

## **S4E50 Transcript**

### **Introducing Lifestyle Change to Your Healthcare Practitioner**

Geoff Allix (00:01):

Welcome to Living Well With MS, the podcast from Overcoming MS, the world's leading multiple sclerosis healthy lifestyle charity celebrating its 10th year of serving the MS community. I'm your host, Geoff Allix. The goal of our organization and this podcast is to inform, support, and empower people with MS to lead full and happy lives. We're excited you could join us for this new episode. Make sure to check out this episode's show notes for more information and useful links. You can find these on our website at [www.overcomingMS.org/podcast](http://www.overcomingMS.org/podcast) or in whichever podcast platform you use to tune into our program.

Geoff Allix (00:39):

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Geoff Allix (01:05):

Now let's meet our guest for this episode. Joining me this week on the Living Well with MS podcast is Dr. Mitzi Joi Williams. Dr. Williams is a board-certified neurologist and fellowship-trained multiple sclerosis specialist who serves as the founder and CEO of the Joi Life Wellness Group Multiple Sclerosis Center in Union, Georgia, USA.

Geoff Allix (01:30):

Through collaborations with national and international committees, she advocates for people living with MS to share in the decision-making process with our healthcare teams to combat this disease. Dr. Williams is the author of MS Made Simple, The Essential Guide to Understanding Your Multiple Sclerosis Diagnosis. She continues to live out her mission to provide personalized multiple sclerosis care delivered with expertise, compassion, and joy. Welcome to the program Dr. Williams, and thank you so much for joining us on Living Well with MS.

Dr. Williams (02:01):

It is my absolute pleasure to be here with you.

Geoff Allix (02:05):

To dive right in, you've got a very impressive background and listeners can get more detail of that in the show notes. You've established a prestigious career as a neurologist and MS specialist. Could you share a bit about your background as a medical professional?

Dr. Williams (02:22):

Absolutely. I've been an MS specialist for upwards of 15 years, really because I have a passion for helping people to kind of navigate this journey. I like the fact that I have close contact with my patients, so that I grow to know them and their family, so almost like I'm a part of their family. I like that and that was one of the reasons that I chose MS as a subspecialty within neurology.

Dr. Williams (02:48):

As my career has evolved, I've really found that there needs to be a focus on education. I began to focus on teaching people about the disease process, because I found that many people would come to see me and they still wouldn't know what MS was, even after they had it for like 10 years. They couldn't really articulate what they thought it was and what it was doing to their body and why they were on the medications they were on. That really started my passion for educating about the disease process, and also in empowering people to do the things that they can, to help their brain health and help their overall health as well.

Geoff Allix (03:26):

Why MS as a specialization? What got you to particularly pick MS?

Dr. Williams (03:32):

I get that question a lot. I think for me, it's the challenge that I like. It's the challenge as well as my fascination with the neurologic process. In many other aspects of neurology, people would have damage to the brain or to the spine, and there was really nothing that we could do to modify that disease.

Dr. Williams (03:54):

The thing that I loved about MS is that every person was different, which made it a bit challenging, but that there also were things that I could do to potentially modify the disease or affect change. Since I started my career, those options have grown exponentially. It's a whole different ballgame now than it was when I started practicing. The other thing that I like is that I really felt like this was a full focus of medicine that was really on the frontier of the scientific exchange.

Dr. Williams (04:26):

Meaning, it wasn't something where everybody had it figured out down to the receptor, like diabetes or high blood pressure, that there was still a lot more to discover. That's also what attracted me to the field of neuroscience, but specifically to MS. I love the patients. I love spending time with them and getting to know them.

Geoff Allix (04:43):

I think it is quite an exciting time now. My father had MS and there wasn't very much treatment, but now it's just every month, there's another treatment. There's some more research being done. There's something found out about causes. It is a highly active area, isn't it, of research and change?

Dr. Williams (05:05):

Absolutely. Our meetings, when I first started practicing, our big neurology meetings would have maybe two or three classes about MS. You start on a Saturday with one class and stay until the next Thursday for one more class, but now, much of the conference has MS classes every day. That just really goes to show how much the science has advanced and how much we're trying to improve our understanding to help treat people with MS.

Geoff Allix (05:34):

To get a bit of an understanding about the Joi Wellness Group. You founded this MS center in Georgia in the USA. What are the core principles of your practice?

Dr. Williams (05:47):

Yeah, so really, my core principles are, I love to engage, educate, and empower my patients to make them active participants in their treatment process. By doing that and starting my own center, I'm really able to spend the time with my patients, educating them about their disease process, helping them understand, and also empowering them with tools to adjust lifestyle or to make lifestyle changes, to improve their overall health.

