The Coalition with Dr. Shani Belgrave: Demystifying Multiple Sclerosis with Mitzi Joi Williams, MD Transcript

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Show Introduction and Guest Welcome

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrave. Hello, everybody.

Thank you so much for joining The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and minimally invasive surgeon in Atlanta, Georgia. You can learn more about me and get connected at www.drshanibellgrave.com.

I am elated to welcome to the show today, Dr. Mitzi Joy Williams. Dr. Mitzi Joy Williams is a phenomenal neurologist that joins the show to share her expertise, particularly as it relates to multiple sclerosis.

Dr. Misty Joy Williams, welcome to the coalition. Hi, Dr. Belgrade. Thank you so much for inviting me. Excited to be here. Yes, thank you for accepting the invitation.

I'm really excited. I know this is going to be very impactful. Can you please get us started by telling us who you are and what you do? Absolutely. Well, as you said, my name is Dr.

Mitzi Joy Williams. I'm also known as the nerdy neurologist on my social media platforms. And I am a board certified neurologist and I'm a fellowship trained neuroimmunologist who specializes in autoimmune conditions such as multiple sclerosis, neuromyelitis optica and MOG antibody disease.

But I also see general neurology and I have my own practice in Smyrna, Georgia. Fantastic. Well, thank you so much. So I'm just going to jump right into it.

First of all, you mentioned that you specialize in immune conditions affecting the nervous system.

What Multiple Sclerosis Is

So can you break that down? What is multiple sclerosis? What is that? Absolutely. So multiple sclerosis is the most common central nervous system autoimmune disease.

It affects nearly 1 million people in the United States, which doesn't seem like a lot of people, but there are only about 3 million people in the world that have MS.

A third of that population lives here in the US. MS is what we call an autoimmune disease, meaning the immune system, the part of the body that normally attacks viruses and bacteria, gets confused and attacks a good part of the body.

With multiple sclerosis and other CNS autoimmune diseases, the part of the body that winds up getting destroyed or damaged is called myelin. And myelin works like the coating of nerves, so kind of like the coating of a wire.

And if that coating is damaged, then the signals either run more slowly, And depending on the level of damage, sometimes those signals don't run well at all.

And that's what results in the symptoms, whether it's numbness or tingling, vision loss or weakness on one side of the body or the other. Wow. Thank you so much.

So when you started mentioning some of the symptoms, numbness, tingling, vision changes, What should people

know? Meaning if you have any of those things, would you say the first thing to do is to get your PCP or to get with a neurologist?

How can they kind of figure out if they may have multiple sclerosis? Yeah, you know, so I think part of the difficulty is many people when they're initially diagnosed with multiple sclerosis are extremely healthy.

So most of my patients don't really have a lot of other medical conditions. And sometimes the symptoms can go away. So the symptoms may come on and they may, you may say, I probably have a pinched nerve or something like that.

And then it goes away in a couple of weeks. I think the most important thing is that if there's something wrong and you have a new neurologic symptom, your vision is not right, you have numbness or tingling, always go get checked out.

And that first line of defense is going to be your primary care physician. But if those symptoms continue or there's not a diagnosis, then certainly it's important to see a neurologist.

Recognizing Symptoms and Seeking Care

So don't ignore your body. Your body is always talking to you, and it's not normal for people to have those symptoms at any point. Thank you so much. That's a recurring theme that has come up on the show, which is paying attention to what's going on.

And any aberration, any deviation from what is usual is something that we really want to look at. So when you talked about the fact that the symptoms may come and go, Explain to me, is it something that can get worse over time if it's not recognized and treated?

So absolutely. So one of the difficulties with MS is that sometimes because the symptoms can be very common to other conditions, like a pinched nerve, then the symptoms may get ignored if they go away or someone may go get seen.

And if there's not a workup done and it goes away, they may not go back to the doctor. So what often happens over time is that people will have these episodes called relapses in the beginning where they have a set of symptoms and those symptoms in the very beginning make it completely better.

But over time you get a little bit left over from each of those episodes. So let's say the numbness improves 75%. And then with the next one, the weakness improves, you know, 80%. Then you still got a little bit of weakness and a little bit of numbness.

And then on top of that, with multiple sclerosis, the symptoms can begin to slowly progress over time. So over a lifetime, the disease is progressive.

And so that's why it's important to see the doctor early and to make sure that you're getting checked out and getting those symptoms and getting that disease treated.

Now, with neuromyelitis optica, which is a little bit different from MS, where it primarily affects the spinal cord and the vision, with that disease, it's mostly worsened by relapses.

