BeewellwithMS

A JOYFUL, PRACTICAL GUIDE FOR EVERYDAY LIFE

Wellness living with MS

Evidence-informed. Person-led. Whole-person.

A reflective BeewellwithMS catalogue of small, adaptable ways to protect energy, participation, brain health and quality of life - without perfection, pressure or blame.



Created from the BeewellwithMS podcast, the Wills & Probst systematic review and meta-analysis, and MS DICE international Delphi consensus outcomes.

HOW TO USE THIS GUIDE

Welcome

Wellness is not a test of worth - and it is never a substitute for MS treatment.

The BeewellwithMS promise

Your symptoms, scans or relapses are not proof that you tried too little. This catalogue offers options, not obligations. Choose what fits your body, context, culture, resources and current season of life.

Use it in three gentle moves

1. Notice what matters now: one task, symptom, role or relationship you want to protect.
2. Choose one small experiment: a change you can try safely for a week or two.
3. Review without judgement: keep, adapt, pause or ask for professional help.

Inside the catalogue

- The evidence in plain language and the DICE self-management cycle
- Movement, fatigue, food, sleep, mood, connection, work and symptom planning
- Assistive technology and care-conversation prompts
- A spacious reflection pause after every main wellbeing topic
- The 13 MS DICE Delphi recommendations
- A four-week starter plan and a curated podcast listening map

GENERAL INFORMATION This guide does not diagnose, prescribe or replace advice from your neurologist, MS nurse, GP, pharmacist, physiotherapist, occupational therapist or other clinicians.

RESEARCH SNAPSHOT

What the evidence says

The strongest signal is not one perfect habit. It is personalised, multicomponent support delivered in ways people can use.

57
studies in the 2022 systematic review and meta-analysis

5,830
adults living with MS represented across included studies

35 / 47
studies measuring self-reported quality of life reported improvement

8 / 8
multicomponent lifestyle/wellbeing programmes reported quality-of-life improvement

Promising patterns

- Programmes combining several dimensions - such as movement, coping, fatigue and food education - commonly improved self-reported quality of life.
- Coping, stress, emotional-management and cognitive-behavioural approaches showed positive quality-of-life findings across several trials.
- Fatigue programmes helped in 4 of 7 studies; response and follow-up varied.

Important limits

- Studies differed widely, so most results could not be pooled and certainty was limited.
- In the pooled dietary analysis (5 studies; 286 participants), diet did not significantly reduce disability measured by EDSS (P=0.18); certainty was very low.
- Lifestyle support should complement disease-modifying treatment and clinical symptom management - not replace them.

EVIDENCE-INFORMED Helpful for shaping options; not proof that the same programme will work for every person.

Sources: Wills & Probst (2022) [1]; NICE NG220 [4].

SELF-MANAGEMENT CYCLE

Use DICE for one thing at a time

A practical loop for turning symptoms and everyday experience into a shared, reviewable plan.

D	**DETECT** Notice a change, pattern, barrier or goal. What is happening - and what matters most?
I	**INVESTIGATE** Look for context: timing, sleep, heat, infection, medication, mood, activity, environment and life demands.
C	**CREATE** Agree one proportionate response: self-management, an adaptation, an assessment or clinical review.
E	**EVALUATE** Review impact and burden. Keep, change or stop. Share what you learned with the right professional.

Track less. Learn more.

A short note is often enough: what changed, when it started, what it stopped you doing, possible triggers, and what helped. Tracking should create clarity - not anxiety or a second job.

LISTEN NEXT Enhancing MS Patient Quality of Life with Digital Self-Management

Source: MS DICE Toronto 2026 poster and Delphi outcomes [2].

MEANINGFUL TRACKING

Your baseline is personal

The useful comparison is not with somebody else - it is with your own usual pattern, goals and capacity.

DELPHI PRIORITY Capture symptoms, mental health, emotional status and readiness; combine active reports with passive data only when useful and agreed.