Dr. Williams (06:17):

We talk a lot about things like mindfulness, diet, exercise, yoga. I'm a huge yoga advocate. It really affords me that ability to treat people how I see fit to really spend and invest that time so that people understand what's going on and know what they can do to improve their health.

Geoff Allix (06:36):

With all these people that you see with MS, you must see certain common obstacles that people have in dealing with MS, all the way from their diagnosis through to the management and treatment of MS. What obstacles do you think that you see most commonly and how would they overcome those?

Dr. Williams (06:57):

Yeah, so some of the most common obstacles are number one, just kind of wrapping your mind around the diagnosis and looking at, kind of thinking about what the future will look like. That part is difficult because I can't predict how someone will do in five years or 10 years.

Dr. Williams (07:15):

But I think that oftentimes through education, and for many, through things like mental health services, counseling, et cetera. As they begin to kind of adapt to that diagnosis and maybe what that new normal is, then we can move forward with looking at treatment options and trying to make the best of the time that we have, and the function that we have.

Dr. Williams (07:40):

For some people it's difficult because they don't have any symptoms. They're like, well, why should I do treatment because I'm fine? Then for some people, it's just kind of the devastation of maybe having some type of impairment where they didn't recover from that first symptom, and now they're having to adjust their lifestyle or career, et cetera. Lots of psychological issues are difficult in the beginning, and at transition periods during the journey with MS.

Dr. Williams (08:07):

I focus a lot on mental health, stress reduction, and psychological services for those that need them. If some need medication, then we talk about that as well. I think the other obstacle, especially in a global pandemic or endemic or whatever we are calling it at the moment is isolation. That part is very difficult. For some of my patients who maybe have mobility problems or mobility impairment, and maybe different types of meetings and functions in the MS community, where it was their way of interacting with the world and now we're not able to do that.

Dr. Williams (08:44):

The isolation has been difficult. We deal, again, a lot with mental health services, looking at ways people can get involved virtually. Trying to troubleshoot to find ways to bring people back into the community, even though they can't physically be there.

Geoff Allix (09:02):

Okay. Overcoming MS, as you might know, is an evidence-based lifestyle modification charity. The tagline is whatever it takes, but with an evidence basis. It's looking at what evidence is out there scientifically, founded by a professor. Yeah, it's very much looking at that evidence base and bringing lifestyle into that. Trying to have better health and MS management through every available method. What's your take on how lifestyle factors fit into MS treatment?

Dr. Williams (09:41):

It's huge. Lifestyle factors play a huge part in an MS treatment plan. When we talk about, or when I talk with my patients about things like medications, I don't talk about those on an island without talking about the other things that they need to do. My motto is that medication plays a part, but you play a part. There's no medication that gets rid of the part you play in improving your overall health.

Dr. Williams (10:11):

There are studies that suggest, for instance, exercise can do things like boost mood, also can help with multiple MS symptoms like spasticity, like depression, like constipation. We talk about the evidence, and we talk about all the different ways that these things like exercise and diet can help aside from just helping your cardiovascular health.

Dr. Williams (10:38):

I think the other thing that there's a lot of attention being brought to is really the effects of stress. There's not a lot of research that we have that directly links stress to MS exacerbations like brain lesions, but certainly we know intuitively that stress can worsen a person's function overall, whether it's with MS or any other chronic disease.

Dr. Williams (11:00):

We spend a lot of time also focused on stress reduction, mindfulness, meditation, things that increase their overall health practices that will help people to live a less stressed life overall. I think there is more evidence emerging, but

we still have a lot of work to do where lifestyle modification is concerned in terms of having hard scientific evidence that supports it.

Geoff Allix (11:28):

I think if you ask anyone with MS about stress, then we all know that stress is a factor because some things are really slow to make changes. I remember early on George Jelinek, who's behind Overcoming MS, said, it's like turning around an oil tanker. Making some of these changes is very slow to have an effect. You may not notice say anything for six months, but it's slow. But stress is the one I think anyone with MS will tell you, if you get stressed, then those symptoms come back really fast, but they go away fast if you can calm yourself down, and you feel better.

Geoff Allix (12:12):

There is a definite ... All these things, it's like, oh, have we done double blind placebo trials and all these things? But actually people with MS say, yeah, they know that stress is-

Dr. Williams (12:23):

Absolutely.

