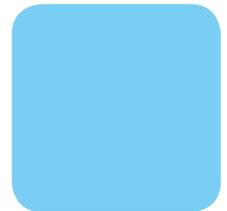
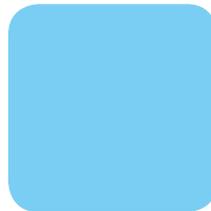
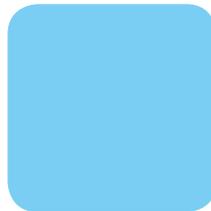
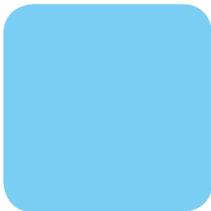
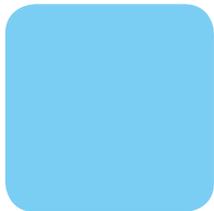
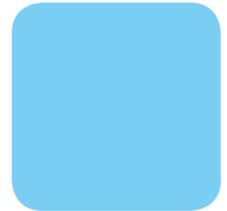
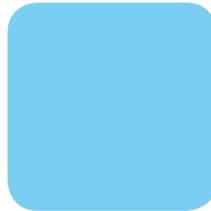
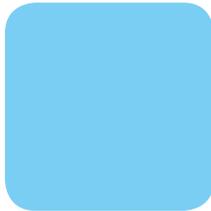
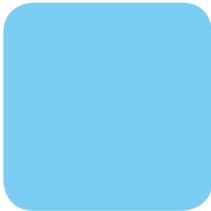
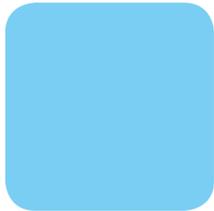
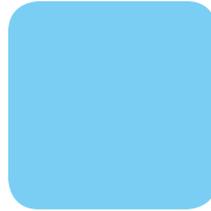
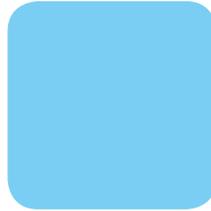
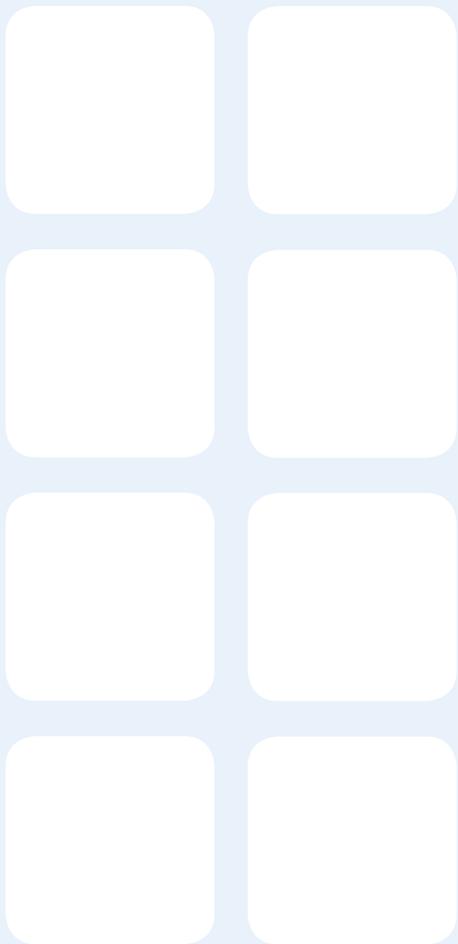


4

Living with MS
*MS, sexuality
and parenthood*

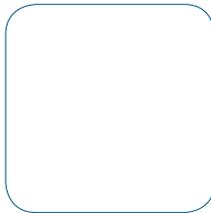
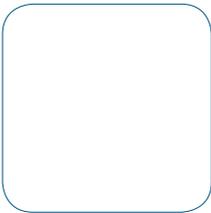
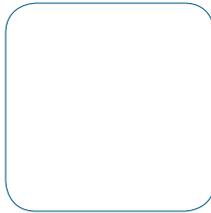
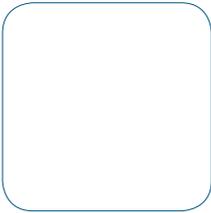




This booklet was created by Biogen. The information has been put together with great care, but it is not a substitute for the opinion, diagnosis or advice of a treating physician.

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1. Introduction

The onset of MS usually occurs between the ages of 20 and 40, i.e. during the reproductive years. So naturally the subject of having children raises a lot of questions for many people with MS, for example when they want to start a family, but often even before that, at the time of diagnosis.

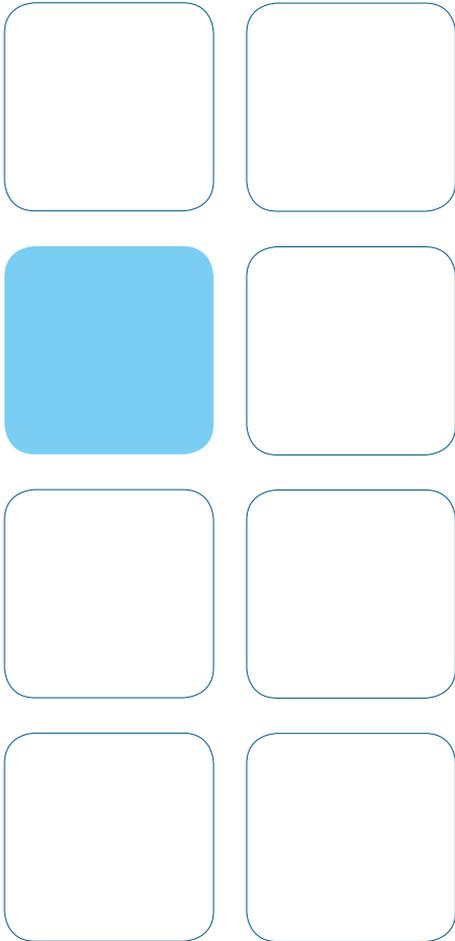
MS also raises questions about intimacy and sexuality. Certain physical functions may deteriorate over time due to MS; this also affects intimacy and sexuality – but certainly doesn't make it impossible. This subject is also covered in this booklet. This information is intended for men and women with MS and for their partner. At the end of the booklet there is also a chapter with information about the disease in simple language, which may help you to talk about it with your child.

The information series “Living with MS” provides more information about the condition called MS: the various symptoms, possible treatments and what you can do yourself to make life with MS as easy as possible. Biogen developed this series of booklets with the help of specialists and experts. They can help you prepare yourself, know what to expect and how to manage your life with MS.

This is booklet 4 in a series of five booklets:

- Booklet 1:** What is MS?
- Booklet 2:** MS and daily life
- Booklet 3:** MS and treatment options
- Booklet 4:** MS, sexuality and parenthood
- Booklet 5:** MS and cognitive function



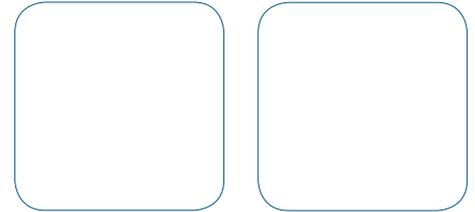
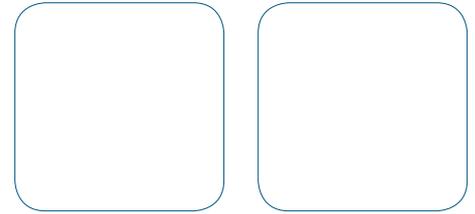


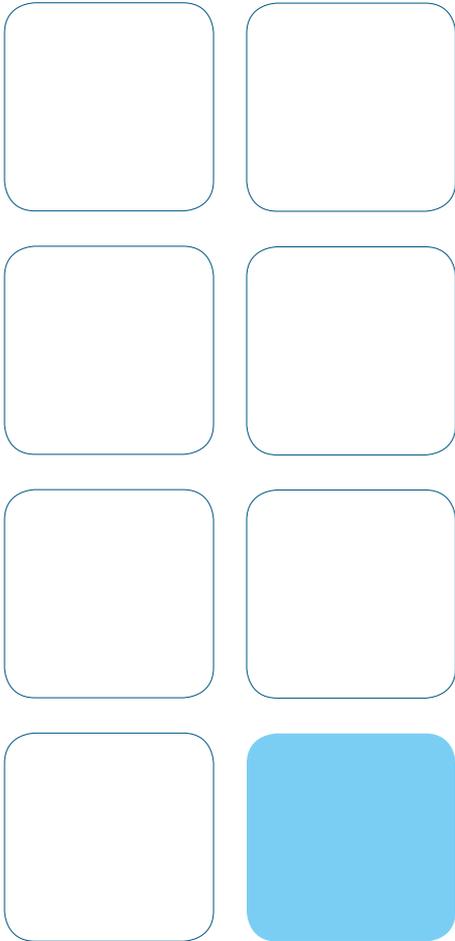
2. Is MS a hereditary disease?

