, this is small thing and, and it will change.

And I will get used to remembering too, that there will be twists and turns in life and it's getting over them and, and trying to readjust.

And that dealing with those is an important psychological sort of approach to life.

And also the acknowledgement that it's really important to build resilience we can back ourselves when a challenge comes across our path.

And she describes this really very, very, I think, very cool concept that she calls the Fortress of And I'll describe that in a little bit more detail.

But again, we should be to have a resource linked to this.

### **Tim O'Maley**

At the end of end of this, she talks about this idea of building a where we have lots of bricks to our fortress. 1 might be for exercise, one for a good diet. know, some of the concepts we talked about in terms Brain Health sort of concepts, good sleep, but also other things like nurturing positive friendships and relationships with people who really deeply care about you, recognising the small joys in life, life, effective stress management guess good cognitive, you know, approaches, brain training, that sort of Having things to look forward to, doing things for others, giving back, practising gratitude, being part of the community.

Like you spoke about earlier, all those little bricks being a really important way of building your Fortress of Habit so that if one brick is knocked down, the whole fortress doesn't collapse around you.

And I think that's a really beautiful approach to building your life.

And we should all be doing that, whether or not we have diagnosis of a chronic health condition.

So that if one little thing happens, like we break our ankle and we can't exercise for a while, we still have all those other beautiful bricks of there to hold us and prop us up.

I think that's a really beautiful really, I really admire, need to embrace more of that myself. reassurance.

Absolutely.

I think we all think we all think we all and, and everything can be going beautifully and setbacks can still yeah. setbacks still happen a little.

It can be big and it might have something to do with the MS and it might not.

But the the MS is always going to be in the background of there as a bit And the biggest thing you can do is learn how you manage those. again, from, from this table, it's putting those people, your your fortress, team around you when you need them before it becomes a crisis. recognising your warning signs that you know that this is something I need to address now before it gets too far. so managing MS symptoms can be a very complex part of, of living with MS.

And it's not possible, as we've discussed previously, to when the next relapse is going to be, how little or much you'll be affected, what the outcome of the relapse might look like, what the symptoms might be.

Sometimes the range of possible symptoms in MS can seem overwhelming because the brain and spinal cord control so many other different functions of the body.

And it can feel demoralising as you try and work out all the variations about what those symptoms like, what they would depending on where they occur.

So the first and subsequent relapses be probably, I think it's safe to say, the most frightening and confusing.

However, managing symptoms well can have a really significant impact on your quality of life.

And there's help available to do just that. that.

So Tim, there's something called symptom out, is there walk you through what that might and can be, you know, really complex for in look, in a past life, I've, I've, I've had the pleasure of doing a lot community education to people living with MS in, in big group And this is something where when you're talking through them, you can see that light bulb go off.

And by symptom clusters, we made things actually feed on other symptoms.

And, you know, a cycle of know, spasms that are affecting your sleep.

So your legs get painful and jumpy at night.

You're not falling asleep or you're waking Your sleeps not good, your fatigue's not good.

Your fatigue's so bad that you stop doing your exercise and a few other get a little bit more on top of you and affects your mood. mood.

If we can break that cycle at any point, and it might be as simple those spasms at night or stopping somebody in their 20s from getting up go to the bathroom 4 times a night, which is not normal by the way, then we can break a lot of those other cycles and people can feel a lot more control of symptoms that are associated with that. you know, we talk about this concept of heterogeneity in if you're having different presentations and even the same symptom can present really that can be can be planned for be complex to manage. it's never or I shouldn't say never, it's often not, OK, you've got this symptom, try this. it'll fix it.

There's often quite a bit of to and fro.

We need to work through and tweak things until we can maximise how we can best manage that symptom. know, I encourage you to try not to give give up if the plan doesn't work because there's likely other things that we can try. breaks, but that involves that honesty and that feedback coming back to the health health professional to ensure we're understanding the effect of that management strategy and then what we need to do next.

And managing new symptoms can be tricky, too. we can't tell you exactly what to look for before it happens, of course, because anything new neurological symptoms can manifest in so many different ways.