Geoff Allix (12:23):

... Is one of those factors. Really quickly ... If I get really stressed out, then suddenly I'm limping all over the place. I know. I can tell I'm stressed because my body doesn't work fully.

Dr. Williams (12:37):

Yeah. I have a lot of patients that report that as well. Again, that's why it's so important for us to continue to discuss lifestyle modification, to talk to people about it. But also for those of us in the scientific community to really kind of put our money where our mouth is and look at some of this research so we can better understand it on a biologic basis as well.

Geoff Allix (12:56):

Yeah, because that's the thing. I'm saying it affects me instantly, but I can solve it instantly by calming down, but equally, is it causing long-term damage or is it literally instant and it's gone? There is obviously ...

Dr. Williams (13:10):

There's a lot we need to understand.

Geoff Allix (13:12):

Yeah. The content theme for the month is advocacy. A lot about patient advocacy and so on. In that spirit, in your experience as an MS specialist, what strategies could people with MS use to discuss lifestyle factors specifically, and lifestyle modification with their healthcare professionals, because it's a very different thing depending on who your MS specialist is, and it depends where you are geographically.

Geoff Allix (13:45):

I think certainly in the UK, you probably have less choice about who the person is, but having said that, then it's based on how much you could afford. Different healthcare regimes are going to be different in different places. I'd say actually in the UK as well, we have less specialists. It's unusual to have an MS specialist. You would normally have a general neurologist. Maybe only if you're in a really big city. I know in London they have a few, but it's rare in the UK to have that specialist.

Geoff Allix (14:20):

Some of them are very old-fashioned. I know that there are some people, and they literally are told, take the pill, have the injection, whatever it might be. Nothing else you can do. Then there are more forward-thinking people who are saying, actually no, a healthy diet and lifestyle will benefit you. How would you suggest people discuss introducing lifestyle factors, whether that be diet, exercise, or mindfulness with their healthcare professional?

Dr. Williams (14:53):

I think the first thing is to recognize that it is okay to have an agenda of things that you'd like to discuss when you see your neurologist, whether it's an MS specialist or general neurologist, because oftentimes you get in that visit, the doctor has things they want to cover. I very much encourage people to write down the things that are very important to you to discuss at that visit. Maybe write down like your top two, because if you have 20, you're probably not going to get through 20.

Dr. Williams (15:23):

But if lifestyle modification is at the top of that list and they say, hello, Mr. so-and-so, how are you doing? You can tell them how you're doing in terms of your MS, but today I really am interested in hearing about what things I can do lifestyle-wise that would help me. Opening the conversation with that often can get that provider thinking about how to answer that question.

Dr. Williams (15:48):

Also, in this day of technology, if you don't have a specialist, there are resources that you can find that talk about lifestyle management. Of course, you have your podcast, you have your educational resources. There are other specialists in different parts of the world who are kind of talking on these topics. Unfortunately, sometimes you have to educate yourself.

Dr. Williams (16:12):

In a perfect world, your neurologist would be knowledgeable about everything, but very much like your experience in the UK and the US, many people with MS are cared for by general neurologists. Some of those general neurologists have a special interest in MS and learn about it. Some of them not so much. You may not always have that specialist who has a lot of knowledge of the latest research on these types of things, but it's okay to have an agenda. It's okay to have a list of questions that you want to ask. If that's at the top of your list, just saying, I want to know what I can do to improve my health, and that's a great way to lead in talking to your specialist about lifestyle modification.

Geoff Allix (16:58):

Are there any tips to anyone getting resistance to managing things themselves?

Dr. Williams (17:06):

Yeah. Again, in some cases you have choices about who you can see. We certainly do have a little bit more leeway or some leeway in terms of choices in the US. I have not necessarily encouraged my patients to fire their doctors, but I've had some where I said, well, it's kind of like with any relationship. If it's not working or you don't feel like you're being heard, explore if there are other options.

Dr. Williams (17:37):

For some people, it may be a matter of maybe seeing a specialist once a year. What if you could see a specialist once a year, and then go to your general doctor the other times? Or see a specialist and have this list of questions and say, okay, I'm going to try to get as many of these questions answered that my general person can't, and make a special visit to see a specialist just for that purpose.

Dr. Williams (18:02):

There are some ways to work around it. Some are not quite as ideal, but I think that it is okay to have an agenda. If your questions are not answered, it's okay to circle back and say, okay, well can we get back to this question that I had to better understand how I can help myself?