MS is not a hereditary disease: there is no defective gene which is passed on and which causes the disease. However, there is a series of genes, each of which slightly increases the risk of developing the disease. MS is multifactorial. This means that there are different factors that affect the risk of developing MS. It might be a particular hereditary susceptibility in combination with different environmental factors. For example, smoking and low vitamin D levels, usually due to limited sunlight exposure, increase the risk of MS. Scientists think that viral infections may contribute to the onset of MS as well, but there is no solid evidence to back this up yet. MS occurs more than twice as often in women when compared to men. This means that gender is a risk factor for MS.

The risk of developing MS if one of the parents has the disease is slightly higher than normal. However, this increase is so small that there is no reason to advise someone with MS not to have children. The risk of MS is normally 0.1%; if one of the parents has MS, this risk is 3%.

If you have MS and your child eventually develops MS as well, there will probably be (even) more and better treatments available than there are today. Significant progress has been made in the past 20 years as well in the diagnosis of MS and treatment with effective medication.





3. Sexuality and living together

Sexuality means different things to different people, but it is often an important part of life and romantic relationships. Many people with MS discover that the disease affects their sex life in many different ways over time. Some problems may occur at an early stage of the disease. For example, MS may present with different physical symptoms that have a direct effect on the ability to have intercourse. The disease may also have an indirect effect on sexual desire and on the relationship in general.

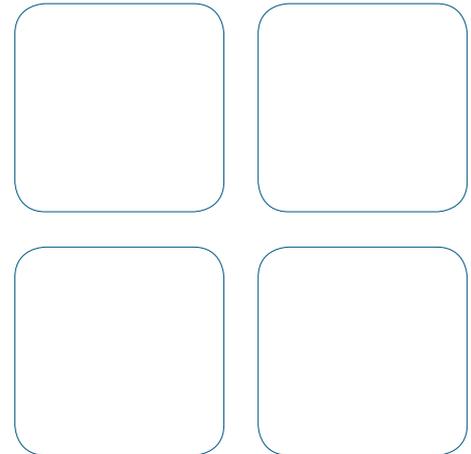
Contrary to what you might think, sex does not start in the genitals, but in the brain, which contains a so-called “lust centre”. Damage to the nerve tissue in the lust centre of your brain affects your sexual desire. The nerve pathways may get damaged as well.

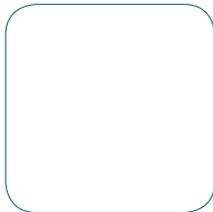
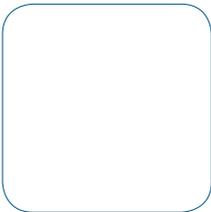
This can lead to problems in the transfer of signals between the brain and the genitals. This communication is extremely important in reaching orgasm. It can also lead to deterioration of the sensory function, and therefore the ability to be aroused by touch.

MS may force you to “reinvent” your relationship.

There are certain changes that have to be accommodated.

If you have MS, you and your partner may both struggle with the adjustments. This is partly because you don't know exactly what the disease is doing to your body, and partly because it can be difficult to talk about sex and intimacy, about making changes to things that used to “come naturally” and didn't require any discussion.





How does MS affect sexuality?

Many people with MS experience no problems in their sex life at all. Others may experience certain symptoms, especially over time. The following section addresses a few potential problems.

Women with MS may experience vaginal dryness. This makes intercourse more difficult. Some women with MS have difficulty reaching orgasm. Sensory changes may make the vagina or clitoris less sensitive. The opposite can happen as well: hypersensitivity, which makes even the gentlest touch painful. Men with MS may have difficulty getting or maintaining an erection. Ejaculation may become more difficult as well. Men may experience the same types of sensory changes that women experience. Both men and women with MS may experience a decrease in sexual desire. Sexual lust and sexual performance

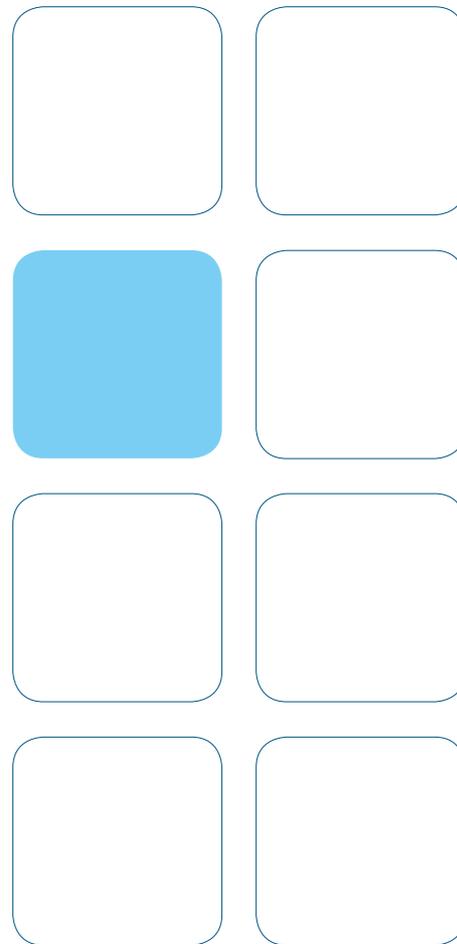
are controlled by a complex interplay between different nerve centres in the brain and nerve pathways and by hormones. The muscles don't always cooperate: they may be stiff and cramped up at times, or too weak for certain positions or movements.

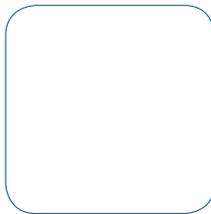
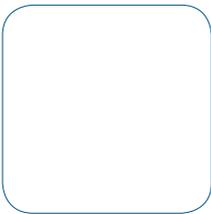
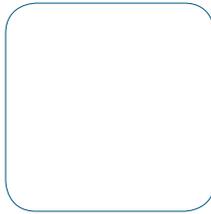
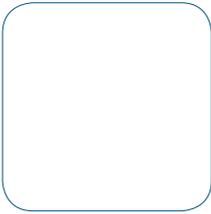
The lack of sexual desire may also be due to other causes, for example because you are feeling down or because you are just too tired. Fatigue is a common symptom of MS which has a direct effect on your sex life.

Medication and side effects

Certain types of medication can have side effects that affect the libido and sexual performance.

If you are taking medications, consult the leaflet for the side effects; you can discuss any problems you may have with your treating physician or nurse.



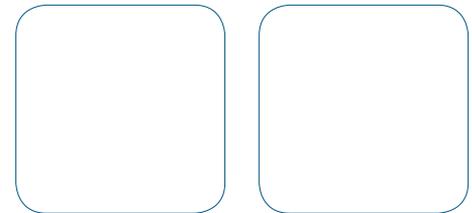
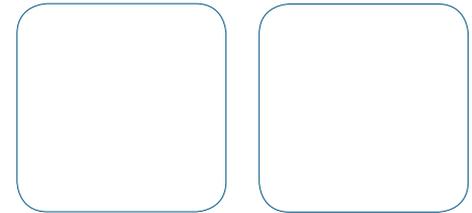
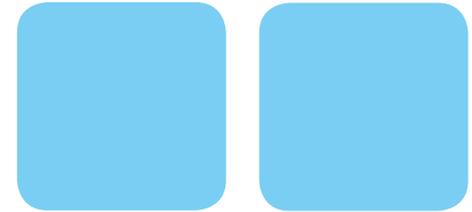
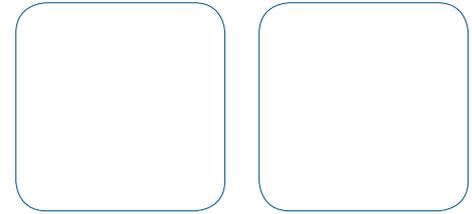


