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**Result(s):** Of 1750 patients included in this study, 261 (14.9%) cases had a family history of M.S. Age was significantly higher in the familial group (P-value = 0.02). Sibling relationship was the most common (46%). The patient’s sister was most likely to be involved in 46 (18.9%). In the familial group, 209(83.9%) cases had one affected family member, 33(13.3%) cases had two affected family members, and 7 (2.8%) cases had three or more affected family members. Of note, after first-degree relatives, 97(40%), maternal relatives 62(25%), and paternal relatives 47(19%) involvement were observed in the order of frequency. In our assessments, the risk of having a child with MS increases when three or more of the family members have MS. Our observations showed that the average disability rate of patients with a family history is higher than patients without a family history. (P-value<0.001).

**Conclusion(s):** The prevalence of familial MS in Mazandaran province can be considered as one of the highest reports of familial MS in Iran. It was more than that of the global familial M.S. rate (12.9%). One of the reasons for the higher prevalence of familial MS in this region may be the high probability of consanguineous marriage between these people. However, differences in environmental factors cannot be ignored. Higher mean disability in familial MS compare to nonfamilial in this study may suggest that a potent drug is better to start at the beginning of treatment in patients with a positive family history.

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**Challenges of MS Patients for Receiving Health Care Services**

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**Background:** Multiple sclerosis (MS) is a debilitating non-traumatic neurological disorder in young adults and can reduce quality of life (QoL) by interfering with work ability, leisure activities, and routine living tasks. Various studies have shown the dissatisfaction of people with MS in different areas of care services. Regarding the patient’s dissatisfaction with care services, in this study, we sought to identify the care challenges of MS patients in Iran.

**Material(s) and Method(s):** The cross-sectional study was conducted in 2016-2019 through a researcher-made questionnaire (designed by MS Specialists in MS research center). The questionnaire examined the care challenges in four areas: 1) Costs of medication, hospitalization, and rehabilitation services 2) Family support, insurance system and job protection 3) Access to transportation system and treatment team 4) Quality of care and provided services. The participants answered the challenges based on a five-point Likert scale.

**Result(s):** Completed questionnaires were received for 945 respondents. Prioritizing care services challenges are as follows: The cost of pharmaceutical services (49.1%), lack of telephone counseling (47.4%), uninsured home rehabilitation (44.7%), lack of qualified care centers (41.2%), rehabilitation costs (40.2%). There is a significant correlation between the level of education and challenge of medication’s cost (p-value<0.01), transportation systems (p-value<0.01), and lack of familial support (p-value<0.01).

**Conclusion(s):** We found that patients who can’t walk at least 20 meters and Unemployed people had more problems and lower QoL. The patients who had non-academic education had more challenges with the cost of medication, transportation and lack of familial support. This study shows Challenges of MS patients in receiving health care in Iran that vary in age, education, employment and ability to walk. As challenges mentioned above are of great importance in determining quality of life of people with MS, an appropriate solution is recommended by this study to overcome these challenges.

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