

Women's health



The Multiple Sclerosis Society

More than 100,000 people live with multiple sclerosis in the UK. Every one of them shares the uncertainty of life with MS.

We're funding research and fighting for better treatment and care to help people with MS take control of their lives.

With your support, we will **beat MS**.

The MS Society provides this information free of charge but if you would like to help cover the cost, which will help towards our essential work, please call 0800 100 133 or visit the fundraising section of our website to make a donation. Anything you can give will be greatly appreciated.

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About this booklet

More women than men are affected by MS. It's most frequently diagnosed in women in their twenties and thirties. It's not known why this is the case, and the possible reasons are thought to be complex.

If you're a woman with MS, you may have many questions: Why are more women affected? Do hormones play a role? I'm pregnant: should I still take drugs for my MS? Will being on my period make my symptoms worse? Will I still be able to have a baby? How will having a baby affect my MS? What effect will the menopause have on my MS, and can I have HRT? You'll probably also have questions about treatment for your MS, including when's the best time to start.

These questions, and many others, are answered in this publication. If you have any more questions, contact the MS Society Helpline on **0808 800 8000** or email helpline@mssociety.org.uk

You should always see your doctor for any routine examinations, such as cervical smear tests. If you can, you should also carry out any self-examinations, such as breast self-examination. If your MS means that you're unable to do this for yourself, speak to your doctor or nurse.

No matter what kind of MS you have, or how long you've had it, official guidelines say you should have a review of your condition with an MS specialist at least once a year. This makes sure that you and your specialist know how active your MS is. It also lets you both review any decisions you've made about treatment.

Through the booklet, we refer to many organisations that can help with particular issues. Their details are listed at the back of the booklet in the 'Useful organisations' section (page 19).

Why do more women than men have MS?

Experts consider MS to be an autoimmune condition. This is when your immune system starts attacking your body instead of protecting it from infections. Like many other autoimmune conditions, MS affects more women than men – roughly two to three times as many in the UK.

Why might this be?

Genes

A recent study found that women were more likely to have a specific type of gene known to increase the risk of developing MS. It also suggested that the higher rate of MS in women is triggered by an interaction between genes and environment that specifically affects women.

Hormones

Previous research has suggested that hormones could play an important role in the development of MS, although it has yet to show what role this might be.

Female hormones – oestrogen and progesterone – affect much more than a woman's reproductive system. It's thought they may also influence the immune and nervous systems.

To date, there have not been any large-scale studies in this area. One small study reported that women with MS may have lower levels of testosterone than women without MS. However, the same study found no significant difference in the levels of testosterone between men with and without MS.

More research is needed to find out what role genes and hormones play in MS.

Early MS treatment: good for women's health

We're learning more about how MS affects people's bodies and the difference treatment can make. Experts used to think that when you had a 'relapse' it meant symptoms appeared and/or quickly got worse and then went away (or 'remitted').

Thanks to wider use of MRI scanning we now have new evidence that when symptoms get better, the damage that MS causes often doesn't stop. Even when you're not having a relapse, MS may carry on attacking your body, leading to nerve damage that can't be put right. This has changed what we understand about MS and how to treat it.

Starting treatment with a DMT gives you a chance to slow down this damage and reduce how many relapses you have.

Experts agree, treatment should be offered as close to diagnosis as possible. Your neurologist should begin talking about what kind of treatment is right for you as soon

as you're diagnosed. This doesn't mean that starting treatment later will not have any benefits.

Everyone with a relapsing form of MS should speak to their neurologist about treatment options and make an active and informed choice about what is right for them.

Drugs for MS are developing all the time; for example, there are now 11 disease modifying therapies (DMTs) available for types of MS where you get relapses.

Unfortunately, the DMTs available now can't help people whose MS doesn't have relapses. But there are many clinical trials currently underway that are testing drugs for people with progressive forms of MS.

Menstruation

You might find that your MS symptoms feel worse around the time of your period. This is something that women with MS often report.

In one study of 149 women, 70% reported that their MS symptoms seemed to worsen at regular points in their cycle – up to seven days before and three days into their period. Weakness, imbalance, fatigue and depression were the most common signs. Other small studies have produced similar results, but more research is needed.

Other factors, such as heat, might affect MS symptoms around the time of your period. It is well known that just before and during your period, your core body temperature rises by about one degree Celsius. This increase could make MS symptoms feel worse in the same way that hot environments and fevers can.

Effects of MS drugs on the menstrual cycle

A number of drugs used to treat MS symptoms can sometimes cause changes to your periods.