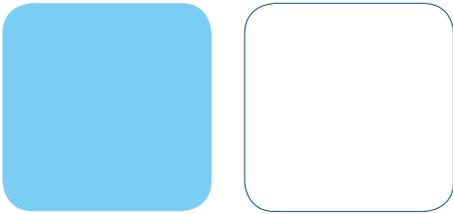
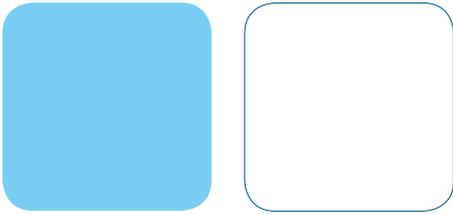
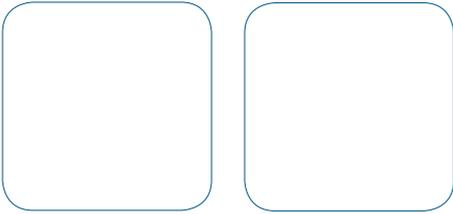
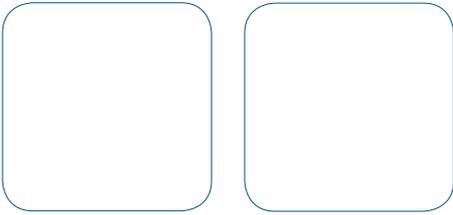
Sexuality and feelings

Sexual problems can also present themselves if the balance in the relationship is disturbed, for instance if one of the partners develops a chronic disease, like MS, which leads to functional limitations. The support and care required by the disease may also change the sexual relationship in the same way that feelings of guilt and anxiety are not conducive to attraction. This can lead to disappointments in experiencing intimacy and sex, which can become a reason to avoid it altogether. Despite all this, many people manage to find balance in their relationship again. Communication and openness are extremely important in maintaining a good relationship.

What can you do?

- Lubricant is an effective solution for vaginal dryness. You can buy it at the drug store. Talk to your doctor if you are experiencing age-related dryness (during/after menopause).
- If you experience erectile dysfunction, medication to increase blood flow to the penis may be a solution. Your doctor can tell you more about this.
- If you experience decreased sensitivity and orgasm problems, there are (technical) aids you can use.
- Spasticity-related problems can be treated with prescription medication. Talk to your doctor about this.
- If you suffer from muscle weakness or stiffness, you can use pillows and experiment with positions that are more comfortable for you.
- Explain to your partner what it feels like when your skin is numb or hypersensitive, for example. Try to find other areas of your body that are aroused by touch and that feel good (“erogenous zones”).



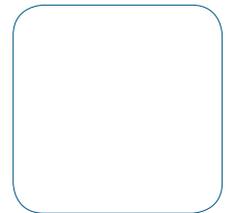
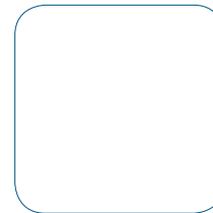
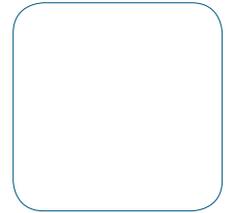
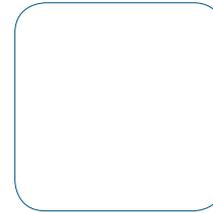


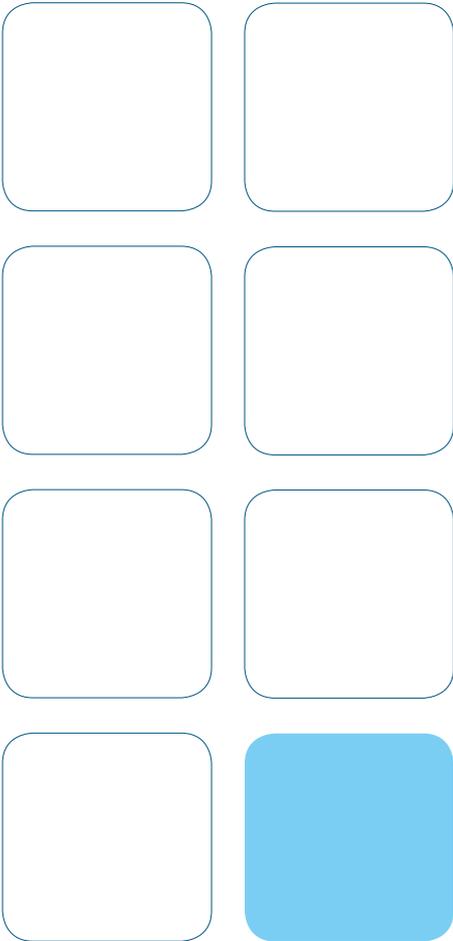
- If you are worried about incontinence during intercourse, make sure you empty your bladder before you start making love. It is also advisable for women to urinate after intercourse, especially if you are prone to bladder infections.
- If you are too tired for sex, pick a different time of the day when you have more energy.
- Be honest with your partner about your feelings and work together to find new solutions for the problems.
- Consult your neurologist and/or MS nurse; they are often very knowledgeable about MS-related sexual problems. Sometimes a referral to a urologist or sex therapist is what is needed.
- There is a lot of information about incontinence. If you suffer from this, discuss it with your neurologist or MS nurse. A thorough urological examination may be necessary.

4. Fertility, medications and risks

MS does not affect fertility, i.e. the ability to have children. It might be a bit more difficult to become pregnant, however, if one of the partners experiences MS-related limitations such as erectile dysfunction.

We know that certain medicines affect the enjoyment of sex or may reduce fertility, which means that these medicines affect the possibility of having a child. If you want to have children or think you might want to have children in the future, discuss this with your doctor or MS nurse. If necessary you will be given the option of freezing eggs or sperm cells before starting your treatment.





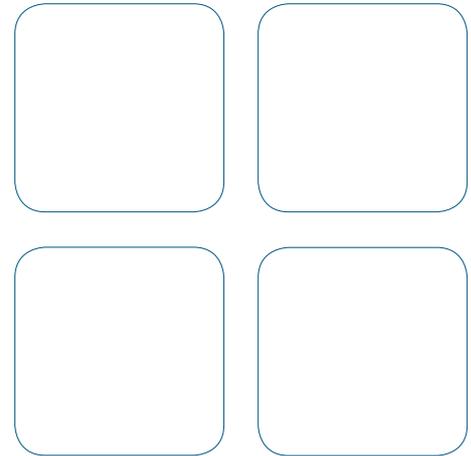
The best time for a woman to become pregnant is generally during a period without new symptoms or significant changes in the symptoms. It is also advisable to keep in mind the potential exacerbation of symptoms in the future and to enlist help from family, friends and professional caregivers, if necessary, in a timely manner.

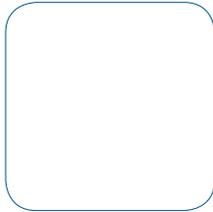
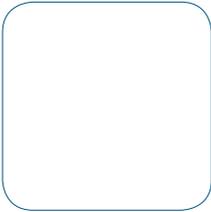
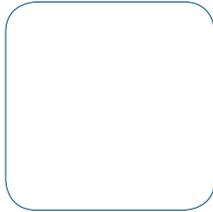
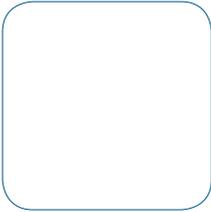
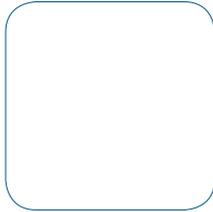
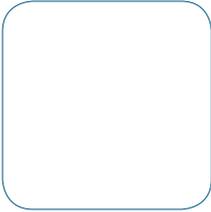
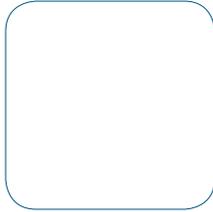
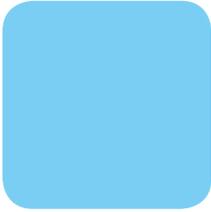
If you have MS you can use whatever form of contraception you prefer: the pill, etonogestrel implant rod, spermicide cream, condom, etc.

Medications and the unborn child

If you plan to become pregnant, always discuss this with your doctor and MS nurse. Different treatments pose different risks to the unborn child. On the other hand, interrupting the treatment may lead to reactivation of the disease. Certain types of medication should not be taken during pregnancy under any circumstances, because they pose a significant risk to the child. Other types of medication can be taken until the pregnancy is confirmed. That way the MS does not remain untreated for a long period of time if you do not get pregnant right away.

