Some of you may read this editorial in the beautiful setting of National Harbor, Maryland, where the Consortium of Multiple Sclerosis Centers' Annual Meeting will be held from June 1 to June 4, 2016. The growing diversity of disciplines represented in this annual gathering reflects the CMSC's commitment to comprehensive MS care, which is also exemplified in the articles published by the *International Journal of MS Care*. If you are attending the meeting, we invite you to visit the journal's booth in the exhibit hall, and to attend the IJMSC roundtable on Thursday, June 2, from 12:30 to 2:00 p.m. The roundtable will be an ideal setting for lively discussion about issues related to the rapidly evolving field of scholarly publishing. Also, please note that the winner of the Robert M. Herndon Award for the best article published in the IJMSC in 2015 will be announced at the end of the Annual Meeting.

The comprehensive management of MS symptoms often entails combining nonpharmacologic and pharmacologic approaches. Guidelines for fatigue management in MS recommend first trying nonpharmacologic interventions, including education, lifestyle modifications, and promotion of physical activity and exercise. These elements are increasingly integrated into structured fatigue management programs, which are meant to complement individualized recommendations from the clinicians directly involved in the care of people with MS. This issue's articles from Mulligan and colleagues and from Wendebourg and colleagues illustrate the diversity of approaches used in the design and validation of fatigue management programs around the world. Tremor is another challenging symptom of MS, for which there is little evidence to guide treatment decisions. Meador and colleagues report information on

medications used for tremor and perceived benefit in over 500 participants in the North American Research Committee on Multiple Sclerosis (NARCOMS) Registry. Based on an evidence review of the effects of dalfampridine and gait training on gait speed, Plummer concludes that neither treatment can be considered superior to the other, but data on the benefit of combining treatments are lacking.

MS patients may be exposed to two disease-modifying therapies (DMTs) in the pursuit of optimal control of MS disease activity, either during a transition between DMTs or possibly when using combination therapies, but safety data are scarce. Findings from an open-label study reported by Calkwood and colleagues suggest that combining interferon beta or glatiramer acetate with delayed-release dimethyl fumarate, over a period of 6 months, does not raise new safety concerns.

The body of literature on the impact of comorbidities on health outcomes in individuals with MS is rapidly growing. In this issue, Ernst and colleagues found that infection was the most common diagnosis associated with in-hospital mortality in over 1500 MS patients from a large hospital-based database.

The contribution of family members and other proxies (sometimes called "care partners") to the care and well-being of individuals with MS is increasingly acknowledged. At the same time, the physical and emotional burden of caregiving is found to impact the health of care partners. Pooyania and colleagues remind us that negative emotions experienced by care partners may compromise their ability to exhibit the empathy needed to fulfill their role.

I hope to see you in National Harbor.

—Francois Bethoux, MD
Editor in Chief