For example, some women report that antidepressants from a group called SSRIs (selective serotonin reuptake inhibitors) have caused their periods to become irregular.

Mitoxantrone, a drug occasionally used to treat aggressive relapsing remitting MS, has been known to cause irregular periods – or stop them altogether. Beta interferon can also cause ‘spotting’ (or light bleeding) between periods.

If you experience these, or any other side effects, you should tell your doctor or MS nurse. However, you may find that they improve on their own after several months of taking the treatment.

Managing periods

Some women with MS find that it affects how they manage their periods; for example, having


Menstruation

difficulty using sanitary towels or tampons because of tremor or limited mobility. At the same time, most would rather not have help with this very personal task.

If you're having problems managing your periods, you might want to think about ways to reduce them. Certain types of hormone-based contraception, including intra-uterine devices (also known as 'coils') and implants, can make periods lighter or even stop them completely. If you're considering this, it's important to discuss your options with your GP, nurse, family planning or sexual health clinic.

Other conditions such as fibroids, endometriosis or polyps can make your periods particularly problematic. If you have a condition like this, your doctor may suggest medical or surgical treatments. Although hysterectomy (having your womb removed) is an option, there are medical and surgical treatments other than hysterectomy. There are lots of other treatments available to treat heavy periods.

The Hysterectomy Association has more information about hysterectomy:

 hysterectomy-association.org.uk

Sex, intimacy and relationships

Many – although not all – women with MS find that it can affect their sexual and intimate relationships.

If this is something you're experiencing, you may want to read the MS Society booklet *Sex, intimacy and relationships*. This explains how MS can affect you sexually, both physically and emotionally, and also offers ways of dealing with any issues you may have.

Contraception

MS doesn't affect fertility, so you will still need to use birth control if you don't want to get pregnant.

In most cases, having MS shouldn't affect your choice of contraception. However, before making a decision you should discuss your options with a GP, neurologist or MS nurse. There may be reasons why a particular form of contraception isn't suitable for you. For example, this could be due to other medications you may be on, the possible risk of infections, if you have limited mobility or because of something unconnected to your MS. If this is the case, they should suggest an alternative for you.

The FPA (formerly known as the Family Planning Association) has information about the different forms of contraception available:

 [fpa.org.uk](https://www.fpa.org.uk)

MS and hormone-based contraceptives

Hormone-based contraceptives are the most popular forms of contraception in the UK, and many women with MS use them. Hormone-based contraceptives include combined and progestogen-only oral contraceptives ('the Pill' and 'mini-Pill') and the patch.

There hasn't been a lot of research into the effect of contraceptives on MS. What research there has been has focused on oral contraceptives. Various studies have shown different outcomes. Some research has shown that oral contraceptives do not increase a woman's risk of developing MS.

Some studies have suggested that they may delay the onset of MS, while others have found they have no effect. Another, more recent, study has suggested that your risk of MS increases when taking the pill.

Contraception

So, more research is needed to confirm these findings, and also to find out the exact effect oral contraceptives have on the progression of MS.

If you're using hormone-based contraceptives – or if you're thinking about using them – you should be aware that some medications can make them less effective. These include:

- certain medications for MS symptoms, including **Tegretol** (carbamazepine), used to treat spasms and pain.
- **St John's Wort** (Hypericum extract), a herbal remedy used for depression

Some oral contraceptives can increase your chances of developing blood clots. If you're already at a higher risk of developing blood clots – for example, if you aren't able to move very much – you may not be able to take oral contraceptives.

If you have any concerns about hormone-based contraceptives,

please speak to your GP, neurologist or MS nurse.

MS drugs and contraception

It's very important that a woman avoids getting pregnant while taking a disease modifying therapy (DMT). This is because the drug could affect her unborn baby. For this reason, if you're on a DMT you should be using a reliable method of contraception.

Some DMTs might affect how well some types of contraception work. So you may need to think about using a different method of contraception. For example, the drug dimethyl fumarate (also known as Tecfidera) might cause oral contraceptives (the pill) not to work.

Discuss with your GP, MS nurse or neurologist whether the type of birth control you're using is affected by any MS drugs you're on or thinking of using.

Deciding to have a baby

Many women with MS are diagnosed in their twenties and thirties – at an age when many people are thinking about starting a family.

If you're thinking about this, you might be wondering what effect MS could have. Everyone's situation is different, but there are many women with MS who do have children.