A five-minute weekly check-in

DOMAIN	ONE USEFUL QUESTION
Energy	What gave or used energy?
Function	Which everyday task felt easier or harder?
Symptoms	Any new, worsening or persistent change?
Mood + sleep	What is the pattern, not just the score?
Participation	What did MS help or stop you doing?
Support	What would make next week safer or more possible?

Bring the pattern, not a perfect diary

- Write the date a change began and whether it is constant or comes and goes.
- Describe the impact on a real task: walking to the bathroom, concentrating at work, cooking or sleeping.
- Record possible infection, heat, stress, medication or sleep factors.
- Ask: Who is the right person to review this?

Source: MS DICE poster recommendations 6, 10 and 12 [2].

BODY + BRAIN

Movement that protects participation

Exercise can be adapted. Mobility aids and rest can be part of staying active, not signs of giving up.

RECOMMENDED NICE encourages regular exercise and advises that it may benefit MS without harming MS. Aerobic, resistance, balance, yoga and Pilates may help fatigue.

Start from function

- Choose a purpose: safer transfers, confidence outdoors, strength for stairs, balance in the kitchen, mood or social connection.
- Begin below your maximum and build gradually. Short sessions count; chair-based and supported movement count.
- Use the coolest time and place if heat worsens symptoms; plan water, rest and recovery.
- If falls, foot drop, pain, severe spasticity or mobility change are present, ask for neurophysiotherapy or rehabilitation assessment.

TRY THIS WEEK

- Pick one 5-10 minute movement you can repeat two or three times.
- Rate how it affects energy, symptoms and confidence immediately and the next day.
- Adapt duration, support or temperature - not your self-worth.

When to pause and get advice

Stop and seek urgent medical help for chest pain, fainting or severe breathlessness. Contact your MS team for new or sustained neurological change rather than trying to exercise through it.

LISTEN NEXT Exercise and Brain Health in MS • Unlocking Healthy Lifestyle with MS

Sources: NICE NG220 [4]; MS Society exercise guidance [6]; Wills & Probst [1].

PAUSE + REFLECT

What movement makes possible

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

Movement is more than exercise. It can be a way to protect freedom, confidence, pleasure, identity and connection - in a form that belongs to you.

What kind of movement helps you feel more like yourself - not simply more productive?

Where do you notice the difference between a healthy challenge and pushing beyond your capacity?

What adaptation could make participation feel safer, kinder or more possible?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

FATIGUE

Work with energy, not against it

MS fatigue is real, often invisible and different from ordinary tiredness. It also deserves investigation.

RECOMMENDED NICE advises checking other causes and offering a personalised self-management discussion that can include energy conservation, activity, food, mindfulness and CBT techniques.

Detect before you decide

Fatigue may be influenced by MS itself, but also by sleep problems, pain, spasticity, bladder symptoms, medication effects, infection, anaemia, thyroid problems, anxiety or depression. A change in fatigue can be clinically useful information.

A kinder energy budget

- Prioritise: protect the one or two things that matter most today.
- Pace: alternate demanding and lighter tasks; rest before the battery is empty.
- Position: sit, support, slide, wheel or automate when this saves energy for participation.
- Plan: group trips, prepare at cooler times and keep one simple reminder system.

TRY THIS WEEK

- Mark one predictable low-energy period and move a demanding task away from it.
- Create a complete 10-minute rest: supported, quiet and screen-free if possible.
- Write down one secondary cause to discuss if fatigue is new or worsening.

LISTEN NEXT What is Multiple Sclerosis Fatigue? • Identify and Prevent Burnout

Sources: NICE NG220 [4]; MS Trust fatigue information [7]; Wills & Probst [1].

PAUSE + REFLECT

Listening to your energy

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

Energy is not a measure of character. Noticing its patterns can help you protect what matters and release what does not need to be carried alone.

What deserves your best energy in this season of life? What could be lighter, later, shared or left?

Which early signs tell you that energy is falling before exhaustion arrives?

What belief about rest, asking for help or changing plans would you like to loosen?

One gentle next step I want to carry forward

Support I might ask for

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FOOD + WEIGHT

Food without fear or perfection

Think steady nourishment, enjoyment and general health - not a restrictive programme that promises to control MS.