So those acute episodes are what cause disability, and we don't see that slow worsening over time like we see with multiple sclerosis. OK, what about risk factors?

So when we think about risk factors, I always ask this question when I give a symposium. I say, who knows what causes a mess? And I was like, if you raise your hand, then we need to switch places, right?

Because we don't really know everything that causes a mess.

Disease Progression and Risk Factors

But we do know that there are several things that increase the risk. We know that there are modifiable risk factors, such as cigarette smoking, childhood obesity, as well as vitamin D exposure and vitamin D levels.

And then there are other factors such as genetic factors, but it's not a directly inherited disease. The genetics of MS is very complex and whereas with the disease like sickle cell, we know that if mom has a gene, dad has a gene, we can predict one or four of the kids could have the disease.

With MS, there are over 200 different genes and different combinations. And they're not necessarily bad or defective genes. They're really good genes in bad combinations.

And then the other thing that we know affects is the area where people live. So if people live further away from the equator, the risk is higher. And if you move to a high-risk area in adolescence, you take on the risk of the area that you grow up in, so to speak.

And then finally, we looked at environmental factors and Epstein-Barr virus, which causes mono. When I was in high school, I used to call it the kissing disease because people were kissing and that's how they get mono.

But people who have been exposed to Epstein-Barr virus have a higher risk of multiple sclerosis. However, 99% of the world population has been exposed to Epstein-Barr virus.

So all of those things are little pieces of the puzzle that make one person more susceptible than others. But even if you look at twins, monozygotic twins, if one develops MS, there's only a 25% chance that the other one will develop MS.

So there are a lot of factors that go into causing one person to have it versus one person not to. And when you mentioned distance from the equator as a risk factor, does that have to do with sunlight and vitamin D, or is it?

Yeah, so that's what we think, right? But there's still a lot that we don't know. Other factors that could be contributing are environmental factors that we may not have identified in certain parts of the world.

Another big area that we're doing a lot of research in is the gut microbiome, right? So what about the diet, the Western diet? Is that what is making more inflammation and causing the immune system to be more reactive?

We still got a lot that we need to understand. Oh, that was a recent episode, Gut Microbiome with Dr. Shani Clay. So I was like, wow, here we go, affecting the brain.

Absolutely. Absolutely. The gut affects the immune system. It affects everything. Fantastic. So how was it diagnosed? Yeah, so multiple sclerosis and CNS autoimmune diseases are diagnosed using a couple of different things.

So number one, it's a clinical history. So the doctor has a sit and talk to you and take that good old fashioned history to see what happened to you. And oftentimes when we talk to people, who are coming in for what they believe is their first episode, when they think back, they may say, you know what, I had this time where my leg got weak for a couple weeks and I had a drop foot or, you know, I had some other kind of issue and they said it was a pinched nerve or they said it was, you know, glaucoma or something else and it went away.

And so oftentimes when we get that history, people will realize that they've had previous episodes that just were diagnosed as something else. The other thing is a physical exam, because even if, let's say, someone has an episode of vision loss and they go back to normal, there may be subtle signs on their exam that they've had neurologic dysfunction.

And then finally, there are other laboratory tests that we run to rule out other diseases.

Diagnosis and Age of Onset

So we have to make sure that there are not other causes for your numbness like a vitamin deficiency or that there are not other autoimmune diseases like rheumatoid arthritis or lupus that may account for some of the symptoms.

and also an MRI. So that's the big piece that helps us to diagnose. So there have to be lesions or damage that's evident on MRIs of the brain or the spine that are typical for multiple sclerosis.

In some cases, if all of those leave us with a little bit of confusion, there may be a spinal tap or a lumbar puncture. We don't do those as much as we used to do them when I first started practicing 20 years ago, but in some cases that can help give us additional information to tell us that the immune system is overactive.

Wow, all great information. And so when we were just talking about how it can be diagnosed, my mind went back to kind of risk factors and figuring out what could be going on depending on someone's experience.

Does it affect a person at a particular age, meaning if you don't have it by this age, does that mean you're out of the woods or can you get it at any age?

So you really can get it at any age. So when I came along in my training, there was a typical profile that we looked at for MS. We got a young white woman between the ages of 20 and 40. Now what we know is that there are many people affected by multiple sclerosis, particularly here in the United States.

The risk and the prevalence is pretty high in Black and Hispanic people. actually much higher than we previously thought. And there are some studies that suggest the risk may be highest in the US amongst black women.