Dr. Williams (18:22):

The other thing is that bringing it up from a topic of brain health. Lifestyle modification for MS is something that is becoming more frequently talked about, but brain health is also something that's globally talked about by neurologists. It may be a question of bringing up, well, what can I do to help my brain health? That may elicit the same type of information, but maybe not specifically what lifestyle modification can I do to help MS. Helping MS and improving brain health kind of go hand in hand.

Geoff Allix (18:55):

I think there's another thing that's come to me is litigation can be an issue. Certainly in this country, neurologists or any doctors are very reluctant to say things which are not proven because they are then potentially at risk of saying something that's not, in our case, the NHS line. They will only tell you the absolute ... And that tends to be quite a long way behind the evidence. It takes a long ... They are now ... I mean, I've already seen this in the sort of five or six years I've had MS, that they're sort of catching up with you should increase your vitamin D levels. You should do more exercise. It's sort of like catching up with things that I thought, well, there's loads of evidence for that five years ago.

Geoff Allix (19:45):

They're like, well, yeah ... But they're sort of very slow to change. One of the questions I found that was really useful for my neurologist is what would you do? Because then I've sort of turned it around to another question. It's like, well, I'm not saying what's the official advice, but if you were in my situation, what would you do? That really changed the conversation. He said, well, in that situation, then I'd eat whole foods diet and I'd exercise. I was like, all right.

Geoff Allix (20:15):

He said the official advice ... He said, that's not proven, and the official advice is to take your medication, do these official NHS guidelines. But yet if I was in your situation, I can't see there's a risk in having a healthy lifestyle, at least as much as anything, it would probably lower your chance of having heart disease and other comorbidities that aren't a good idea if you've got MS anyway.

Dr. Williams (20:44):

Absolutely. I do often get that question. I usually get it from a family member. If this were your family member, how would you approach this? That's a way often people will say, well, what would you do if you were me? Or their family member will say, well, what would you do if this was your family member?

Dr. Williams (21:04):

Again, that'll get you a different perspective. I think everyone's going to say, well, we don't have a lot of scientific evidence to back this up, but this is the general thought, or there's some research that suggests this. But the goal ultimately is to try to help people. We definitely don't want to give anybody bad advice, but we do have to be clear about what's not necessarily supported by a lot of research and what areas still have some work that needs to be done.

Geoff Allix (21:35):

This is a bit of a can of worms question, but it's, do you have any essential tips for people who are newly diagnosed for treating their MS in the medical arena? That could be something that goes on for weeks, that question. Tips for the newly diagnosed though.

Dr. Williams (21:57):

The first thing is to work with your healthcare provider to establish a plan that works for you, because everybody with MS is different. Everybody's plan will look a little bit different. The treatment that may work for you may not work for somebody else. I think also it's important to think about what your goals are. There are multiple studies that have been done looking at what healthcare providers' top goals are with treatment and patients' top goals of treatment, and sometimes they don't match up.

Dr. Williams (22:30):

Thinking about what you want to accomplish if the way that the medication is given is important to you, if how frequent it's done is important to you. Just kind of writing down those priorities. It may not be where we're able to meet every one of those, but certainly that gives your healthcare team an idea of kind of what the top things are that are important to you.

Dr. Williams (22:54):

I think the other piece is connecting with the community because support is extremely important. As much as I try to empathize with my patients, I don't understand what it feels like to have MS. I think it's very important to connect with others in the MS community who know exactly what you're going through. Maybe not exactly, but who maybe has overcome some of the challenges that you have, and kind of help you walk through that process. Connection to the community is extremely important, setting those goals, what you would like to accomplish, and then as much as feasible, communicating with your healthcare team to come up with that plan that works best for you.

Geoff Allix (23:38):

Just to change tack a little bit, on another note, you are involved in researching MS's impact on the black and African American community. There's a huge amount to learn about prevalence and penetration of MS in different communities. Going back to, I think a lot of people with MS will have seen maps of where the prevalence of MS is and saying, well, there's obviously a connection with vitamin D and sunlight.

Geoff Allix (24:03):

But then equally, that could be an aspect of the ethnicity of the people. It could be that the diets are different. It could be that it tends to be the more developed world is further away from the equator in most areas of the world, so that could be a factor. There are so many variables, I think. However, having said this, almost impossible to work out, do you have any insights to share about your work on MS in the black and African American communities?

Dr. Williams (24:41):

Absolutely. MS is traditionally ... Globally, MS is still a disease that's considered most prevalent in people of Northern European descent. However, I live in the southern part of the United States where a large portion of the black and African American community lives. When I would go out in my waiting room at my various practices, I was in academic practice and I was in a large eight partner multiple sclerosis center, now to my own practice. A majority of the people that I see were black. It didn't match up with what I had learned in my training.

