As I write this editorial, the 2014 Cooperative Meeting of the Consortium of Multiple Sclerosis Centers (CMSC) and the Americas Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS) is drawing to a close. The scientific abstracts, which demonstrate the vitality and diversity of clinical research in MS, were published as a supplement to the IJMSC.

The Summer issue of the IJMSC covers a variety of topics directly relevant to multidisciplinary MS care. Clinicians increasingly rely on questionnaires to screen for symptoms and comorbidities, and to measure the outcome of interventions. One frequent obstacle to interpreting the results of these questionnaires is the lack of MS-specific instruments, and the lack of validation of generic instruments in the MS population. This topic is addressed by two articles in this issue.

Dr. Watson and colleagues tested the validity of commonly used questionnaires for depression (the Hospital Anxiety and Depression Scale [HADS] and the Beck Depression Inventory [BDI-II]) and anxiety (the Beck Anxiety Inventory [BAI]) as screening tools for these mood disorders in people with MS. Using a structured clinical interview as the gold standard, they found that both the HADS and BDI-II exhibited high sensitivity and specificity for detecting anxiety and depression, while the BAI exhibited low specificity for detecting anxiety.

The importance of self-management is widely acknowledged in MS care, and interventions have been designed to promote and enhance self-management among individuals with MS. Bishop et al. introduced the Multiple Sclerosis Self-Management Scale (MSSM) and published initial validation data in the IJMSC in 2007. In this issue, Dr. Ghahari and colleagues report new data on the scale's psychometric properties and suggest changes to the content of the MSSM that may enhance its validity.

Rehabilitation and exercise are one of the pillars of comprehensive MS management. The article by Dr. Learmonth et al. adds to the growing body of evidence on the effects of exercise in MS. These authors assessed pain, fatigue, and lower-extremity function in MS patients, chronic fatigue syndrome (CFS) patients, and healthy controls up to 24 hours after a 15-minute session of moderate-intensity aerobic exercise on a stationary bicycle. Their findings suggest that aerobic exercise was well tolerated by patients with MS or CFS, although both groups reported higher levels of perceived exertion immediately after exercise.

One of the indications for rehabilitation (in addition to medical treatment with corticosteroids) is acute functional loss resulting from an MS exacerbation. Dr. Asano and col-

leagues performed a systematic review of the literature, and found only three studies of multidisciplinary rehabilitation after MS exacerbation that satisfied their criteria. While the small number of studies and the fact that only one was a randomized controlled trial are disappointing, improvement of impairments or disability with rehabilitation was consistently observed.

Rehabilitation and symptom management interventions are a complement to the use of disease-modifying therapies (DMTs), when appropriate. Two articles address important practical problems faced by clinicians and their patients. One is symptom fluctuation in relation to the dosing cycle. Dr. Ratchford et al. investigated changes in patient-reported symptom severity during natalizumab infusion cycles. More than half of the 100 consecutive patients surveyed reported an increase in the severity of various neurologic symptoms in the week preceding the next infusion, with rapid improvement after the infusion. This observation was further substantiated by significant changes in scores on validated outcome measures of perceived health status, fatigue, and depressive symptoms, but only in those patients who previously reported symptom fluctuations.

Another issue is satisfaction with various DMTs. Some studies have reported high levels of DMT nonadherence, and satisfaction with treatment is one of the factors affecting treatment adherence. Dr. Glanz et al. found no significant difference in overall treatment satisfaction between four widely prescribed DMTs, but differences were identified in terms of perceived treatment efficacy, side effects, and convenience.

The mission of the CMSC is to maximize the ability of MS health-care professionals to impact care of people affected by MS. In order to promote and recognize specific knowledge related to the multidisciplinary care of MS, the CMSC launched the MS specialist certification in 2002. Dr. Gulick and Ms. Halper previously reported in this journal on job satisfaction among MS-certified nurses. Their current article focuses on other professionals involved in the care of MS patients. Positive associations with MS specialist certification were observed in the areas of overall satisfaction, personal growth, and recognition.

I am glad to report that the IJMSC is receiving a growing number of manuscript submissions. In order to make high-quality information available to our readers in a more timely manner, we are now publishing online lightly edited versions of accepted manuscripts ahead of print publication. We are very grateful to the leadership of the CMSC for their commitment to supporting the journal's growth.

Wishing you good reading and a pleasant summer,

—Francois Bethoux, MD
Editor in Chief