So 20 to 40 is when people typically start to have symptoms, but I have diagnosed people in their 50s and 60s. So there's not an age limit, but typically people will begin to have symptoms in their teenage years to 20s.

And then they get diagnosed in their 30s, 40s, and sometimes 50s. Perfect. What about treatment? What are the treatment options? Yeah, so the treatment for MS has changed drastically during the course of my career.

One of the reasons I became a neurologist was because I knew that it was going to be the cutting edge of medicine and that there was so much room for discovery.

When I first started practicing, there were about five treatments on the market for multiple sclerosis. And now we have upwards of 25 and we have new drugs that are in phase three trials and hopefully close to approval.

So it has been really, really rewarding. to see us develop as a field more effective and efficacious treatments where our patients can live as long as possible with very little to no disability.

Treatment Options and Supportive Care

So there are a variety of different treatments. I don't think we have time to go into all the weeds about them, but there are oral therapies that you can take by mouth.

There are injection therapies that are injected into the fat, similar to what we do with some of our diabetic medications. And then there are infusion medicines that are given either once a month or every six months, or in some cases, once a year.

And basically, coming up with that treatment decision is something that is very personalized. We sit down with our patients. We talk about what factors are most convenient for them.

We talk about side effects. We talk about risks. And then we come up with the best treatment plan for that individual. Is there any role for any kind of physical therapy or anything like that?

Absolutely. So when we think about developing a healthcare team for people living with MS, comprehensive treatment is an extremely important part. And it really just depends on that person.

So if walking disability is an issue, we will bring in our physical therapist. If difficulty with dexterity, hand, you know, eye coordination or doing daily tasks is an issue.

We often bring in our occupational therapists. Some patients may need speech therapists, and there may be a variety of specialists depending on their symptoms.

Urology is very often consulted because our patients have difficulty with either emptying their bladder or they have overactive bladder for lack of a better term.

And then we also have our GI specialists weigh in if people have issues with constipation. We may have ophthalmologists or particularly neuroophthalmologists for those who have had visual changes or symptoms concerning for optic neuritis, which is one of the most common symptoms we see that can lead to blindness in some cases.

And then of course, a variety of other specialists just depending on, you know, what kind of symptoms and what things we need to manage. Amazing. Well, thank you so much, Dr.

Misty Joy Williams. What would be your takeaway message? What would you want everyone watching to know about multiple sclerosis? So I think what I would want everyone to know about multiple sclerosis is that it is more common than you think.

I describe it kind of like when you get a new car. So many of my patients, when they're newly diagnosed, they say, I don't know anybody with MS. And then when you get a new car, nobody has that car.

And then all of a sudden, when you drive it off the lot, you see 20 of the same car riding down the street. And so there are many people that are all around you that you probably don't know have multiple sclerosis, that maybe some of my patients wear heels that are higher than mine.

And I think it's important to be aware that if you're having neurologic symptoms, to get those checked out. But for those who are living with MS, I always want to encourage and let them know that you can live well.

Living Well With MS and Closing Remarks

And that's what I named one of my books, was you can live well with MS, with the advances in treatment and many of these ancillary you know, specialists and other, you know, subspecialists that we bring into the care team, we have many people who are not just surviving, but thriving with multiple sclerosis.

So that's my hope for all those who are dealing with this condition. Wow. Thank you so much, Dr. Mitzi Joy Williams. I mean, dealing with a chronic condition, I'm sure is difficult.

So it's wonderful that you are doing the work and helping patients navigate in a holistic approach and doing education. So thank you so much for joining the coalition.

For people that have enjoyed this conversation and want to learn more about you and get connected, what is the best way for people to reach out to you?

Absolutely. So I am the nerdy neurologist on all social media platforms. It can be spelled all the way out. The nerdy neurologist. And then our website is www.joylifewellness.com.

And that's Joy with an I, like my middle name. Awesome. Well, Dr. Mithy Joy Williams, you have an open invitation to return to the coalition anytime. Absolutely.

And thank you so much, Dr. Belgrade, for inviting me. Thank you. Well, everybody, thank you so much for tuning in to another impactful episode. of the coalition.

Very special thank you to Dr. Mitzi Joy Williams for her phenomenal work as a neurologist specializing in the treatment of multiple sclerosis. You can get connected with Dr.

Mitzi Joy Williams at the nerdy neurologist on social media or at her website joylifewellness.com. Remember, joy is spelled J-O-I. You can stay connected with me, Dr.

Shani Belgrade, Atlanta bariatric surgeon at I'll see y'all next time. Make sure you share this episode with family and friends to raise awareness on multiple sclerosis.

I'll see y'all next time.