If you want to have children, always consult your doctor and the medication leaflet first before you stop the MS treatment and try to get pregnant.





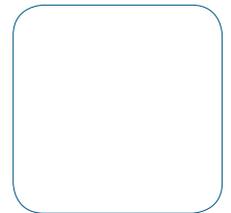
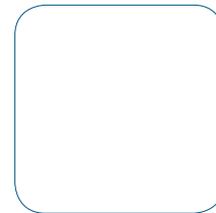
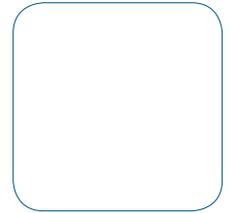
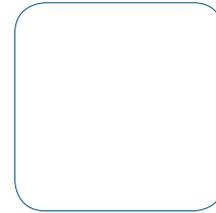
Other medications

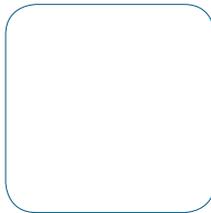
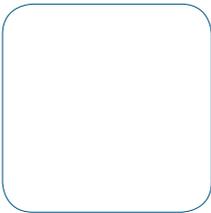
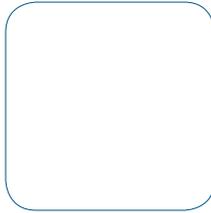
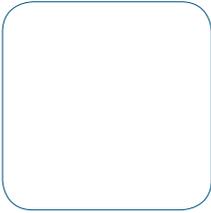
There are a number of medicines that are used to alleviate the symptoms of MS. Some of these may cause side effects during pregnancy, so always read the leaflet of any medications you are taking during pregnancy. Also, always consult your doctor or MS nurse in case of doubt.

You can find the leaflets for different medicines on the website www.ema.europa.eu.

5. MS during pregnancy

Pregnancy does not have an inherently negative effect on the future course of the disease, so there is hardly ever a medical reason for not becoming pregnant. However, if the MS is very active it may be a good idea for a woman to wait until the treatment with disease-modifying medication has caused the disease to subside. The disease is less active during pregnancy, in particular during the last trimester. After the delivery the disease becomes more active again. This means that you have an increased risk of attacks during the first three months after childbirth.





Diagnosis during pregnancy

The onset of MS rarely occurs during a pregnancy. If the diagnosis is made during pregnancy, there are no known risks associated with lumbar punctures. For safety reasons MRI scans should be avoided during the first trimester of the pregnancy.

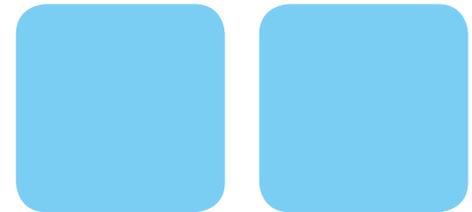
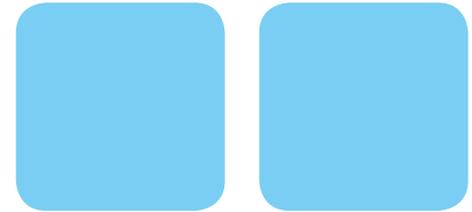
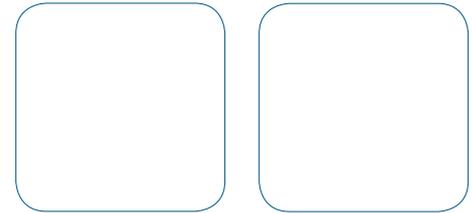
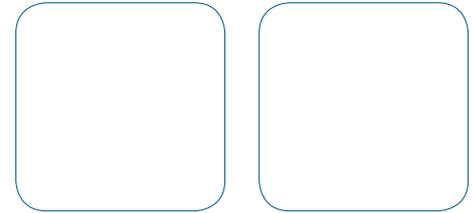
Disease activity during pregnancy

Pregnancy affects the immune system. It suppresses MS-related inflammation(s) in the brain or the spinal cord. This is an important mechanism, which prevents the body from identifying the unborn child as a foreign body which must be rejected. This is why the disease activity decreases in women with MS, as does the risk of attacks. This is especially true during the last trimester of pregnancy.

After delivery the immune system changes again and becomes sensitive once more. This also means an increased risk of attacks, especially during the first three months after childbirth. Half of all mothers with MS experience at least one attack (blip) during the first six months after childbirth. After that period the risk of attacks drops to the same level as before the pregnancy.

Medical treatment during pregnancy

The risk to the unborn child of medications taken during pregnancy varies depending on the different medicines that are used to treat the MS. Some medicines should be avoided altogether during pregnancy, while others can be used if it is absolutely necessary. If you start a treatment, ask your doctor to tell you what the specific recommendations are for your medication.





Always contact your doctor if you become pregnant while taking any medication.

Pregnancy problems

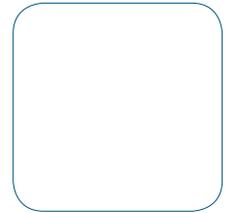
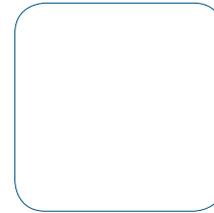
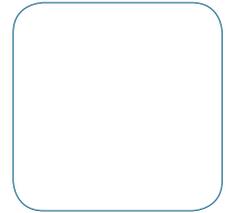
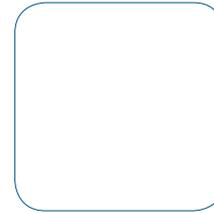
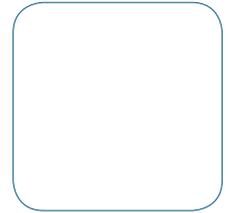
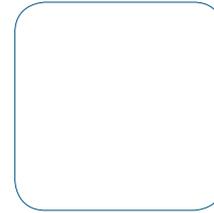
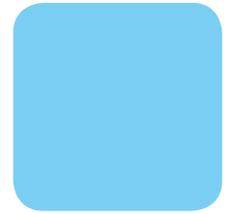
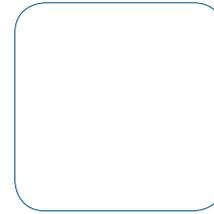
MS does not increase the risk of complications during pregnancy. Most women who become pregnant experience a certain amount of problems; for women with MS these problems may pose additional complications.

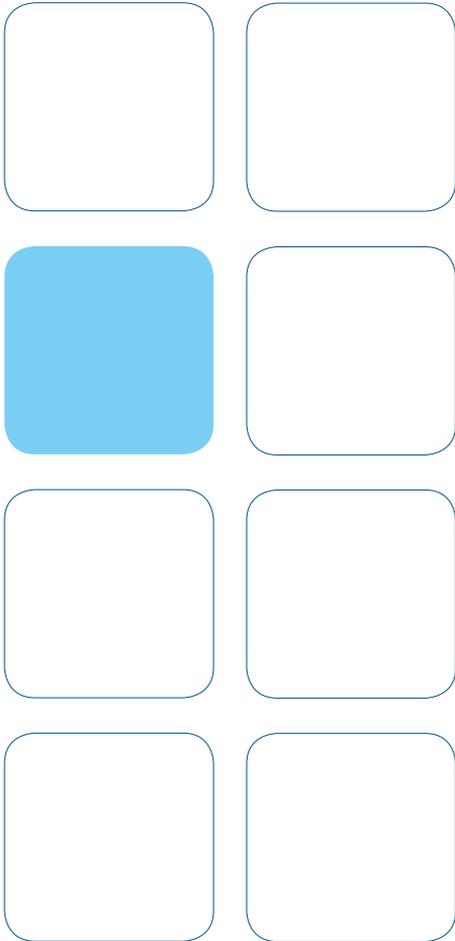
Women who have had problems with their bladder or intestines may have a higher risk of bladder infections and constipation due to the additional pressure of the unborn child.

Anaemia is a common occurrence during pregnancy. We don't know why, but anaemia is even more common in women with MS. Certain iron supplements increase the risk of

constipation. Work with your doctor or midwife to find a suitable supplement.

If you have difficulty walking, this may get worse towards the end of the pregnancy when you carry more weight.





6. Delivery and the postpartum period

Childbirth is generally no different for women with MS than women without MS. If necessary, women with MS can use any of the pain medications that are normally used in childbirth. Women with MS can usually deliver the baby vaginally. They do not have an increased risk of complications compared to other women. If the child is delivered by caesarean section, this is almost always for reasons that have nothing to do with MS. There is an increased risk of complications during delivery in cases of MS with severe function limitations.