You may find that careful planning with your partner, family, friends and your doctor becomes all the more important. It will also help if you find a supportive health professional, such as your GP, neurologist, MS nurse, midwife or gynaecologist, to discuss any issues or concerns with you. Your MS nurse should contact the midwife to make sure that you have a pregnancy care plan in place that addresses your individual situation.

If you're taking any of the disease modifying drugs (DMTs) for MS this is one thing you definitely need to take into account. They

might affect your unborn baby. So if you're thinking of trying to get pregnant speak to your GP, MS nurse or neurologist first.

You'll need to stop taking the DMT and leave enough time for the drug to leave your body, so that it's safe to get pregnant. This can take two to four months for some drugs and for one drug it can take eight months or longer. You can be given a medication that speeds this up.

Before you stop taking a DMT talk to your MS specialist about what stopping treatment could mean for your MS, including the possibility of having more relapses.

Talk to other women

It might help to talk to other women with MS in the same situation. The website Mums and MS has an online community to allow mums and women who are thinking about having a baby to connect with each other. It also has information for women living with multiple sclerosis who are considering having a baby, are

Deciding to have a baby

currently pregnant, recently had a baby or just would like to find out more information about their condition and various aspects of childbearing:

 mumsandms.coventry.ac.uk

The forums on the MS Society's website also offer an opportunity to chat with other women who have or who are thinking of having a baby:

 mssociety.org.uk/forum

There's also a Facebook support group for mums and mums-to-be with MS, called muMS UK.

What are the risks of my child having MS?

MS is not a hereditary condition – it is not passed on directly from parents to their children. Around two in every 100 children with a parent who has MS will develop the condition themselves, compared to one in 600 in the general population. So although there is an increased risk that your child will develop MS, it is only small – and there is still around a 98% chance that your child will not have MS.

Does MS affect my ability to get pregnant?

MS does not affect women's fertility, so your chances of getting pregnant are no different from anyone else's.

Likewise, there's no evidence to suggest that drugs used to control MS have any effect on a woman's fertility. At the moment there are 11 of these disease modifying therapies (DMTs). They are: alemtuzumab, dimethyl fumarate, fingolimod, glatiramer acetate, four beta interferons, natalizumab and teriflunomide.

However, as mentioned in 'Effects of MS drugs on the menstrual cycle' on page 4, some other drugs used to treat MS can cause changes in the menstrual cycle. In particular, mitoxantrone can cause periods to stop, sometimes permanently, leading to infertility. If you are taking mitoxantrone and are concerned about this, speak to your doctor.

Pregnancy

Research has shown that pregnancy has no overall impact on the progression of MS, and that post-pregnancy relapses do not increase long-term levels of disability. This means that, on average, having a baby will not make your MS any worse.

How will pregnancy and giving birth affect my MS?

Relapses

Research studies looking at the impact of pregnancy on MS all show that relapse rates go down, particularly during the third trimester (between six and nine months). However, this is balanced out with an increased risk of relapse in the first three months after the baby is born.

The reasons for this are not fully understood. Changing hormone levels are likely to be involved. Another possible explanation is that the immune system is less active during pregnancy, to stop the mother from rejecting the baby. Similar effects are seen in women with other autoimmune conditions.

Managing relapses

Relapses during pregnancy can usually be managed with steroids, if necessary, as they are considered relatively safe to take while pregnant. However, during the first three months, when the body of the unborn baby is developing, steroids would generally only be used if the relapse has a substantial effect on your daily life.

Symptoms

Although women may have fewer relapses during pregnancy, many find that their symptoms can be affected. Fatigue is often reported as getting worse during pregnancy. If this affects you, the MS Society booklet *Fatigue* has tips on managing this, as well as making the best use of the energy you have.

The extra weight of the baby can make your centre of gravity shift, making problems with balance or back pain feel worse. If this happens, you may find that walking aids, such as a stick, can help you avoid stumbling or falling.

Pregnancy

It's quite common for pregnant women to have bladder and bowel problems, so if you already have any such problems they may get worse. If you are concerned about how to manage them, speak to a nurse or continence adviser.

How will having MS affect my pregnancy or giving birth?

Research to date has shown that women with MS are no more at risk of pregnancy complications – such as premature birth or miscarriage – than women without MS. You may want to discuss how your MS affects you with your midwife or obstetrician as part of your birth plan. In most cases, having MS should not affect your choice of how you give birth. However, particular symptoms could mean that you might have difficulties at different stages of labour.

Having MS does not automatically mean that you will have to have a caesarean although there may be other reasons why one might be necessary. You can also ask

to have one, although having a caesarean section may not be in your best interest and medically not necessary.

