In 1977, at the age of 14, Bill Larkin* was diagnosed with juvenile diabetes. He remembers how angry he was at the unfairness of having a chronic illness. At an age when he and his friends were just beginning to experience a social life, he had to manage daily injections of insulin. Larkin eventually adapted to his condition and absorbed it into his everyday life. Then, on June 12, 2000—just two weeks before his 37th birthday—he received a diagnosis of relapsing-remitting MS. “It was like being struck by lightning twice,” said Larkin.

*not his real name
It seems nearly impossible—and cruel—that one person can be hit with two chronic diseases, but it’s not as rare as one may think. MS does not protect a person from other diseases. There may even be some increased susceptibility to diseases that involve an attack on the body’s own tissues by the immune system, such as thyroid disease, psoriasis, rheumatoid arthritis, or lupus.

“There is probably a genetic predisposition to getting these diseases,” explained Rock Heyman, MD, assistant professor of neurology at the University of Pittsburgh. “If your genetic system allows you to be attacked with one autoimmune disease, you might be more apt to get another.”

But regardless of the cause, a person who has MS plus any other chronic condition has extra considerations in managing both diseases, whether the “something else” is a life-threatening illness such as cancer, or a chronic condition such as osteoarthritis or allergies.

**The primary care factor**
All of the experts interviewed for this article agreed that the best way to manage two conditions is to make your primary care physician an integrated part of your healthcare team. The problem is that many people with MS plus another disease see only specialists. There may be many reasons for this, including doctor fatigue.

“I have some patients who are going to four or five different doctors,” said Aliza Ben-Zacharia, MS, ANP-C, an MS nurse practitioner with the Corinne Goldsmith Dickinson Center for MS at Mount Sinai Medical Center in Manhattan. “The thought of seeing another doctor on a regular basis seems just too much. But a good primary care physician can really save a person time and aggravation,” she said.

General practitioners have experience with a broad array of medical issues. They are trained in follow-up care. They are ideally positioned to monitor all the medications a person is taking and to watch out for potentially harmful interactions. This is especially important as insurance companies increasingly require use of mail-order pharmacies for regular medications. “The primary care physician can get the big picture,” said Ben-Zacharia. “Problems come up when there is no coordination of care.”

**Managing a dual diagnosis**
Even with a good primary care physician involved, all the experts also agreed that the individual is the most important factor in managing a dual diagnosis. “You need to become the executive in charge of both conditions,” Dr. Heyman put it. These steps can help:

**Write it down.** “You can be a tremendous asset to communication with your doctors or a tremendous hindrance,” Dr. Heyman pointed out. He recommends writing down the names, addresses, and phone numbers of all your physicians and bringing a written list of all your medications to every appointment. (The Society Web site has a handy form for medication
record-keeping. See www.nationalmssociety.org/pdf/Brochures/DrugChart.pdf, or call your chapter at 1-800-FIGHT-MS and ask to be sent a paper copy.)

**Ask questions.** “Ask your doctor questions about any and all medications prescribed. You need to know what you’re taking and for what reasons,” Dr. Heyman continued. “Be sure to ask who is in charge of making sure a medication is working—and for adjusting the dosage if necessary.”

**Encourage your specialists to talk to each other.** Bill Larkin sees a neurologist for his MS and an endocrinologist for his diabetes. “Both doctors know about my having both diseases,” he said. “They exchange blood work with each other, as well as sharing other information. When I was hospitalized for an MS exacerbation and treated with steroids, my neurologist and my endocrinologist coordinated the treatment to keep the diabetes from running rampant. Steroids can cause an increase in blood sugar.”

**Communicate with your pharmacist.** When you’re on medications for two or more conditions, your pharmacist is another essential part of your health-care team. Use just one pharmacist if possible—or one mail-order firm for regular medications and one local store for everything else. If you’re prescribed a new medication, ask if it will interact with any other medication you take, including over-the-counter remedies, vitamins, and herbal supplements.

**Educate yourself.** This means learning what your symptoms mean, Ben-Zacharia stressed. Bowel changes, vision problems, fatigue, mood changes, or urinary problems can result from both MS and some other condition. It’s important not to treat problems yourself but to understand as much as you can about what symptoms signal “call right away” and what things might wait. Should a new symptom turn up, don’t let yourself or a caregiver assume it’s “just MS”. “Something else” could be happening.

**Keep up your exercise.** Larkin has found that the two biggest factors in managing diabetes and MS successfully are discipline and exercise. He keeps to a faithful one-hour, three-times-a-week exercise routine: a half hour of cardiovascular work on the NordicTrack and a half hour of strength training with free weights. No matter what your limitations may be, talk with your physician, nurse, or physical therapist about an exercise program that will work for you.

**Several ounces of prevention**

Developing healthy habits like regular exercise is not only the best way to manage many existing conditions, it’s also the best defense against a host of preventable diseases, such as high blood pressure, diabetes, or osteoporosis. “Poor eating habits and excess weight can aggravate MS symptoms, which leads to more sedentary behavior, which leads to even more weight gain and more symptoms. It easily becomes a vicious cycle,”
said Valerie Armstrong, ARNP, MSCN, CRRN, a nurse practitioner with the Mayo Clinic in Jacksonville, Florida. “Forgo junk food in favor of more nutritious meals, and have an annual check-up with your primary care physician,” she advised.

The Society has a list of the regular tests and checkups all adults with MS should have. See our Web site at [www.nationalmssociety.org/Brochures-PreventiveCare1.asp](http://www.nationalmssociety.org/Brochures-PreventiveCare1.asp), or if you have no Internet access, call 1-800-FIGHT-MS, and ask for a copy of “Preventive Care Recommendations”.

**Osteoporosis is a preventable “something else”**

Having MS is, in itself, a strong risk factor for osteoporosis (bone loss). People with MS may avoid sunshine because of heat sensitivity, are often poor consumers of dairy products, may skimp on exercise because of fatigue, weakness, or mobility limitations, and may be treated with steroids periodically. The Society’s preventive care list recommends bone density tests on a regular basis. Unfortunately, the test is expensive, and insurance companies may be reluctant to pay for testing anyone younger than age 50.

“The doctor has to know how to work the system,” Dr. Heyman proposed. “If a doctor writes down ‘screen for osteoporosis’ for a 30-year-old, insurance companies are not going to pay. But if the doctor writes, ‘patient has multiple courses of steroid therapy,’ that changes the risk profile and insurance companies will usually approve it.”

Meanwhile, Armstrong recommends that everyone with MS talk to his or her health-care team about exercise. Weight-bearing exercise is always recommended to prevent bone loss, but bone loss can also be slowed by aquatics programs and other activities. There are also prescription medications that help prevent osteoporosis; and, she advises, people on frequent steroid therapy might ask their doctor to consider prescribing acid-reducing medication to protect against stomach ulcers.

**“You need to know what you’re taking and for what reasons.”**

“A dual bottom line

The biggest danger for someone with a dual diagnosis is thinking that two diseases are more than a person can handle. That kind of despair can lead to neglecting overall health or failing to stick with the best therapeutic regime. People who feel overwhelmed need support. They, or their caregivers and family members, need to speak up. It’s the first essential step to finding peers, counselors, resources, and outlets for painful feelings.

“Being a successful patient is a lot of work,” Dr. Heyman said. “There’s no way around it: if you have MS and something else, it’s a continual battle.” But it is not a battle that must be waged all alone.

Diane O’Connell, a regular contributor to InsideMS, won a National Health Information Silver Award for the Society booklet When a Parent Has MS: A Teenager’s Guide.