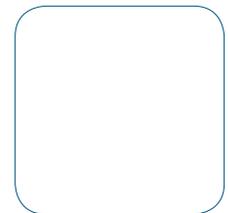
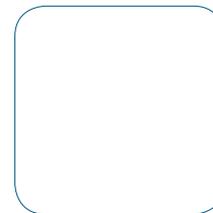
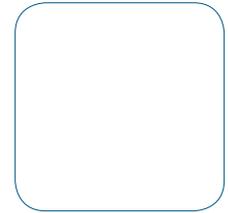
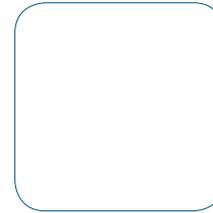
Increased risk of attacks

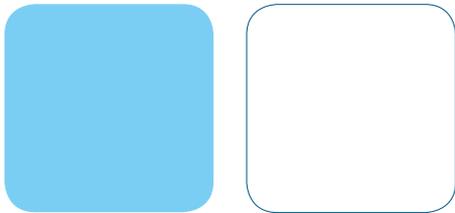
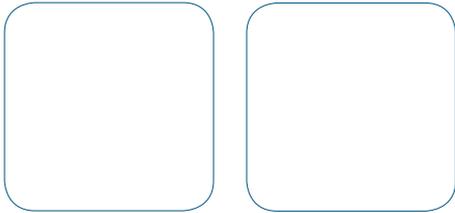
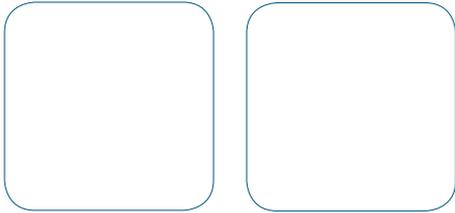
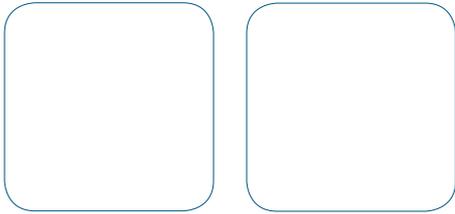
There is an increased risk of attacks during the first three months after childbirth. This risk is even higher than before the pregnancy. This is one of the reasons why it is advisable to

give some thought in advance to daily life with your baby if you experience an attack. If you are reported sick, your partner may be able to get pregnancy leave. You may also be able to get help from other people around you - family or close friends - who can provide support and assistance. You can also contact social services for help.

Breastfeeding and MS

It was long thought that breastfeeding has no effect on the frequency of attacks or the long-term course of the disease. However, a recent study showed that breastfeeding reduces the risk of attacks immediately after childbirth. Many mothers with MS breastfeed, but the risk of new disease activity should be taken into consideration. This is why it is generally recommended to resume the MS treatment after about six months of breastfeeding. If there is a high risk of significant





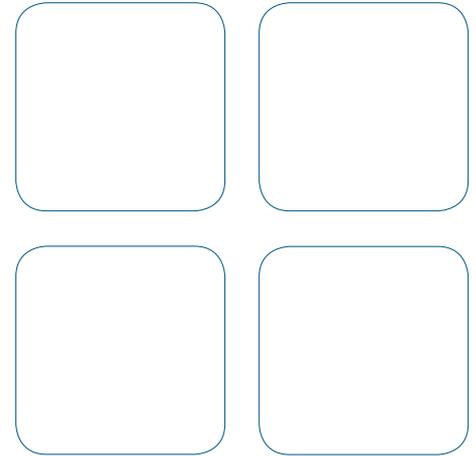
disease activity or in the event of new attacks it may be necessary to stop the breastfeeding sooner than planned so the disease-modifying medication can be resumed.

If you stop breastfeeding early in order to resume the MS treatment, you may experience swollen or tender breasts. Talk to your doctor about what you can do to stop the milk production. If you choose to pump your breastmilk, discard the milk. Modern baby formula contains all the nutrients a child needs. Turn feeding times into special moments of rest and security – regardless of whether you breastfeed or use formula.

7. Having a parent with MS

If you developed MS before you had children, chances are your children don't think there is anything strange about the situation: "That's just the way it is in our family". Or at least, this is the case as long as you don't have severe disabilities.

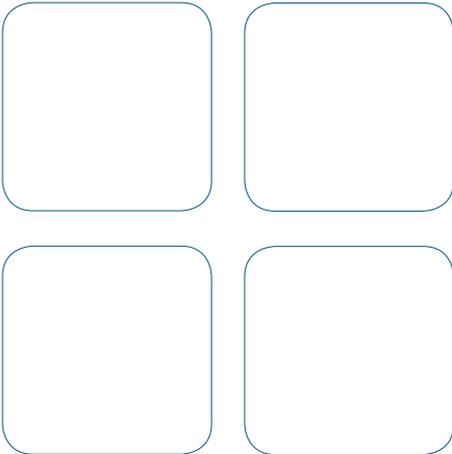
If the onset of the disease occurs when you already have children – or if the attacks become more severe – this may be a dramatic change for the whole family. Some people have a tendency to hide the situation from their children. You want to protect your children from the painful things in life, but most children can sense if their parents are worried about something, and it can be hurtful and scary for a child to feel excluded. The best thing you can do is to give your child age-appropriate information about the disease and to give honest answers to direct questions.





For some children it's an adventure to accompany you to MS visits, while others may not want to do that at all.

Sometimes activities may have to be cancelled because of an MS attack. This can be disappointing for everyone in the family. Try to find alternative solutions, so the family can still do something fun together. Find out whether there are assistive devices you can use, and don't accept unnecessary limitations.

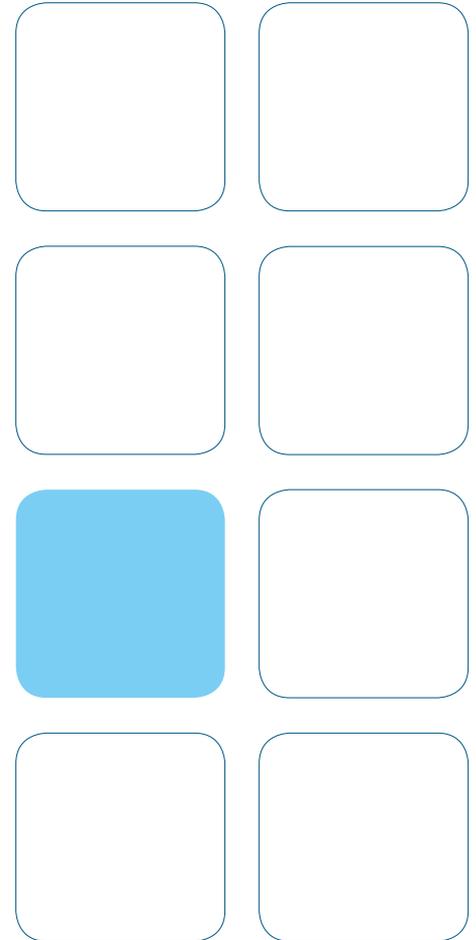


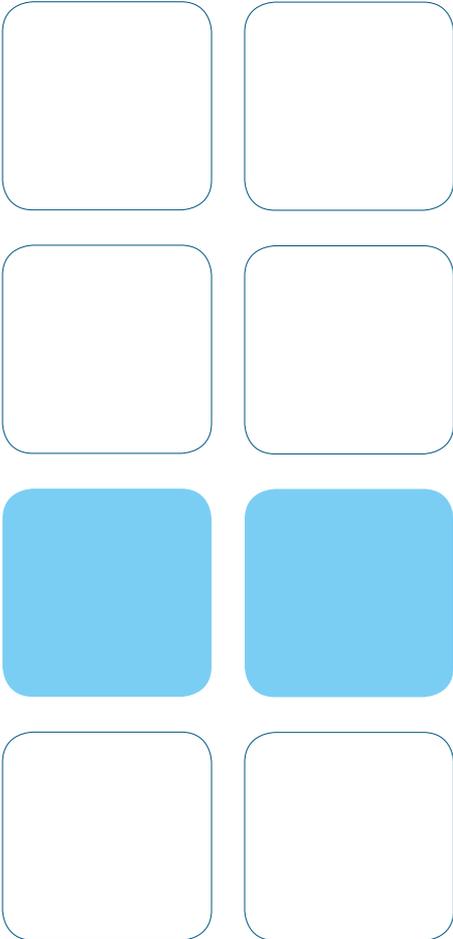
Every child is different, and as parents you know your child better than anyone. Try to pay attention to your children's reactions and offer support if they are sad or afraid or if they feel guilty. Children tend to express their feelings through their behaviour rather than words. If you have any concerns about your child's behaviour, you can contact your doctor or an expert psychologist, at an MS centre for example.