If you're concerned about managing MS symptoms during birth – such as weakness, spasms or stiffness in your legs – ask your GP, MS nurse, neurologist or midwife to help you.

If you need pain relief, research has shown that both epidurals and anaesthetic for caesarean births are as safe for women with MS as without.

Will I be able to take my MS medications while I'm pregnant?

Before trying to conceive, you should discuss your medications with your GP, neurologist or MS nurse. Not all drugs are considered safe to take during pregnancy: either it's not known how they would affect the unborn child, or there is evidence that they can harm the baby. It's unethical to test drugs on developing foetuses, so any available evidence is

from cases where women have become pregnant while taking a particular medication.

Disease modifying therapies (DMTs)

None of the treatments currently available are licensed for use during pregnancy.

A number of studies have looked at the effect on the unborn baby if the mother became pregnant while taking a DMT. Although most of these studies suggest that getting pregnant while taking DMTs will not cause you or your baby serious harm, there is not enough evidence to say it would definitely be safe – particularly for some of the newer drugs. This means you would normally be advised to stop taking DMTs before trying for a baby.

If your MS is particularly active, you and your neurologist might agree to continue your treatment until you get pregnant. This will depend on what treatment you're taking, as the evidence suggests that some of the drugs are safer to take up to conception than others.

Treatments to manage your symptoms

If you're taking any other medications to manage your symptoms, you should talk to your GP, MS nurse or neurologist about them. Some of them may be suitable to take while pregnant, and some may not. Some medications can cause withdrawal symptoms if you stop them suddenly, so you may need to reduce the dose gradually.

What happens if I get pregnant while still taking my medications?

As soon as you realise you're pregnant you should speak to your MS nurse or neurologist, as you may need to stop taking some or all of your medications.

What if I need to have fertility treatment?

Although MS itself doesn't affect fertility, some women with MS will find it hard to conceive naturally and may have to use fertility treatment, such as in-vitro fertilisation (IVF). A few small

Pregnancy

studies have been carried out into the effect of these treatments on MS. They suggest that there is a possible increased risk of relapse following a cycle of fertility treatment that does not lead to pregnancy. If you are concerned about this, you should discuss it with your neurologist or MS nurse.

My partner has MS: can he still become a father?

If a man has MS, it can sometimes affect his ability to father a child – either as a result of erectile

problems, difficulties with ejaculation or the side effects of medication.

So, if your partner has MS and you are finding it difficult to get pregnant, you may want to discuss it with your doctor. There's also more information in the MS Society booklet: *Sex, intimacy and relationships*.

Vitamin D and MS

There is an increasing amount of evidence suggesting that vitamin D deficiency, particularly before birth and during childhood, may increase someone's risk of developing MS.

Most people get the majority of their vitamin D from exposure to the sun. It's also available in smaller amounts in some food, including oily fish. If you're pregnant or breastfeeding, it's recommended that you take vitamin D supplements. You should speak to your doctor about which type of supplement would be best for you to take during pregnancy. And remember that vitamin D is just one possible risk factor for MS. If your child does develop MS, there are likely to be other possible factors

Planning for after the birth

Your chances of a relapse go up after you give birth. So experts recommend that if you were taking a disease modifying therapy (DMT) before you got pregnant, you should start taking it again soon after your baby is born. You'll then need to bottle feed your baby as you're advised not to take DMTs if you're breastfeeding.

You might want to find out what health or other local services there are in your area – such as support groups for new mums and babies. Health visitors, community based children's centres and local disability organisations can help.

Schemes like Home Start can also provide you with support and practical assistance for looking after your baby.

If you're already receiving support from social care services (social work in Scotland), you should let them know about your situation before your baby is born, to help them plan your support. You may be eligible for extra support – such as help with bathing your baby.

Finding ways to manage your fatigue can also help you to cope with the demands of looking after a baby. The Mums and MS website includes tips to help you make the most of your energy when caring for a new baby.

Will I be able to breastfeed my baby?

Having MS should not in itself stop you from breastfeeding your baby. There is no evidence to suggest that breastfeeding will increase your risk of having a relapse.

However, if you want to breastfeed, you must not take a DMT for your MS. This is because there is a risk that the medication will be passed on to the baby through the breast milk. See 'Managing relapses after the birth' on the next page for more on breastfeeding and medications.

