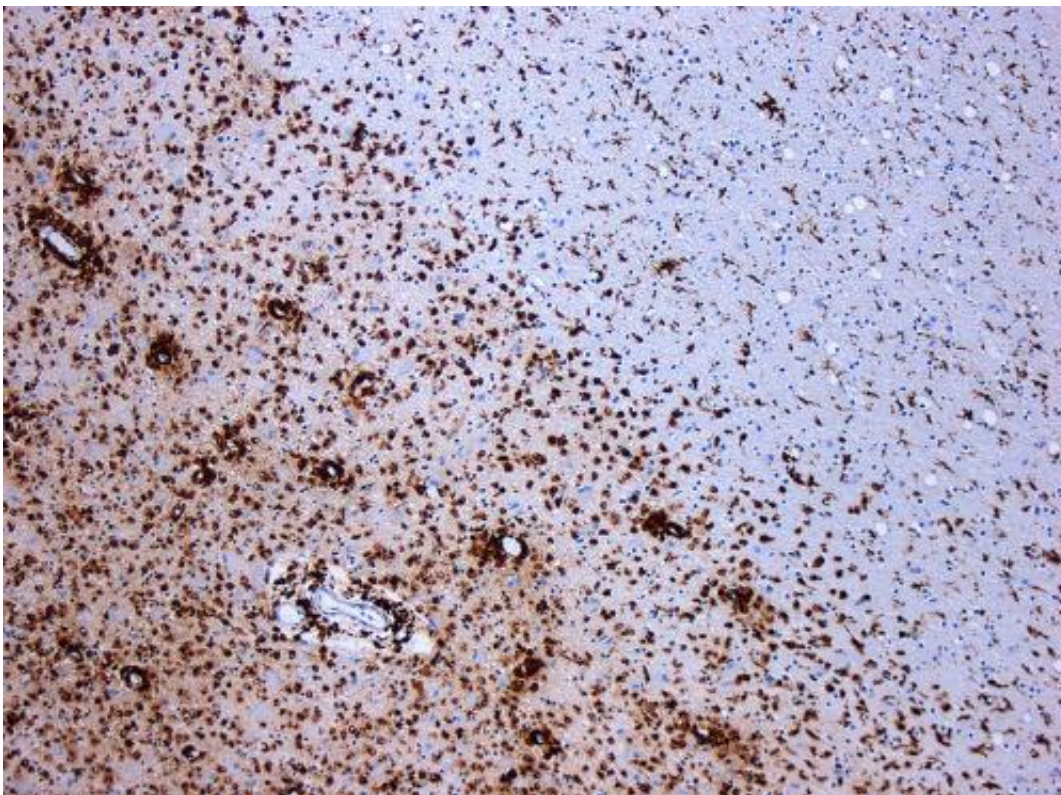


# Continued smoking after MS diagnosis associated with accelerated disease progression

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Demyelination by MS. The CD68 colored tissue shows several macrophages in the area of the lesion. Original scale 1:100. Credit: [CC BY-SA 3.0](https://creativecommons.org/licenses/by-sa/3.0/) Marvin 101/Wikipedia

Continued smoking after a diagnosis of multiple sclerosis (MS) appears

to be associated with accelerated disease progression compared with those patients who quit smoking, according to an article published online by *JAMA Neurology*.

MS is a neurodegenerative disease and smoking is one of its known [risk factors](#). While MS begins with an initial course of irregular and worsening relapses, it usually changes after about 20 years into secondary progressive (SP) disease. The time from onset to conversion to SPMS is a frequently used measure of [disease progression](#).

Jan Hillert, M.D., Ph.D., of the Karolinska Institutet at Karolinska University Hospital Solna, Stockholm, and coauthors studied [patients](#) in Sweden with MS who smoked at [diagnosis](#) (n=728), of whom 216 converted to SP. Among the 728 smokers, 332 were classified as "continuers" who smoked continuously from the year after diagnosis and 118 were "quitters" who stopped smoking the year after diagnosis. Data on 1,012 never smokers also were included. Nearly 60 percent of patients with MS were smokers in the present study cohort and in a Swedish cohort of new cases, according to study background.

Analysis by the authors suggests each additional year of smoking after diagnosis accelerated the time to SP conversion by 4.7 percent. Other analysis suggested that those patients who continued to smoke each year after diagnosis converted to SP faster (at age 48) than those who quit (at age 56). The authors note it is impossible to rule out other confounding factors.

"This study demonstrates that smoking after MS diagnosis has a negative impact on the progression of the disease, whereas reduced smoking may improve patient quality of life, with more years before the development of SP disease. Accordingly, evidence clearly supports advising patients with MS who smoke to quit. Health care services for patients with MS should be organized to support such a lifestyle change," the study

concludes.

In a related commentary, Myla D. Goldman, M.D., of the University of Virginia, Charlottesville, and Olaf Stüve, M.D., Ph.D., of the University of Texas Southwestern Medical Center at Dallas, write: "In summary, this study adds to the important research demonstrating that smoking is an important modifiable risk factor in MS. Most importantly, it provides the first evidence, to our knowledge, that quitting smoking appears to delay onset of secondary progressive MS and provide protective benefit. Therefore, even after MS diagnosis, [smoking](#) is a risk factor worth modifying."

**More information:** JAMA Neurol. Published online September 8, 2015. [DOI: 10.1001/jamaneurol.2015.1788](https://doi.org/10.1001/jamaneurol.2015.1788)

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