Infants

Even very young children can sense mood changes. When a parent becomes very sick, the baby can detect agitation and despondency. It is not uncommon for babies in that situation to respond by screaming or refusing to eat. Hold your child close and talk to him/her reassuringly. Even if the child doesn't understand what you're saying, he or she will respond to your body language and your tone of voice.

You can also try to make arrangements with another adult who can offer your child (extra) love and care during the most difficult periods.





Toddlers

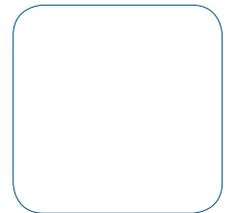
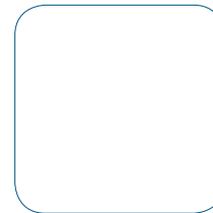
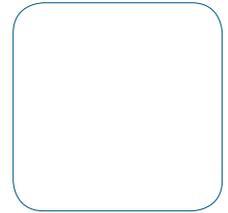
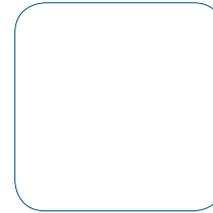
Children between the ages of 2 and 6 develop their language skills through play and imagination. Toddlers enjoy pretend play and often live in a world created by their imagination. They like to come up with their own explanations for their mother's or father's disease.

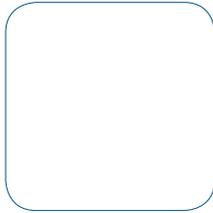
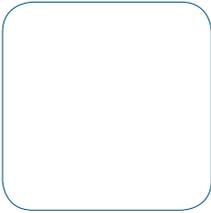
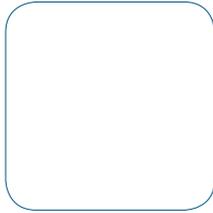
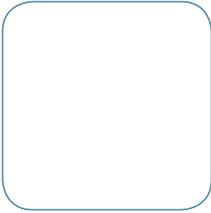
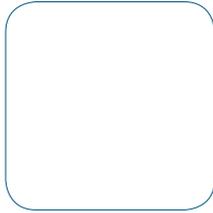
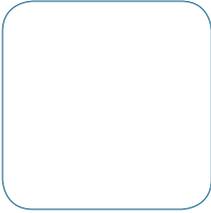
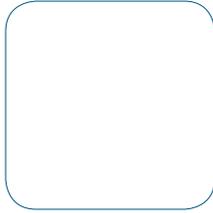
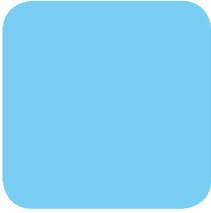
Toddlers live in the here and now and see themselves as the centre of the universe. At the same time, the adults in their family are the safe foundation of their life and they are afraid of losing this. "Magical thinking" is normal in children this age. They may believe that they have the power to change reality through specific thoughts or actions.

Tell your child what is going on. Keep it simple. Sometimes all you need to say is: “Mummy is very tired today”, or: “Daddy’s legs aren’t working very well today”, and then wait for your child to ask questions. In many cases it is enough to tell them what is happening now and in the near future.

Toddlers have a hard time believing in coincidence; they think there is a reason for everything that happens.

Because they see themselves as the centre of the universe, they may start to think that the disease is their fault or that they can affect the disease. If necessary you can explain clearly that MS is nobody’s fault – and that you’re not going to die from it.





7- to 12-year olds

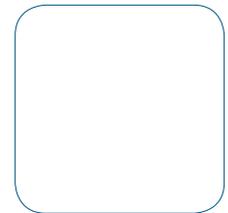
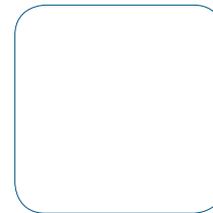
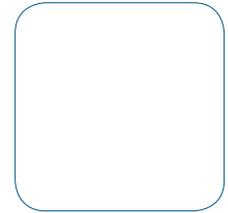
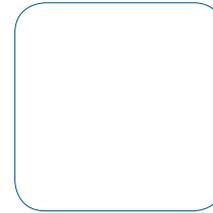
Language skills and intellectual abilities continue to develop at this age. Children this age are very interested in concrete reality. They look for facts and want to understand cause and effect. At the same time, they are developing their social skills and their friends are more important than ever. They develop a greater capacity for empathy. Younger school-age children compare themselves and their family with other families, and they may feel that the fact that one of their parents has MS is really unfair.

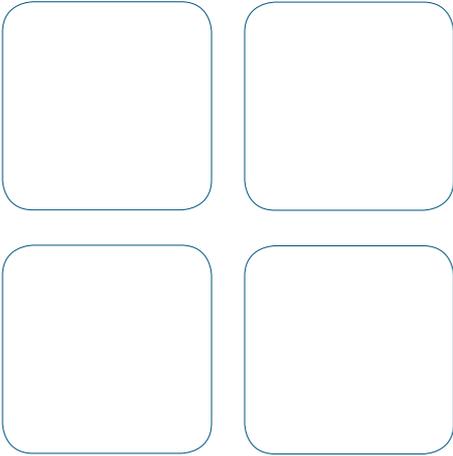
Children have a basic need for peace and order in their lives. They think about right and wrong, they play games that have rules, and they want to know about the laws that govern nature and society. A disease can be interpreted as punishment for not following the rules.

As adults we often reinforce this notion: “If you don't brush your teeth you'll get cavities”, “If you don't wear a woolly hat your ears will hurt”.

Children this age want to hear concrete explanations for the disease and they want to know what it does to the body. If your child wants to know, you can tell him or her more about the disease.

At the end of this booklet you will find information about MS for children this age. If you think it would be helpful for your child to come with you to an MS visit, ask your neurologist or MS nurse if this would be possible. Your child might ask to be present during the examination. Keep in mind that a family member needs to stay with your child outside of the examination room until you are done.





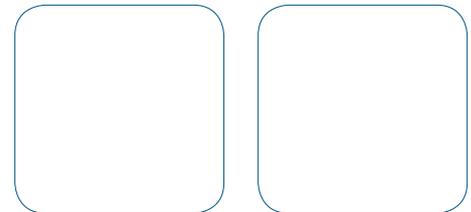
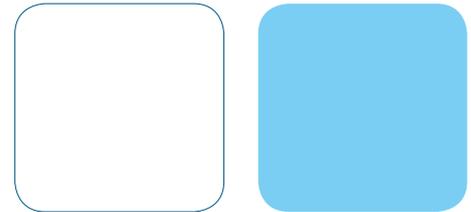
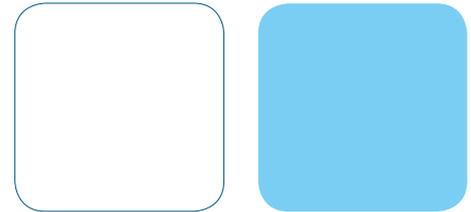
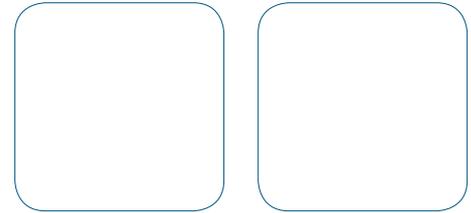
Teens

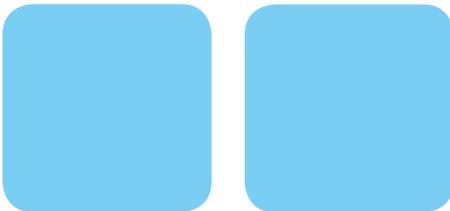
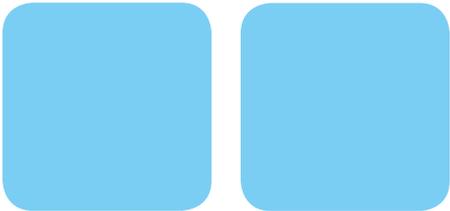
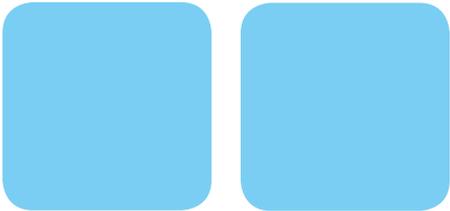
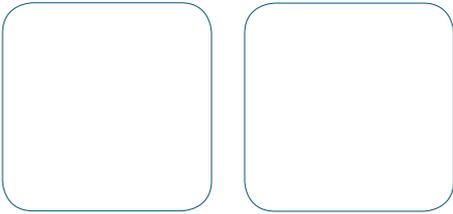
Thirteen-year old children may still see the world the same way as younger children, but their thinking and view of reality generally becomes more “mature” during adolescence. Their own bodies become much more important. They may find it hard to accept that an adult they love is ill. They may also start to wonder about the hereditary aspects of MS.