But our general rule of thumb is that new neurological symptoms should be reported if they last longer than 24 yeah. except in those exceptions that Tim spoke about earlier. if you have visual symptoms or you know difficulty with your movement, then that that's a more urgent should seek help for earlier.

But these could be the sign of a new relapse.

But before being diagnosed with MS, not many people will know what a new neurological sign is or a neurological symptom actually is. yeah.

So these are symptoms arising from the central nervous system, and by that we the optic nerve, brain and spinal cord.

The most common neurological symptoms impact movement and sensation, and sensation, vision, coordination, speech and language, and memory.

And as the central nervous system controls so many functions, the possibilities are many, of course.

So over time, people with MS get to know what is normal for them, which makes it easy to recognise anything new or out of the ordinary.

And time will help people get a feel for it.

And they'll become their own of- Yeah of what how their body feels and what their, you know, old symptoms are and what might be new.

But it does take a little bit of getting used to know, what's the norm for them. them.

And it might seem really obvious, but to me, it might seem an obvious thing.

But if you're new to MS and you're not sure, just ask.

Yes, please.

It doesn't matter. yeah. matter.

It doesn't matter if it's not really.

I'd rather people ring got this issue, is this something I need to worry Mm. then we can work through that rather than them worrying, you know, for know, for five months until they see the doctor again to bring it I've been experiencing this Oh, it's so important to let us know.

Mm. yeah.

And you sort of being, you can use it as a teaching opportunity, can't can't you?

So to teach someone how to do a self assessment from head Mm toe when something is going on or it might seem something a little bit out of the ordinary, you can walk them through.

OK, well, let's think it.

Do could you have an infection or could there be something else what stress levels are like.

And you're actually teaching people how to So for yeah. themselves, which over time, they'll need you less and less because they get better Belinda alluded to. to, which leads us beautifully into this delightful thing called phenomenon where people do experience symptoms that they've had in the past that flare up, up, usually as a result of an increasing core body temperature.

It can be after exercising or in the early stages of actually having a bladder infection or even an ingrown toenail. ingrown toenail.

But they also can be really quite scary when sort of they go, haven't had that for months and now it's coming those as a part of that, that we kind of can see a little bit.

That's why we've often said phrases like we want to see a consistent and persistent for 24 hours if it is going on that There are things that will actually push you back into, Yep, we do need this or it's resolved as you've managed to cool down, to take a break, to relax, to get in some air con and the symptom settles down It's a bit of your learning process. process.

It's a bit of our learning process about you as but it really, really can be a little bit scary sometimes.

As we say, it's not come to to emergency, it's a few of the tips and tricks we go.

We really want your X, Y and Z and that also can be quite an annoying thing for us to say people.

But if you're in the early stages of a bladder infection and your needles have come back in your leg that you haven't had for six months, not have any symptoms, but it's the early stage of infection know.

So it can be a semi helpful warning sign sometimes.

That's what we want your GPs to do, rule out the simple things for us and then they or you can let us know if that's all clear. clear.

Yeah, I think it's also important to know and understand that if you do have that Uhthoff's and you do have the old symptoms coming back, when they go away, you haven't done your MS harm. yeah. your MS harm.

You haven't, you're not going to progress your MS or the hasten or anything like that.

Once your body temperature comes comes back down to once and you're Mm things, things just go back to sort of how they were.

And we've been a little persistent on exercise and activity.

And that can be little bit of a scary thing when people do get back into it and go, feet are really, really sore, or my hands have gone all numb, cool down, it goes away.

You cannot make things worse. yeah.

I think it's probably worth a bit of special attention.

Talking about fatigue.

I'm probably surprising no one when I mention that it's the most commonly reported symptom that I hear, and I'm sure many others.

So everyone experiences fatigue, but there are some factors that are unique to MS and its impact on the brain, which are not well understood.

But we know that this phenomenon exists and needs to be looked at really carefully.

Fatigue is really multifaceted and there's some modifiable factors that do that can help improve fatigue.