EVIDENCE UNCERTAIN No specific diet has been shown to improve MS fatigue; the 2022 pooled analysis found no significant reduction in disability from dietary interventions. A healthy diet still benefits general health.

A flexible plate pattern

- Build around vegetables and fruit, whole grains or other fibre-rich carbohydrates, protein, and unsaturated fats where appropriate for you.
- Use regular meals or snacks if long gaps worsen energy, nausea or medication tolerance.
- Hydrate in a way agreed with your bladder or swallowing team; do not routinely restrict fluid to manage urgency.
- For weight goals, focus on sustainable routines, access, sleep, medications, menopause and mobility - not shame.

Supplements need a reason

NICE advises not offering vitamin D solely to treat MS and not offering omega-3 or omega-6 compounds to treat MS because evidence does not show an effect on relapses or progression. Discuss supplements, interactions and blood-test needs with your clinician or pharmacist.

TRY THIS WEEK

- Add one nourishing food rather than banning a whole category.
- Notice how meal size, timing and heat affect fatigue.
- Mute one source of diet guilt or miracle-cure misinformation.

LISTEN NEXT What to Eat and Not to Eat for Brain Health • Sustainable Weight Management

Sources: Wills & Probst [1]; NICE NG220 [4]; BeewellwithMS podcast [3].

PAUSE + REFLECT

Nourishment without judgement

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

Food can hold health, culture, comfort, memory and pleasure. A sustainable pattern begins with curiosity about your real life, not obedience to a perfect rule.

Which foods, meals or rituals leave you feeling nourished physically and emotionally?

Where has nutrition advice created pressure or guilt? What would gentler guidance sound like?

What would make nourishing yourself more possible: access, simplicity, timing, support or pleasure?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

SLEEP + RECOVERY

Make sleep a symptom conversation

Poor sleep can amplify fatigue, pain, mood and thinking difficulties. It is not always solved by trying harder to relax.

ASSESS + SUPPORT Sleep problems are common in MS and can be linked to nocturia, pain, spasms, mood, medication, restless legs or sleep apnoea.

Build conditions for rest

- Keep a broadly regular sleep and wake time, including after a difficult night.
- Create a short wind-down cue and keep the bedroom cool, dark and quiet where possible.
- Review night-time bladder symptoms, pain, spasms, reflux, menopausal symptoms and medication timing.
- Ask about loud snoring, pauses in breathing, morning headaches, restless legs or severe daytime sleepiness.

TRY THIS WEEK

- Track only bedtime, wake time, awakenings and the main reason you woke for seven days.
- Choose one environmental change: temperature, light, noise or support position.
- Bring the pattern to your GP or MS team if sleep remains unrefreshing.

Avoid the supplement spiral

Sleep medicines and supplements can have interactions, next-day effects and withdrawal risks. Discuss them with a clinician or pharmacist, especially alongside MS medicines.

LISTEN NEXT Restorative Power of Sleep

Sources: MS Trust sleep information [8]; NICE NG220 fatigue recommendations [4].

PAUSE + REFLECT

The conditions for rest

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

Rest is not always something we can command. We can become curious about the symptoms, surroundings and routines that make rest easier or harder.

What might your nights be telling you about symptoms, medication, surroundings or routine?

What helps your body feel supported, comfortable or safe enough to rest?

Which sleep pattern would be useful to describe to your GP or MS team?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

MIND + MOOD

Steadiness inside uncertainty

Mindfulness is not a cure and symptoms cannot be meditated away. It can change the relationship with a difficult moment.

EVIDENCE-INFORMED Coping, stress and emotional-management approaches were common in programmes that improved quality of life; NICE includes mindfulness and cognitive-behavioural techniques among fatigue self-management options.

The inner-anchor practice

1. Notice support beneath your body and one ordinary breath.
2. Name what is here without judgement: fatigue, pain, worry, calm or uncertainty.
3. Ask: What is possible today? What support would be kind and useful?
4. Widen attention: the symptom is real, but it is not the whole landscape of you.