Some new mothers with MS, who can breastfeed because they're not taking a DMT, find that breastfeeding can add to their fatigue. If this affects you, you might want to alternate bottle

Planning for after the birth

feeding with breastfeeding. That way, others can help with feeding while you get more chance to rest and deal with your fatigue. Alternatively, some mothers with MS decide to breastfeed for a shorter period of time before moving onto bottle feeding full time.

If you find that holding your baby while breastfeeding is too uncomfortable because of your MS symptoms, ask your health visitor or nurse for advice. They should be able to suggest other ways to hold your baby that are easier for you, or recommend cushions or other forms of support you could use.

Some women find that their MS symptoms mean they can only breastfeed for a short time, or not at all. If you find you aren't able to breastfeed for as long as you would like, or at all, you should not be made to feel guilty about it.

Remember, many women who don't have MS also find things difficult. If you have any questions about breastfeeding, you can contact the National Breastfeeding Line on 0300 100 0212. There may also be breastfeeding advisers in your area who can help. Your antenatal clinic should have more information.

Managing relapses after the birth

As you're advised not to take DMTs while breastfeeding, you may be worried about how to manage relapses in the first few months after your baby is born.

It's up to you to decide whether to stay off DMTs so that you can breastfeed, even if it's just for a few weeks. But if your MS is particularly active, you may want to start taking the drugs again very soon after birth and feed by bottle.

We now know that MS could be causing damage when you're not on treatment - even if you're not

having a relapse. Before reaching a decision, you should discuss this with your GP, neurologist or MS nurse.

You may want to delay returning to using DMTs, and breastfeed for a few weeks. Before reaching a decision, you should discuss it with your doctor.

If you decide to delay restarting on DMTs there are ways to manage relapses. Moderate doses of some steroids, such as prednisolone, are considered safe to take while breastfeeding. Research has also looked into whether exclusive breastfeeding may have an effect on relapse rates, but the results have not given an answer for certain.

Planning a family

The majority of women who have MS are diagnosed in their twenties and thirties, at a time when they may be thinking about starting a family. Having MS shouldn't stop you from having a baby, but careful planning with family, friends and your doctor becomes more important.

To find out more visit:

 www.mssociety.org.uk/pregnancy

Or watch and listen to Catherine, 29 on YouTube:


 www.youtube.com/watch?v=49ty4VDdxrY

Menopause

The menopause is a time of hormonal upheaval for many women. With or without MS, it can be a quite difficult time.

During the menopause your body stops producing oestrogen in any significant quantity. There is no evidence to show this affects relapse rates or progression of MS. However, some women find that certain symptoms, such as fatigue and bladder problems, can feel worse.

Women's Health Concern has further information on everything about the menopause:

 womens-health-concern.org

Hormone replacement therapy (HRT)

If the menopause is making your MS symptoms worse, or if you're having difficulties dealing with the menopause, you may be thinking about HRT.


There has not been a lot of research into whether HRT can

help with MS symptoms during the menopause. One small study showed that among 19 post-menopausal women with MS, about half reported that their symptoms got worse with the menopause. But 75% of those who had tried HRT felt their symptoms had improved. HRT can be helpful for women at risk of osteoporosis, as it can reduce further bone loss. For more on osteoporosis and MS, see page 18.

HRT is not, however, suitable for all women. In particular, it is not recommended for women with a history of heavy smoking, thrombosis, certain cancers, or severe heart, liver or kidney disease. There may also be reasons connected to your MS why HRT may not be suitable for you. If your mobility is severely limited, you may be at risk of blood clots, so HRT may not be suitable.

If you have any questions about HRT, particularly about how it might affect your MS, you should speak to your GP, MS nurse or

other health care professional. The forums on the MS Society's website also offer an opportunity to chat with other women with MS who have been through the menopause:

 [www.mssociety.org.uk/
forum](http://www.mssociety.org.uk/forum)

Osteoporosis

Osteoporosis can be a problem for some women with MS. This is particularly the case for women

who are less mobile, or who have had regular or prolonged courses of steroids for managing relapses. There are many ways you can help prevent osteoporosis including eating a healthy diet and taking exercise.

The MS Society has information on both these topics, and the National Osteoporosis Society can also provide more information:

 nos.org.uk

Notes:

Useful organisations



ACAS

Information on maternity allowance and rights at work during and after pregnancy.

 Telephone 0300 123 1100
 [acas.org.uk](https://www.acas.org.uk)

Disabled Living Foundation

Offers advice and information on equipment for independent living.