So they involve making just some improvements around and assessments around sleep, diet, exercise, mood and a review of medications of pain.

Tweaking those areas and making small changes can have a really significant impact on how people's fatigue or fatigue.

And so we need to sort of look at at trying to improve all of those modifiable and that can take a little while to work through. know, I think people are hoping that there's this really quick know,

it's disappointing, I think to hear, well, we can't just give you a medication that's gonna make you feel less, less fatigue.

And so really now our focus is on changing those modifiable factors and lifestyle approaches and having someone like an occupational therapist, they are amazing and experts in this field where they can create individualised strategies after doing an assessment with somebody somebody to look at how we can do pacing and other strategies improve function and reduce and reduce reduce fatigue.

And that can be transferred in the home environment the workplace.

So if you are troubled by work through some of those modifiable factors, but do you consider accessing an occupational therapist because that can also add value.

It's also something that I think we're picking up a lot better these days.

It's not always to blame the MS for the fatigue. fatigue.

If your fatigue has actually got a little bit worse or a lot worse in window, it's, it's making sure that there isn't something else like or thyroid dysfunction going on, which are really treatable.

And we're picking up a lot of that the more we actually start to make sure not blaming MS for everything.

MS for everything.

So now we're going to move on to talk about some groups of living with MS that might feel a little bit out of the ordinary.

So now these are groups of people that can sometimes feel a little bit MS or feel like they're not part of what MS portrays. portrays.

This can be complicated too, because these groups might need education and information and it might feel harder to access.

So we're talking about children and adolescents, older people many diagnosed with people experiencing menopause alongside MS and men living with MS as situations we're going to explore a little bit more deeply.

So firstly, we're going to talk about children and adolescents. and this can be really tough for, for all involved, the parents, let alone the person, the young And we actually know about 10% of people diagnosed with MS are under the of 18 when they, when they get can be big setbacks and it difficult depending on where people live, there might be some really good neurologists who are happy with MS or young people can find themselves thrust into an adult system really, really quickly.

And that does and that can be really, really challenging.

Children's brains are still they're still developing, and there's a lot going on. something we all know is that they're also really, really adaptable. they can often adjust and cope really, really well. well.

And it becomes a really important part to support the the parents as much does the person living with MS as an adolescent or a child.

Of course, adolescents are a world under their own and things will through different age groups for those people. those people.

But the maturity we can see is, is with kids living with these we want them to feel as normal as possible. possible.

And again, it does come back to some of those disclosure things and who teachers at school.

Again, in a past life, I've had the privilege of actually going into a few into a few schools at the request of parents to, to talk to teachers and other students.

And it's been it's just something you walk away feeling.

This is really, really good for environment for them.

But then there's different things that can actually happen with these guys and, and going through the tests that we put kids are resilient, but they also don't always have the best way of when something's not quite right.

### **Sharon Barlow**

Statistically, it's nice to be able say kids do well, do really well, they bounce back well, but they're also living with the disease a lot longer than somebody that's diagnosed in their thirties, 40s or 50s. these are important and then the special things that we sort of of have to take into account with that, with the mental health and health and mental development of these kids.

And one of our fabulous colleagues, reminds us of some really, really important things to look after for family, for the grandparents, for brothers and sisters, in terms of supporting each other and making the family unit still feel like a family unit. and I think too for adolescents, it's, it's sort of like double or triple impact, isn't it?

Because they've been diagnosed with a chronic disease on its own.

Mm-hmm.

Then they're also going through all the lovely things that adolescence for throws at you, important in terms Yeah of schools and schoolwork and hormones and all of those things.

Mm-hmm. and these kids might need just a little extra close eye kept on them during this time.

### **Tim O'Maley**

Although my experience with a lot of these people has been that, as Tim was saying, they're far more resilient than you give them credit for.

And sometimes they just tend to roll with the Mm the punches a lot more easily than Mm what adults do.

If you feel like you need that extra help, please ask for because your MS care team can head you in the right direction. right direction.

