As the end of the year approaches rapidly, it is time for some of us to meet our continuing education (CE) credit requirements. Since the March/April 2016 issue, IJMSC has been offering CE credits to physicians and nurses for reading some of the articles published in its pages and completing a posttest. To our editorial team, this initiative represents a way to further the journal’s educational mission, and the number of credits claimed to date suggests that it is beneficial to our readers. We thank our authors and reviewers, our editorial board, and the Consortium of Multiple Sclerosis Centers (CMSC) leadership and staff for their contribution to this effort.

In this issue, CE credit is offered for the article by Rabadi and Aston, which reports on predictors of mortality among veterans with MS treated in an outpatient setting. Better knowledge of the predictors and causes of excess mortality related to MS may help develop strategies to increase life expectancy in the most vulnerable groups of patients.

Measuring clinical disease activity and the outcomes of multidisciplinary care requires valid and reliable measurement tools. Bennett and colleagues provide additional data on the psychometric properties of four measures of walking that can be administered in a clinical setting. These measures can be useful in complementing the Timed 25-Foot Walk test, particularly for the purpose of rehabilitation, as they assess various aspects of walking such as dynamic balance and endurance. Mañago and colleagues introduce a protocol for measuring strength, a common target of rehabilitation associated with functional performance, using a handheld dynamometer and simple endurance tests. This protocol, which is feasible in a clinical setting, exhibits satisfactory discriminant validity, test-retest reliability, and response stability in this first validation study.

Neurologic symptoms represent the “face of the disease” for those affected by MS. Symptoms often start months to years before the diagnosis, and their management is an essential component of care. Fatigue is one of the most commonly reported symptoms of MS, but its pathophysiology has not been fully elucidated. The article by Aldughmi and colleagues reminds us that perceived fatigue does not always correlate with fatigability on physical and cognitive performance tasks, suggesting that they represent different, albeit overlapping, phenomena. Trigeminal neuralgia is known as one of the less common symptoms of MS, but Fallata and colleagues found that nearly 10% of over 8,500 North American Research Committee on Multiple Sclerosis Registry participants reported experiencing symptoms of trigeminal neuralgia, and in 15% of them the symptoms preceded the diagnosis of MS.

It is essential for the safety of our patients to disseminate information about unusual adverse effects of disease-modifying therapies. Ferguson reports a case of serum sickness with glatiramer acetate, which occurred again after rechallenge with the medication.

Mind-body therapies are increasingly sought by MS patients, and their use is supported by a growing body of data. However, there are still few evidence-based programs available in the community. Gilbertson and Klatt report encouraging feasibility and efficacy results from a pilot study of Mindfulness in Motion, an 8-week program combining yoga, mindfulness meditation, and relaxing music.

I wish you pleasant and instructive readings.

—Francois Bethoux, MD
Editor in Chief