Dr. Williams (25:14):

Then also we began to see that maybe some of the outcomes were a little bit different. People had a little bit more walking disability. Some people had more aggressive disease, not across the board. That really led me to begin to look at the literature and the research to see what I could find out. Unsurprisingly, there wasn't very much to look at. I was able to participate in a review article when we looked at the black and Hispanic Latino populations here in the US.

Dr. Williams (25:44):

When you looked at the amount of literature back in 2014 at least, out of 50,000 articles written in English, there were only about a hundred about black people with MS. There were 20, less than 20 for people who were Hispanic Latino. That really was what spurred me on to try to do more research focused on this population, to better learn and understand.

Dr. Williams (26:10):

Also, if there were some people who were doing worse, what could that teach us about the whole MS population? How could we take this knowledge and apply it to the broader population? We've learned so far that there are some people who tend to do a little bit worse, but we don't know what parts of that are related to things like social determinants of health, ability to access a doctor, ability to access better food choices, things like that, and what part of that may or may not be biologic.

Dr. Williams (26:41):

We still have a long way to go, but there are many of us that are working on trying to better understand, and also increase the diversity in our clinical trials so that people have access to cutting edge medicine, which is often the case with our trials, but also so that we better understand MS so we can treat everyone better and help to make treatments more specific for everyone.

Geoff Allix (27:03):

Just to put it out there then, if you have someone who is born in, let's say Nigeria and lives their whole life in Nigeria, would you think that they would have a different outcome to someone who is born in the United States with Nigerian parents? They are genetically the same, but one person lives their life in the United States and one person lives their life in Nigeria.

Dr. Williams (27:35):

That's the very question we're trying to answer. If you look at older studies that suggest that if you move from a low-risk area to a high-risk area before the age of 15, that you take on the risk of the high-risk area. But we haven't really identified what environmental factors may be related to that. Is it things like Epstein-Barr virus, which is a really hot topic with MS right now? Is it some other environmental factor? Is this some dietary factor? Everyone's talking about the gut microbiome. These are very complex associations.

Dr. Williams (28:10):

The other issue when you look at the continent of Africa, there's been very little research about MS that has come out of that area. We see more NMOSD or neuromyelitis optical spectrum disorder in people who are considered African. However, some of that could be potentially because of access to care. I'm fortunate to be involved in a very large clinical trial that's looking at black and Hispanic Latino populations here in the US. We also have a cohort in Africa of 10 patients, which is the largest cohort that's ever been reported.

Dr. Williams (28:50):

Again, we may be finding out more and more as we are getting access to different resources and learning more about MS in different parts of the world. The honest answer is, I don't know. That was a long way to say, I don't know. But certainly, we are trying to figure out some of the answers to these questions as we get more data on a variety of populations.

Geoff Allix (29:15):

Okay. It is fascinating the amount of research that's going on, I think. Finally, what's your vision on how you'd like your practice and work in the MS field to evolve and grow? What do you see as a positive future?

Dr. Williams (29:29):

What I would really love to see is the holistic management of multiple sclerosis. I think that as a scientific community, we've been so focused on treatments because our treatments in the past have been very limited. When I first began practicing, we had the platform therapies and we had maybe one or two IV therapies, one of which we don't really use anymore. I think that now that we have over 20 different options, it's not that we give up on trying to find new ways to treat MS medically, but now I think it's time to kind of take a step back and say, how do we look at this holistically?

Dr. Williams (30:10):

We know that there's a part that medications can play in modifying the disease, but what are the other pieces that lead to someone living well with MS? Because I think all of us have seen people who are on medication, but still not doing well. How do we begin to look at these things that really affect the people that we get to serve on a day-to-day basis? Like their diet, like their ability to exercise, like stress, which can potentially exacerbate or make symptoms worse. How do we begin to work on these things so that we're not just looking at one piece of the puzzle, and instead looking at the whole person and how we can really treat them and make their everyday life better with MS?

Geoff Allix (30:50):

With that, thank you so much for joining us and being our guest on Living Well With MS, Dr. Williams, and we're excited and grateful for the amazing work that you are doing with the MS community.

Dr. Williams (31:02):

Absolutely. Thank you so much. It's been my pleasure.

Geoff Allix (31:11):



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Geoff Allix (31:40):

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Geoff Allix (32:11):

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Geoff Allix (32:28):

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