

In treated MS, early disease activity predicts poor outcome

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After 15 years of follow-up, patients with relapsing-remitting multiple sclerosis who display disease activity despite treatment with interferon β -1a tend to have unfavorable long-term outcomes, according to research published online Sept. 13 in the *Annals of Neurology*.

(HealthDay)—After 15 years of follow-up, patients with relapsing-remitting multiple sclerosis (RRMS) who display disease activity despite treatment with interferon (IFN) β -1a tend to have unfavorable long-term outcomes, according to research published online Sept. 13 in the *Annals of Neurology*.

Robert A. Bermel, M.D., of the Cleveland Clinic, and colleagues conducted a multicenter, observational, 15-year follow-up study involving 136 patients with RRMS, who had initially been treated with either intramuscular (IM) IFN β -1a or placebo, to identify early predictors of long-term outcomes.



The researchers found that significantly fewer patients treated with IM IFN β -1a had early disease activity. Of those treated with IFN β -1a, persistent disease activity was associated with an 8.96-fold higher risk of gadolinium-enhancing lesions, a 4.44-fold higher risk of relapse, and a 2.90-fold higher risk of new T2 lesions. Conversely, early disease activity in placebo-treated patients was not associated with long-term outcomes.

"Disease activity despite treatment with IFN β is associated with unfavorable long-term outcomes. Particular attention should be paid to gadolinium-enhancing lesions on IFN β therapy, as their presence strongly correlates with severe disability 15 years later," the authors write. "The results provide rationale for monitoring IFN β treated patients with <u>magnetic resonance imaging</u>, and for changing therapy in patients with active disease."

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More information: Abstract

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