

New guideline: Start taking MS drugs early on

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For most people, it's better to start taking drugs for multiple sclerosis (MS) early on rather than letting the disease run its course, according to a new guideline for treating MS from the American Academy of Neurology. The guideline is published in the April 23, 2018, online issue of *Neurology*, the medical journal of the American Academy of Neurology, and presented at the 70th AAN Annual Meeting in Los Angeles, April 21 to April 27, 2018. The guideline is endorsed by the Multiple Sclerosis Association of America and the National Multiple Sclerosis Society.

"The treatment landscape for people with MS has changed dramatically over the last decade," said lead author Alexander D. Rae-Grant, MD, FAAN, of Cleveland Clinic in Cleveland, Ohio, and a Fellow of the American Academy of Neurology. "We now have a number of disease-modifying therapies to choose from that may help treat MS by changing how the disease affects people over time by slowing the disease process."

Multiple sclerosis affects about 400,000 Americans and is a leading cause of disability among young adults. It is a chronic inflammatory condition that affects the central nervous system, causing substantial disability and increasing the risk of mortality. People living with MS experience symptoms such as vision problems, muscle weakness, bladder or bowel dysfunction, tremors, trouble with coordination, and cognitive and emotional problems.

Unlike some treatments, which only help manage symptoms, disease-modifying therapies are drugs that can alter or change the course of MS for patients. While they are not a cure, they can reduce the number of relapses a person has and slow the process of MS.

For the guideline, experts from the American Academy of Neurology carefully reviewed available scientific studies on the use of MS drugs.

They found that starting to use an MS drug as early as possible may be better than letting MS run its course. This is because the disease is known to get worse over time. According to the guideline, several MS drugs have either strong or moderate evidence supporting their use for slowing certain disease processes.

While MS drugs may help slow and stabilize the disease process, some people with MS may experience a return of disease activity while using an MS drug. According to the guideline, if that happens, they may need to switch to another MS drug shown to have less risk of returning disease activity.

The guideline experts also note that some people whose MS is stable may think about stopping their MS drug use since they have no signs of the disease. According to the guideline, very few studies have been done on the benefits or risks of stopping MS drugs.

Currently, there is no blood test that can determine whether a person's MS drug is working and there is no universally accepted method to determine which MS drug to use in which order or in which individuals. Some MS drugs have risks for the reproductive health of both men and women, and the guideline offers recommendations regarding pregnancy and [disease](#)-modifying therapies for women with MS, including that their doctors monitor any plans for pregnancy.

According to the guideline authors, it is important to be aware of the potential risks of these medicines, and they recommend that people weigh the benefits and risks with their physician before deciding to start, switch or stop using an MS [drug](#).

Provided by American Academy of Neurology

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