And one other thing that can be a little bit more for the parents often is, particularly once a teenager hits 16, 16, they're treated like an my clinic in particular, particular, we often ask the parent to stay out of the room and that can be hard.

It is important we're we're listening to what what our patient wants, but it's also making sure that as a decisions and and ownership of the things they need us know.

And that can sometimes be difficult in front of a parent.

We have to respect the parents wishes and needs to know, but they're not our patient.

Our patient is 16, 17, 18 years old and they'll have things they want to tell us but not necessarily have mum or dad know.

And something else that's important, particularly with adolescence, is the clinical setting itself.

While their parents are really important and we want them to be a can be a time when we we may ask mum or dad to actually step out of clinic room.

There might be things that we really want to talk that's easier for them to talk to a stranger rather than have their But it's also really important that mom and dad are involved in decision making depending on the are aware of the results and the outcomes and things like that.

So there has to be a conversation about where people feel comfortable sitting by themselves, but also time when we might ask mum or dad to to step out of the room just to give that this is about and that adolescent, some ownership of of what we're trying to do with them and go from there.

And that's really I mean, we also need to talk about the older age group.

So although it's not as common, know, we do know that older adults can be diagnosed sometimes in fifties, 60s, and sometimes even older at an older age group as well. travel and we do tend to say that a lot of the education and information materials materials can seem a little targeted towards the younger age it can feel a little isolating for those older, older adults when they're We also need to factor in the fact that older adults often or may have comorbidities to factor in, so other medical or health concerns to consider alongside their multiple sclerosis diagnosis. diagnosis.

So knowing what symptoms are caused by the MS and isn't, they might experience back pain or stiff knees or some some other sort of symptoms in their feet or hands, for example.

That could be tricky sometimes. know, open with the healthcare healthcare professionals about discussing what their other comorbidities are or or their existing symptoms so that we can help work out what what is important.

As well as having allied health professionals around to assess and manage those symptoms that could be really important to help develop a a wellness Also paying attention to the brain health factors that we discussed to really consider all of those health issues and, and work on in

a really holistic way. leading you on from the aged or older people developing MS, we also know that menopause brings additional symptoms that can overlap with MS.

### **Sharon Barlow**

So things like fatigue, mood changes, mental health problems, intimacy issues, and cognitive concerns. trying to work out or tease out what's, you know, MS and what's due menopause can be really complicated.

And this is an evolving space.

So it's really important to check in with your health team to see sort of what's evolving. evolving.

But there has been quite a bit of research in this area Yeah.

And it's Australian, which is great, Leading the way. great, Leading the way.

So it comes from Jokubaitis, who's at the Monash University in she's given some reassurance just recently, specifically about menopause and travel and MS Yeah, she's shared that her research findings show that menopause didn't actually speed up progression in that was a a theory that had been sort of thrown around. to have that, that confirmation is really reassuring, I think for, for older women experiencing So once again, this is an area where treating those those symptoms can overlap with a GP, with your but that can change and it's important it's important to have it on the agenda. sort of experts at this yet, but I think we're definitely working towards that. yeah. towards that.

As it might seem a little bit strange in this section, but men actually a minority in the MS population. know, three out of four people diagnosed with MS are women.

And sometimes men can feel a little bit left out in terms of the actual and resources that that are can, they can slant a little bit towards a female population, again, 75% of it.

And, and it is important, but it can be as simple as, you know, if you're in a specialty MS clinic in the waiting room, you might be the only And it's a bit like being a male nurse.

It's not always a bad know, those kinds of things are a little bit different.

And men still aren't the best at talking about some of the things we've gone through with other chapters, raising how they're feeling, their mood, anxieties, the hidden symptoms, erectile dysfunction, bladder dysfunction.

Those things are every bit as important to manage.

And it doesn't 25 or 65, if you're losing control of your bladder at the pub with your mates, you're going to stop doing that and stop feeling feeling isolated.

So it's really important for men to feel we're all pretty good at pushing them in a little bit harder if we kind of they're not, you know, doing that eye contact and engaging with those do want men to be really, really comfortable in talking to us about that.