Teens may also feel the need for a while to rebel against their parents by looking for ways to create conflict. However, many of them may find it hard to start an argument with a parent who is ill. Some teens become extremely dependent on their family, while others completely turn their back on the family. Some of them may experience problems at school, social problems or depression. However, children of parents without MS are at risk for these problems as well.

Some teens adopt a tough attitude and refuse to talk about the disease. It is often important to teens to be “just like everyone else”. This is why they may not want to bring friends home.

Make it clear that it's always okay to ask questions or to express thoughts and feelings: “I’m always here for you if you want to talk”. Respect your teen’s integrity: don’t force him to accept unwanted information or comfort. Many teens feel the need to distance themselves from their family. It may be easier for some teens to talk about their worries with someone outside of the family. Mood swings are normal for teens; their outbursts don’t necessarily have anything to do with their father’s or mother’s illness.





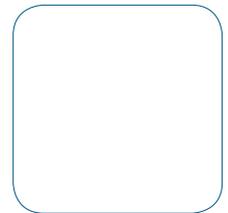
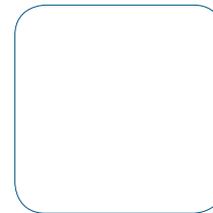
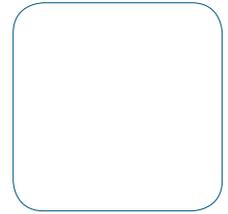
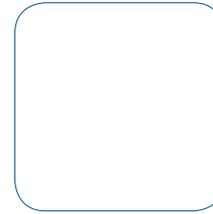
Your disease may force you to give your children new responsibilities. This is not necessarily a bad thing. They may have to walk the dog or take on more of the grocery shopping. This may help your children become independent a bit sooner than other children, and it may make it easier for them to accept other people with a disability. If your children start to assume too many parental responsibilities you have to find another solution, however.

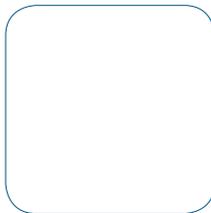
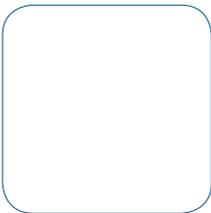
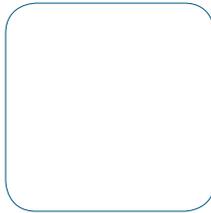
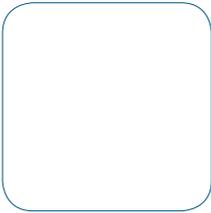
Information for children

The brain is like a supercomputer

The brain controls almost everything that happens in your body. If you want to raise your leg, your brain sends signals to your leg muscles to contract, which makes the leg go up. When you stub your toe, the nerves send signals to the brain that something happened and that it hurts. Another example: you see things with your eyes, but also with your brain. Your eyes have cells that are sensitive to light and send signals to the brain. The brain processes this information so you can see and also make sense of what you see.

The brain consists of a vast number (billions) of cells that are constantly sending signals to each other and to every part of the body. The cells work together like a kind of supercomputer.





Your spine is kind of like a cable with lots of wires coming out (nerves) that send and receive signals everywhere in your body.

What goes wrong when someone has MS?

Just like electrical wires have a (plastic) layer of insulation, nerves have a protective layer as well. In MS (multiple sclerosis), these layers get inflamed and damaged in different parts of the brain. Now it's more difficult for the information to get through. Scars appear in those places. Multiple sclerosis literally means “many scars”. Because the brain has so many jobs and the damage can happen almost anywhere, the disease can cause a lot of different problems. For example, your arms and legs may feel weaker because of MS. Sometimes you suddenly can't see as well or you feel tingling or numbness somewhere in your body. It can also make you tired.

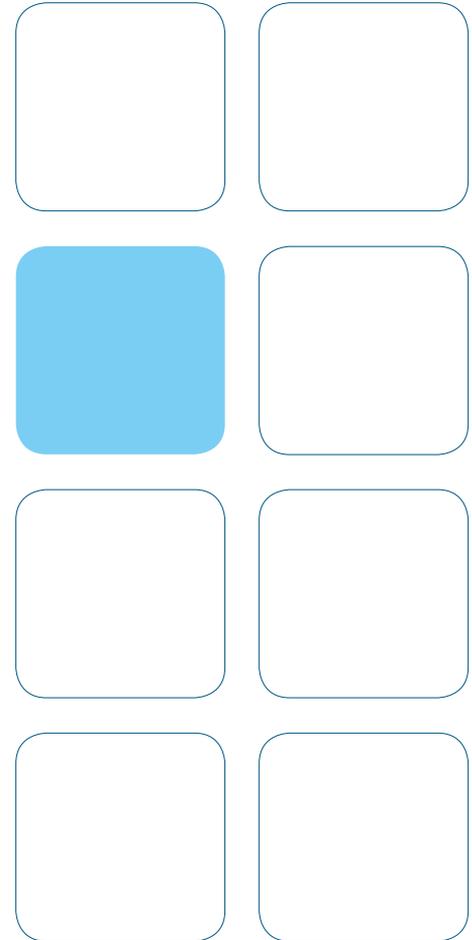
So MS is not a muscle disease, but the muscles don't always do what you want them to do because they don't receive all the right signals, or "instructions".

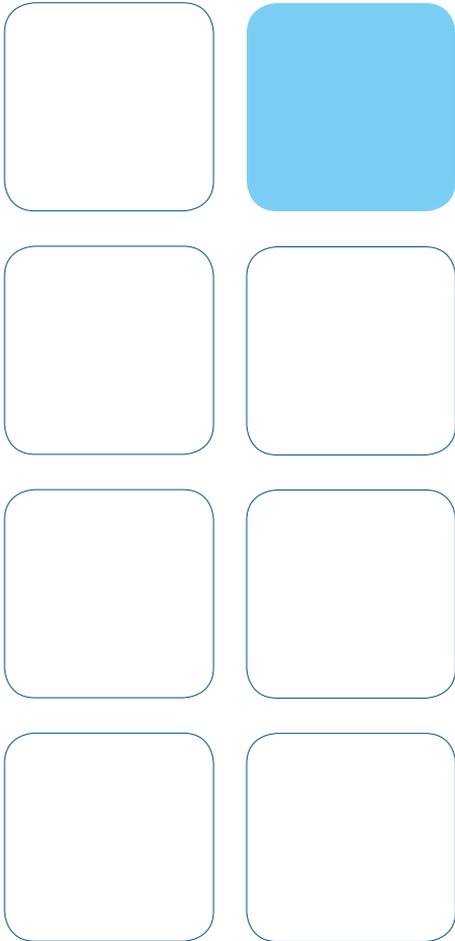
How do they find out someone has MS?

The doctors have to do several tests to be sure that someone really has MS. They use a special magnetic camera, called an MRI scanner.

An MRI scanner looks like a large tube; the person who is being examined lies down on a table which is rolled into the tube. In the tube there is a powerful magnet, which is able to see if fluid has collected in the brain.

A lot of fluid means that the brain is inflamed in that place and that it is trying to repair something there. The doctors then use a computer to make images that show where the fluid collections and the scars are. On the computer screen these places look like small spots.





The body repairs the damage

An MS attack causes damage to different parts of the brain. When the attack is over, the brain can repair some of the damage itself. This is kind of like repairing a frayed electrical wire by wrapping insulation tape around it. This often works pretty well, but it still leaves scars. Once the attack is over, the person with MS often feels fine again. If there is a lot of damage that requires a lot of repair, some problems don't go away completely.

