



The start of the much-awaited year 2021 unfortunately calls for an adjustment of our expectations regarding the COVID-19 pandemic, which continues to affect all of us, and in a disproportionate manner the most vulnerable amongst us. I have read on social media calls to “please cancel my subscription to 2021.” There are nonetheless tangible reasons to be hopeful, such as our growing understanding of the SARS CoV-2 virus and the rolling out of vaccines.

The *International Journal of MS Care* has received a record number of submissions in 2020. I am extremely grateful to the authors who entrust us with their manuscripts, and to our reviewers, whose names can be found in our last issue of 2020. I also want to extend my gratitude to our editorial board members, to the *IJMSC* editorial team, and to the leadership of the Consortium of Multiple Sclerosis Centers (CMSC). We have all worked harder in 2020, despite many hurdles, to continue informing comprehensive MS care with evidence from around the world. Our international reach at the same time transcends and incorporates differences in health care systems, cultures, and beliefs in the management of MS. Our 2020 theme issue brought perspectives from our European partner organization Rehabilitation in Multiple Sclerosis (RIMS). Our first issue of 2021 features articles from Australia, Canada, Iran, the United Kingdom, and the United States, and international abstracts from the 10th International Symposium on Gait and Balance in Multiple Sclerosis (see the online version of this issue for full information).

I am glad to feature the literature review by Mayo et al as our first continuing education article for 2021. What would be the use of building intricate, multidisciplinary, evidence-based care processes if our patients cannot access them? As an unexpected silver lining, the pandemic has forced health care systems to broaden options for remote access to health care through online visits and remote monitoring. Yet barriers remain, and the authors provide us with evidence regarding access facilitators that can be used to implement real-world initiatives.

I will not disclose how much weight I have gained since the beginning of the pandemic, but I know it is related to lower physical activity (and easy access to

snacks when I work from home). Baird et al provide us with a framework, based on social cognitive theory, to promote physical activity in older adults with MS, a growing subgroup of our patients with concomitantly higher prevalence of comorbidities and lower activity levels. Broadening our choices for eccentric exercise modalities, the pilot study by Psarakis et al demonstrates the safety and feasibility of backward downhill treadmill training in individuals with mild-to-moderate disability from MS and ankle contractures.

Advocacy for specialized multidisciplinary MS care needs to be supported by evidence of its value to patients, their loved ones, and society. Furthermore, evidence is needed to operationalize multidisciplinary care in the context of health care cost containment, and a decreasing workforce in some parts of the world. The articles from Punshon et al and May et al contribute to this effort with regard to MS specialist nurses and clinical pharmacists, respectively.

Using the same measurement tools facilitates the comparison of care outcomes and research findings, as well as the conduct of meta-analyses. To be used in various parts the world, self-report health questionnaires need to go through a rigorous process of translation, cultural adaptation, and validation. Behrangrad and Yoosefinejad present elements of validation for three well-known fatigue scales in Persian.

While our attention is focused on the COVID-19 pandemic, the ongoing tuberculosis (TB) epidemic affected about 10 million people worldwide in 2019 according to the World Health Organization. Latent TB (a positive TB test without active TB infection) raises a concern for potential disease reactivation with some disease-modifying therapies (DMTs) for MS. Because many patients are already on a DMT at the time of testing, clinicians need to be aware that some DMTs may affect testing results. This is illustrated in the article from Bouley et al, who observed a higher occurrence of indeterminate interferon-gamma release assay results in patients on dimethyl fumarate.

Please accept our team’s most sincere wishes of happiness and good health for 2021.

—Francois Bethoux, MD
Editor in Chief