If there's things that we can help your GP manage, because be a little bit more consistent than we do that.

The flip of that is also probably a lot of men don't go to the GP often Yeah enough because even their partner may not be feeling what's going on with that living with MS and things that aren't working quite as well. well.

It's a tough one.

And it's unusual to sort of say men fit into special group in in our our world.

I guess the lesson here for all of us and, and listening is that your MS team is attuned to these things that are a little bit out of the ordinary.

So even though it might feel like it's not norm for you, it's certainly things that your MS team team knows might be impacting you.

So please speak up if you feel like the help. help.

Next, we're going to move on to families, travel and So families are such a big part of all of our lives. lives.

So to finish off, let's talk about an often overlooked area, which often impacts on their 3:00 am wake up, and that's families, MS.

So always on the horizon.

These issues seem to come up more often in recent times, partly because the strides forward in this area of genetics.

So we now understand so much more about the role of genes in MS and how they contribute to a person's risk developing the disease.

So it's super important to understand that MS is not considered a directly inherited disease as such, such, but rather it's the genetic genetic susceptibility that you have the right genes in the right circumstances with triggers that MS may develop.

So it's not a certainty.

Researchers have identified over 200 genes that each make up a small contribution to the risk of MS And some of these variations in the genes actually impact directly on the immune system function.

So while genetics can account for about half the risk, environmental and lifestyle factors can make up the rest.

And they're we've talked about very importantly in brain health, such as smoking, vitamin exposure to the Epstein Barr virus, and And these factors can also interact independently on genes to to determine whether a person develops So you can see that it's an extremely complex area.

So people living with MS often worry about their close and extended family members developing MS And we see this a lot in clinic, don't we?

Researching families with twins and twins are a really important area of research in MS because they share the most similar DNA possible.

And it's helped us understand this more. even with identical, identical twins, if one twin's diagnosed with MS, the risk is still only one in four that the other twin will develop MS So it's not a foregone conclusion.

So there's obviously other elements at play.

So Belinda, what do we know about within family risk? family risk?

Yeah, well having a parent with MS very slightly raises the risk of developing MS but only by a very small so only about 2%. 2%.

And we've got some advice from Dr Fiona McKay who works at and she's been involved for many years in MS genetic research.

Fiona's advice to families who who have MS in the family tree is to pay attention to the modifiable risk factors or lifestyle factors that we've spoken about before, ensuring in particular that MS Brain Health recommendations are followed.

### **Belinda Bardsley**

So dietary factors, exercise advice, avoiding smoking is really important, ensuring ideal body weight and monitoring vitamin D levels can all be really helpful as proactive ways of reducing risk.

So in effect, there are things you can implement to lessen to lessen risk.

If family history applies understanding this can be a really positive way forward and something families can participate in together be really nice.

You know, adopting an an active, healthy brain, healthy lifestyle can be a really nice thing to for the whole family.

Oh, yeah. to unpack once and you're Yeah also getting the benefit. yeah.

So, that brings us to the end of episode 4 and this series. series.

So we hope that you feel more confident about managing life with and have a deeper understanding of how you can squeeze more out of life. hope that we've been able to to do that today. today.

So just thank you to my knowledgeable and thoughtful colleagues, Belinda, who I continue to learn from every day.

And even after knowing them for what we've established to be a very long very long time, I still learnt new things from them today making this series.

So there's still so much more to cover, and we hope in future episode editions.

I wanted to also say thank you to the Australia team, especially to Jeremy, Katie, Fiona and Karlo for your belief in helping us produce a series that people with MS wanted. with MS wanted.

And the lived experience of people with MS in MS Australia community helped us to do this professionally and with so much care.

So thank you for helping us turn our millions of thoughts into actionable actionable information, and we're grateful to all of you.

And finally on behalf of the four of us here today, I'd like to thank all of our past and present patients and colleagues that have trusted us with their stories and allowed us to share the load with them.

We continue to be inspired by you and motivated to improve MS care for you. Thank you.