NO-GUILT RULE

Stress, food, exercise or mindset are not moral explanations for a relapse or a new lesion. Be cautious with social-media cures, extreme restrictions and claims that make you responsible for controlling an unpredictable disease.

Mood deserves care

If low mood, anxiety, loss of interest or hopelessness persists or affects daily life, speak to your GP or MS team. If you need urgent mental-health help in England, use NHS 111 online or call 111. If you or someone else is in immediate danger, call 999 or go to A&E.

LISTEN NEXT Unpredictable MS Symptoms: Finding an Inner Anchor • World MS Day: Letting Go of Guilt

Sources: Wills & Probst [1]; NICE NG220 [4]; NHS mental-health services [12]; BeewellwithMS [3].

PAUSE + REFLECT

Meeting uncertainty with kindness

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

You do not have to make uncertainty disappear before living. Reflection can create a little space around what is difficult and reveal what still supports you.

What remains steady or meaningful in you, even when symptoms change?

When your inner voice becomes harsh, what might a compassionate voice say instead?

Who, what or where helps you feel less alone with uncertainty?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

RELATIONSHIPS + INTIMACY

Connection is part of health

Whole-person care includes identity, intimacy, family life, friendship, caregiving and belonging.

WHOLE-PERSON The MS DICE consensus recommends addressing physical, cognitive, social and emotional needs - and reducing communication and cultural barriers.

Make invisible symptoms shareable

- Agree a simple phrase or scale with trusted people: 'green day', 'amber energy' or 'I need quiet, not fixing'.
- Describe the impact, not only the symptom: 'brain fog means I need one instruction at a time'.
- Ask supporters what they need too; sustainable care protects both people.

Intimacy can be adapted

Fatigue, pain, spasticity, sensation, bladder symptoms, mood, menopause and medication can all affect sex and desire. Choose a time of better energy, plan comfort and temperature, and talk about what feels safe and pleasurable. Your GP, MS nurse, continence team, sexual-health clinician or therapist can help.

TRY THIS WEEK

- Tell one person the support that is helpful - and one response that is not.
- Protect one low-pressure connection: a short message, shared meal, walk, call or quiet company.
- Write down one intimate or relationship concern you would like permission to discuss in clinic.

LISTEN NEXT Exploring the Intimate Side of MS • But You Look Well - When MS Is Invisible

Sources: MS DICE poster [2]; MS Trust sexual-health information [9]; BeewellwithMS [3].

PAUSE + REFLECT

Being known and supported

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

Connection does not require constant explanation or performance. It can begin with one honest sentence, one clear boundary or one place where you can be fully yourself.

Where can you be seen without having to perform wellness or minimise what is difficult?

What kind of help feels genuinely supportive - and what kind feels intrusive or exhausting?

Which part of your identity, relationship or intimate life would you like to protect or reclaim?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

WORK + DAILY LIFE

Protect roles, purpose and access

A good plan changes the task or environment as well as asking the body to adapt.

PARTICIPATION FIRST DICE prioritises personal goals, inclusion, care navigation and meaningful feedback. Social conditions and access shape what is possible.

Start with the barrier

- Cognition: reduce switching, use written summaries, templates, dictation and one reminder system.
- Fatigue: flexible hours, protected breaks, task sequencing, home working or travel adaptations.
- Heat or sensory load: cooler workspace, fan, quieter area, lighting and screen adjustments.
- Mobility or hands: workstation assessment, ergonomic tools, step-free routes and assistive software.

Access to Work

In England, Scotland and Wales, Access to Work may help with practical support such as specialist equipment and assistive software, support workers, mental-health support or travel costs, depending on eligibility and individual need.

A useful request format

'Because of [impact], I find [specific task] difficult. I want to protect [role or outcome]. Could we trial [adjustment] and review it on [date]?'

LISTEN NEXT Thrive Through Work • Understanding Social Determinants of Health

Source: GOV.UK Access to Work *[11]; MS DICE poster [2].*

PAUSE + REFLECT

Purpose, roles and access

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

Your contribution is larger than the way a task is currently organised. Sometimes the most meaningful change is in the environment, expectation or route to participation.