Sometimes the brain "goes around" the problems by sending signals via other brain cells. This is like connecting a wire to new wires and outlets. Signals that have to take the new route may take a little longer to arrive, and sometimes it takes more cells to get it done. This explains why MS can make you so tired.

Medications for MS

There are no medications yet that can cure MS.

People who get MS will probably have it the rest of their lives.

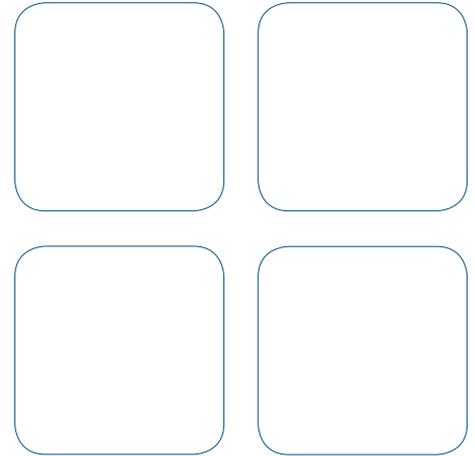
Fortunately there are different types of medications that can slow down the disease, so the disease doesn't make you feel as bad and your body can stay as healthy as possible.

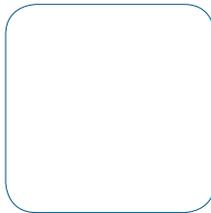
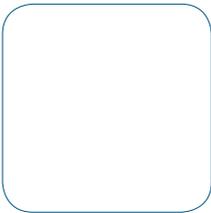
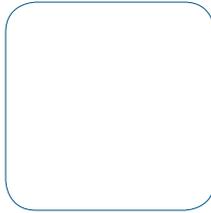
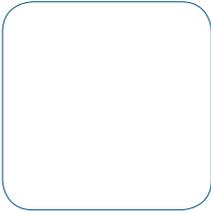
How do MS medications work?

MS is not a virus or something that makes you sick.

In MS, some of your own cells (blood cells) attack the protective layer around some of the nerves.

We don't know why they do that. They normally do the opposite and protect you against viruses and other invaders.





There are different types of MS medications, and they all work differently. A lot of researchers are working on developing more and better types of medications for MS.

Important to know!

- MS is not a contagious disease.
- It is nobody's fault if someone gets MS.
- If you have MS, the sickness often comes and goes: sometimes you experience new problems or symptoms for a couple of days or weeks, and then you might feel fine again for a long time.

Useful addresses

Stichting MS Research (MS Research Foundation)

Postbus 200

2250 AE Voorschoten

t +31 71 560 0500

e info@msresearch.nl

Nationaal MS Fonds (National MS Fund)

Mathenesserlaan 378

3023 HB Rotterdam

t +31 10 591 9839

e info@nationaalmsfonds.nl

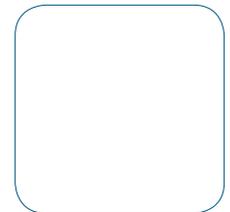
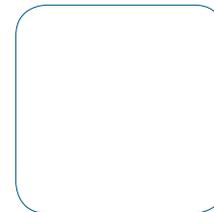
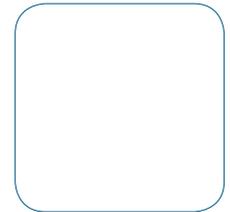
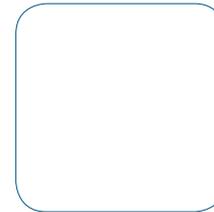
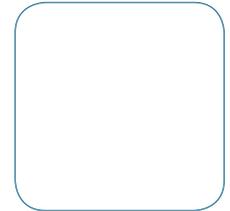
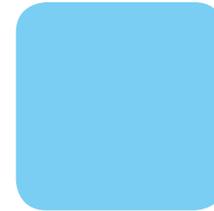
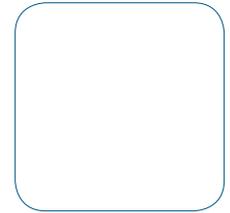
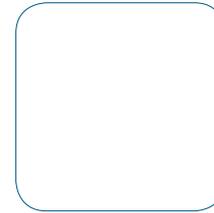
Multiple Sclerose Vereniging Nederland (MSVN, Dutch MS Society)

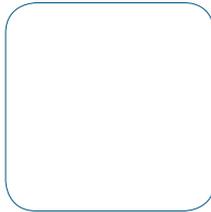
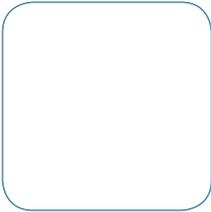
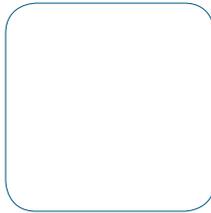
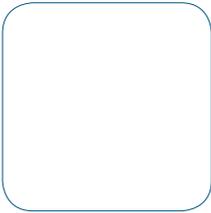
De Corridor 5c

3621 ZA Breukelen

t +31 88 374 8585

e info@msvereniging.nl





Would you like to know more?

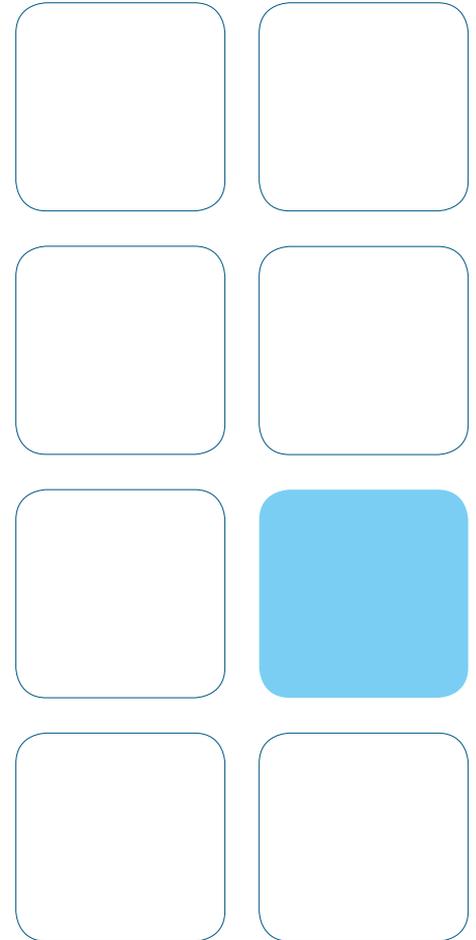
You can find more information about MS at
www.toekomstmetms.nl (in Dutch)

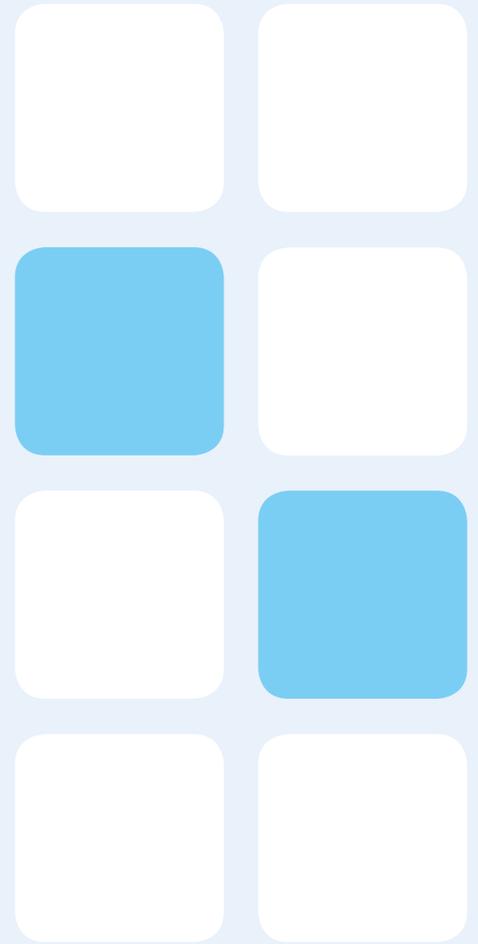
For information about medicines you can consult
www.ema.europe.eu



Books about MS for children (in Dutch):

- “De MS van Tess” (ages 4 and up) by Christine Kliphuis
- “Kortsluiting” (ages 10 and up) by Christine Kliphuis
- “Opa Toetoet” by Chris Veraart
- “MS - wat kinderen willen weten over multiple sclerose”
by Ilse Lukken







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