



**T**he *International Journal of MS Care* is fortunate to have a very engaged editorial board, whose members have played a key role in guiding and supporting the growth of the journal. During our recent editorial board meeting, it was decided to move from a uniform (and generous) word limit for all manuscripts to specific word limits for each type of manuscript, and to add a new manuscript category (short report). Other changes have been implemented since the beginning of the year, such as adoption of the iThenticate software to detect duplication of content in submitted manuscripts with previously published scientific literature. Through these initiatives, the IJMSc aims to meet the highest standards in scholarly publishing, reflecting the principle of excellence upheld by the Consortium of Multiple Sclerosis Centers (CMSC), which promotes the highest standards for the comprehensive care of people with MS. I invite you to carefully review the updated Instructions for Authors (<http://www.ijmsc.org/page/author>) before submitting a new manuscript.

We are pleased to offer to our readers, for the second time, the opportunity to earn CME and CNE credits, by reading the article from Charlson and colleagues and completing the required post-test and evaluation online. This article proposes a severity grading scheme for MS initially developed by the late Professor Joseph Herbert as a way to address limitations of traditional clinical classifications and disability ratings.

Davies and colleagues invite our readers to reflect on the challenges encountered by health-care providers in discussing with their patients the transition from relapsing to secondary progressive MS. In addition to the fear of ineluctable worsening of functional limitations implied by the word “progressive,” this transition may result in the discontinuation of disease-modifying therapy (DMT). Hopefully, the advent of medications with proven efficacy in progressive forms of MS will change this situation in the near future.

Switching DMT is often a difficult decision for patients and health-care providers, which requires a careful evaluation of the risk/benefit ratio. Although it does not replace individualized assessment and recommendations, published evidence is very important in guiding the decision process. Based on retrospec-

tive analysis of data from a large MS registry, Cofield and colleagues found that patients who switched from natalizumab to another DMT after 2 years experienced more disability progression than those who remained on natalizumab.

Rehabilitation and wellness interventions are increasingly integrated into the management of MS, and can be tailored to patients with any type of disease course and across the spectrum of severity. Taylor and colleagues report on the safety and efficacy of an implanted functional electrical stimulation device to correct foot-drop in 23 individuals with MS, walking with or without an assistive device. The benefits for walking speed were sustained up to 3 years in a subset of participants, despite progression of walking disability. Pilutti and colleagues found, in a pilot study, that both total-body recumbent stepper training and body weight-supported treadmill training are safe exercise techniques, and improve fatigue and quality of life in MS patients with progressive MS and in the higher range of disability. Plow and Golding gathered feedback from patients with MS through focus groups and one-on-one interviews on barriers and facilitators related to adopting various healthy behaviors, paving the way for future studies of interventions seeking multiple behavior changes.

Rounding out the articles in this issue is a letter to the editor from Schultz and colleagues describing the emerging role of pharmacists in the multidisciplinary care of patients with MS, given the growing number of available medications for MS treatment and the corresponding increase in the amount of time required for medication management.

Note that abstract submissions are now being accepted for the CMSC annual meeting to be held in New Orleans, Louisiana, in May 2017. Detailed instructions appear in the CMSC’s call for abstracts published in this issue.

I will leave you with this quote attributed to Albert Einstein: “The important thing is not to stop questioning.” Constant questioning, through innovative practice and research, is essential in our quest to provide the best possible care to our patients and their loved ones.

—Francois Bethoux, MD  
*Editor in Chief*