Which role, contribution or part of daily life matters most to you - and why?

Where is the barrier located in the task or environment rather than in you?

What one adjustment could protect your dignity, energy, confidence or sense of purpose?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

EVERYDAY SYMPTOM PLANNING

Plan around heat and bladder needs

Practical preparation can protect participation. New or worsening symptoms still deserve clinical review.

PLAN + ASSESS Heat can temporarily worsen MS symptoms. Bladder diaries can support assessment, but apps and maps do not diagnose the cause.

Heat: cool the task, not your ambition

- Check the forecast and choose cooler times, routes or rooms.
- Use layers, fans, cooling towels or vests, cool drinks and planned pauses as appropriate.
- A heat-related temporary worsening should ease when you cool down; persistent or new symptoms need assessment.

Bladder: make the pattern visible

- For a few days, note fluids, urgency, frequency, leakage, hesitancy, night waking and possible triggers.
- Check toilets and accessible facilities before travel, but verify opening times and access details.
- Do not assume all bladder symptoms are MS. Infection, retention and other causes need professional assessment.

CONTACT YOUR GP, MS OR BLADDER TEAM

- New pain or burning, fever, blood in urine, inability to pass urine, repeated infections, or a major new bladder pattern.
- New or worsening neurological symptoms lasting more than 24 hours, particularly after a stable period and without another clear cause.

LISTEN NEXT Summer Survival Guide: Keeping Your Cool • Managing Bladder Issues in MS

Sources: NICE NG220 [4]; MS Trust bladder information [10]; BeewellwithMS [3].

PAUSE + REFLECT

Confidence beyond the front door

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

Planning for heat or bladder needs is not a failure of spontaneity. It can be a quiet form of access: creating the conditions to take part with more confidence.

What conditions help you feel confident leaving home or joining an activity?

What do you regularly plan around that other people may not see?

Which pattern, need or worry would you like to make easier to discuss with someone you trust?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

ASSISTIVE TECHNOLOGY

Let technology do some of the work

Start with the exact task you want to make safer, easier or possible - not with the gadget.

FUNCTION FIRST Established tools, specialist equipment and emerging technology are not interchangeable. Assessment, fit, access, privacy and follow-up matter.

Everyday heroes

- Smartphone: dictation, magnification, screen reading, captions, reminders, location prompts and item finding.
- Low-tech tools: built-up handles, non-slip mats, easy fastenings, seating and task simplification.
- Mobility: sticks, rollators, AFOs, FES, wheelchairs or power-assist - matched to goals and assessed where needed.
- Home and communication: smart plugs, environmental controls, voice amplification, AAC and eye gaze for selected needs.

Seven questions before you try or buy

1. Purpose - which exact task should change?
2. Evidence - for this use and people like me?
3. Fit + fatigue - can I set it up and use it on a difficult day?
4. Real life - does it work in my actual home, route or workplace?
5. Support - who fits, trains, reviews and repairs it?
6. Full cost - purchase, subscription, maintenance and replacement?
7. Privacy + backup - what data leaves the device, and what happens when it fails?

LISTEN NEXT Assistive Technology for MS: Everyday Heroes

Sources: BeewellwithMS assistive-technology episode [3]; MS Trust equipment guidance [10].

PAUSE + REFLECT

Technology in service of life

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

The best tool is not necessarily the newest. Its value lies in whether it quietly returns time, safety, access, energy or independence to your day.

What would you most like technology or equipment to return to your life?

What matters more than novelty for you: simplicity, privacy, comfort, support, reliability or cost?

How will you recognise that a tool is helping rather than becoming another burden?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

PARTNER WITH YOUR MS TEAM

Turn daily life into a better care conversation

The aim is coordinated care around your priorities - with clear next steps and a review date.

SHARED DECISION MAKING NICE recommends discussing options in relation to what matters to the person, including benefits, risks, consequences and the option of no change.