 Helpline 0300 999 0004
(Monday to Friday, 10am-4pm)
 www.dlf.org.uk


Disability, Pregnancy and Parenthood International

Provides information and support on disability, pregnancy and parenthood.

 Telephone 0800 018 4730
 disabledparent.org.uk

FPA

FPA works to improve the sexual health and reproductive rights of all people throughout the UK.

 Helpline (Northern Ireland only) 0845 122 8687
 fpa.org.uk


Home Start

Visits families in their own homes to offer support, friendship and practical assistance. Supports families with at least one child under five.

 Telephone 0800 068 6368
 home-start.org.uk




Hysterectomy Association

Has information about hysterectomy, menopause and hormone replacement therapy.

 hysterectomy-association.org.uk


National Childbirth Trust

Supports parents through pregnancy, birth and early days of parenthood.

 Enquiry line 0300 330 0700
 Breastfeeding line 0300 100 0212
 nct.org.uk

National Osteoporosis Society

Information about the diagnosis, prevention and treatment of osteoporosis.

 Helpline 0808 800 0035
 [nos.org.uk](https://www.nos.org.uk)

NSPCC

Has a range of information and advice on parenting, including a number of resources to download.

 Telephone 0808 800 5000.
 [nspcc.org.uk](https://www.nspcc.org.uk)


Sure Start

A government programme that provides services for pre-school children and their families.


 [direct.gov.uk](https://www.direct.gov.uk) – search ‘Sure Start’

Women’s Health Concern


Provides an independent service to advise, reassure and educate women about health concerns. Has information about the menopause and HRT.

 [womens-health-concern.org](https://www.womens-health-concern.org)


Further reading

 www.mumsandms.org.uk


Information for women with MS who have had, or are thinking about having a baby. Also offers an online community for connecting with other mums with MS.

 ***Multiple sclerosis and having a baby*** by Judy Graham.

Published by Healing Arts Press, Rochester, Vermont, USA (1999), ISBN 9780892817887. This book covers everything from conception and pregnancy to parenthood. It also covers practical advice, and explores the issues of sexuality and the impact of MS on relationships. It also outlines why a person with MS can still be a good parent.

 ***The disabled woman's guide to pregnancy and birth***
by Judith Rogers.

Published by Demos Medical Publishing, New York, USA (2006), ISBN 1932603085. This comprehensive and useful American guide is based on real-life experiences of women with disabilities who have children. Over 90 women contributed, including eight with MS.

 ***Multiple sclerosis – a guide for families (Third edition)*** by
Rosalind C. Kalb.

Published by Demos Medical Publishing, New York, USA (2006), ISBN 1932603107

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Further information from the MS Society

Library

For more information, research articles and DVDs about MS, contact our librarian.

 020 8438 0900


 librarian@mssociety.org.uk

 www.mssociety.org.uk/library

Helpline

The Freephone MS Helpline offers confidential emotional support and information for anyone affected by MS, including family, friends and carers.

Information is available in over 150 languages through an interpreter service.

 0808 800 8000
(weekdays 9am-9pm)


 helpline@mssociety.org.uk

Resources

Our award winning information resources cover every aspect of living with MS.

 020 8438 0999

 shop@mssociety.org.uk

 [www.mssociety.org.uk/
publications](http://www.mssociety.org.uk/publications)

About this resource

With thanks to Kumar Kunde and all the people affected by MS who contributed to this booklet.

If you have any comments on this information, please send them to resources@mssociety.org.uk or you can complete our short online survey at www.surveymonkey.com/s/MSresources

References

A list of references is available on request, and all cited articles are available to borrow from the MS Society library (there may be a small charge).

Contact the librarian on 020 8438 0900, or visit www.mssociety.org.uk/library

Disclaimer: We have made every effort to ensure that the information in this publication is correct. We do not accept liability for any errors or omissions. The law and government regulations may change. Be sure to seek local advice from the sources listed.

This resource is also available in large print and audio.
Call 020 8438 0999 or email shop@mssociety.org.uk


Contact us

MS National Centre

 Telephone 020 8438 0700

 info@mssociety.org.uk

MS Helpline

 Freephone 0808 800 8000

(weekdays 9am-9pm)

 helpline@mssociety.org.uk

Online

www.mssociety.org.uk

www.facebook.com/MSSociety

twitter.com/mssocietyuk

MS Society Scotland

 Telephone 0131 335 4050

 msscotland@mssociety.org.uk

MS Society Northern Ireland

 Telephone 028 9080 2802

 nireception@mssociety.org.uk

MS Society Cymru

 mscymru@mssociety.org.uk

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