Prepare with BRAN + DICE

PROMPT	ASK IN YOUR OWN WORDS
Benefits	What could this option help me do or protect?
Risks	What harms, burdens or trade-offs matter for me?
Alternatives	What else could we try - including no change?
Nothing	What might happen if we wait or monitor?
Evaluate	How and when will we know whether this is helping?

DO NOT WAIT FOR A ROUTINE APPOINTMENT

- Contact your MS team about significant new or worsening neurological symptoms, especially if lasting more than 24 hours after a stable period.
- Ask for assessment of infection or another cause before assuming a relapse.
- Use NHS 111 for urgent advice when it cannot wait; call 999 or go to A&E for an immediate threat to life or safety.

Sources: NICE NG220 [4]; NICE NG197 shared decision making [5]; NHS 111 [12].

PAUSE + REFLECT

Bringing your life into the room

Write, speak, sketch or simply notice. There is no correct answer and nothing has to be finished today.

A gentle invitation

A useful appointment makes room for the life around the symptom: what has changed, what matters, what is becoming difficult and what you hope care will help you protect.

What matters most to you that a routine appointment agenda might miss?

What everyday impact do you most want your care team to understand?

Which question, choice or uncertainty deserves more time and a clear next step?

One gentle next step I want to carry forward

Support I might ask for

You may leave any question unanswered and return when the time feels right. Reflection can support awareness, but it does not replace clinical assessment or care.

DELPHI OUTCOMES • 1 OF 2

The 13 MS DICE recommendations

International consensus on what a community-led digital self-management tool should enable.

CONSENSUS EVIDENCE Delphi round 1: all 13 priorities met at least 70% consensus with 92.31-100% agreement and no disagreement. Round 2: 10 of 12 questions reached 100% agreement.

#	PRINCIPLE	WHAT IT ENABLES
1	**Patient-led + personalised**	Support personal goals and preferred forms of help.
2	**Whole-person**	Address physical, cognitive, social and emotional needs.
3	**Co-designed**	Develop with people who have lived experience of MS.
4	**Integrated**	Link with clinical electronic records and local platforms.
5	**Responsible technology**	Use AI where appropriate, transparent and safe.
6	**Meaningful tracking**	Track what matters day-to-day and return useful feedback.
7	**Care signposting**	Help users recognise when to seek professional support.

What people valued most

Patient empowerment was selected as a core principle by 89% in the pre-meeting survey. Desired outcomes included patient empowerment (100%) and integrated care (67%).

Source: MS DICE Toronto 2026 poster, Abstract 621 [2]. The poster reports consensus, not a clinical-effectiveness trial.

DELPHI OUTCOMES • 2 OF 2

From data to coordinated action

The remaining principles connect tracking with access, navigation and shared evaluation.

#	PRINCIPLE	WHAT IT ENABLES
8	**MDT navigation**	Direct users to the right professional and inform consultations.
9	**Change alerts**	Use collected data to highlight potential progression.
10	**Accessible + inclusive**	Reduce digital, cultural, language and communication barriers.
11	**DICE-structured**	Detect → Investigate → Create → Evaluate.
12	**Individual baseline**	Capture symptoms, mental health, emotional status and readiness.
13	**Active + passive data**	Combine PROMs, real-time experience and wearable data when appropriate.

Implementation priorities

- Interoperability
- Co-design
- Hybrid delivery
- Responsible use of AI

A design promise for BeewellwithMS

Technology should return meaning, not just collect data. It should work alongside human care, offer analogue routes, respect privacy, and make it easier to reach the right support.

Source: MS DICE Toronto 2026 poster, Abstract 621 [2]. Round 2 had N=10 respondents; supportive guidance received 70% agreement plus written feedback, and an analogue option received 80% agreement.

PUT DICE INTO PRACTICE

A four-week gentle start

One focus. One experiment. One review. This is not a compliance challenge.

WHEN	DICE	DO	REFLECT
Week 1	**DETECT**	Choose one task, symptom or role that matters.	What is happening now?
Week 2	**INVESTIGATE**	Notice timing, context, triggers and supports.	What pattern is useful?
Week 3	**CREATE**	Try one small, safe adaptation or ask for help.	What is light enough to repeat?
Week 4	**EVALUATE**	Review benefit, effort, access and next step.	Keep, adapt, stop or escalate?

My one-page experiment

What matters to me: _____

My usual pattern: _____

One change I will try: _____

Support I need: _____

How I will know: _____

Review date: _____

Permission to stop

A habit that increases pain, fatigue, anxiety, cost or treatment burden is information. Pause and discuss it. The goal is a life that works better - not a longer list of tasks.

CURATED LISTENING MAP

Continue with the podcast

Search each title at beewellwithms.com. Choose the episode that matches what matters today.

I WANT SUPPORT WITH	LISTEN NEXT
Energy	What is Multiple Sclerosis Fatigue & How Can You Manage It?
Movement	Exercise and Brain Health in MS
Food	What to Eat and Not to Eat for Brain Health in MS
Sleep	Restorative Power of Sleep
Mindfulness	Unpredictable MS Symptoms: Finding an Inner Anchor
Mood	Managing Anxiety and Depression in MS
No guilt	World MS Day: Letting Go of Guilt and Social Media Myths
Relationships	Exploring the Intimate Side of MS
Heat	Summer Survival Guide: Keeping Your Cool with MS
Bladder	Managing Bladder Issues in MS
Technology	Assistive Technology for MS: Everyday Heroes
Self-management	Enhancing MS Patient Quality of Life with Digital Self-Management

www.beewellwithms.com

Podcast themes are translated into general self-management ideas here; individual clinical advice belongs with your healthcare team.

BEHIND THE MIC

About BeewellwithMS

Making complex MS science understandable, practical and human.



Dr Agne Straukiene

Neurologist • researcher • MS specialist • host and founder

Through BeewellwithMS, Dr Straukiene and expert guests share evidence-informed knowledge, lived experience and practical tools to support brain health, self-management and quality of life.

Her MS-care work includes co-creating digital and assessment tools and simplifying how people prepare for, participate in and follow up healthcare conversations.

A gentle invitation from BeewellwithMS

Use this catalogue as a conversation with yourself, not a scorecard. Circle a sentence, answer one reflection question, speak your thoughts aloud or return another day. Curiosity is enough; there is no perfect way to live well with MS.

Stay connected

Website and episode archive: **www.beewellwithms.com**

The website reported 103 episodes and more than 50,000 podcast listens when reviewed on 30 August 2026.

Thank you

To the people living with MS, family members, clinicians, researchers and advocates whose questions and lived experience shape BeewellwithMS and the MS DICE work.

READ, LISTEN, DISCUSS

Sources and safety notes

Research was translated into plain language and checked against current UK guidance where practical.

[1] Wills OC, Probst YC. Understanding lifestyle self-management regimens that improve the life quality of people living with multiple sclerosis: a systematic review and meta-analysis. Health Qual Life Outcomes. 2022;20:153. Open source

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[3] BeewellwithMS podcast and website by Dr Agne Straukiene. Episode archive and descriptions reviewed 30 August 2026. Open source

[4] NICE guideline NG220. Multiple sclerosis in adults: management. Published 2022; updated 3 June 2026. Open source

[5] NICE guideline NG197. Shared decision making. Open source

[6] MS Society. MS and exercise. Open source

[7] MS Trust. MS fatigue. Open source

[8] MS Trust. Sleep and MS. Open source

[9] MS Trust. Sexual problems and reduced sexual desire in MS. Open source

[10] MS Trust. Bladder problems and useful equipment for people with MS. Open source

[11] GOV.UK. Access to Work: get support if you have a disability or health condition. Open source

[12] NHS. Mental health services and NHS 111 urgent support. Open source

IMPORTANT

This catalogue provides general education, not individual medical advice. It does not replace diagnosis, treatment, rehabilitation, medication review or emergency care. Guidance and urgent-care routes are UK-focused; check local services if you live elsewhere.

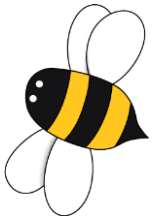
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