

# Guidelines developed for use of drugs in multiple sclerosis

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(HealthDay)—Guidelines have been developed for use of disease-

modifying therapies (DMTs) in multiple sclerosis (MS), integrating findings from a systematic review. The review and guidelines were published online April 23 in *Neurology*.

Alexander Rae-Grant, M.D., from the Cleveland Clinic, and colleagues reviewed the evidence on starting, switching, and stopping DMTs for MS. Data were extracted from 20 Cochrane reviews and 73 full text articles. The researchers found that many DMTs are superior to placebo. Alemtuzumab is more effective for reducing the annualized relapse rate than interferon- $\beta$ -1a (IFN- $\beta$ -1a) for [patients](#) with relapsing-remitting MS who experienced a relapse on IFN- $\beta$  or glatiramer acetate. Ocrelizumab is probably more effective than placebo for patients with primary progressive MS. Glatiramer acetate and IFN- $\beta$ -1a are more effective than placebo for reducing the risk of conversion to MS among patients with clinically isolated syndrome.

Rae-Grant and colleagues developed recommendations for DMTs in the treatment of MS, integrating findings from the [review](#). The authors developed 30 recommendations, 17 on starting DMTs, 10 on switching DMTs in case of breakthrough disease, and three on stopping DMTs. The recommendations included strategies for patient engagement and individualization of treatment, including monitoring adherence and assessment of disease comorbidity. DMT risks were also discussed and suggestions were made for future research to assess the relative benefits of early treatment with higher potency DMTs.

"The [treatment](#) landscape for people with MS has changed dramatically over the last decade," Rae-Grant said in a statement. "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."

Several authors from the review and guidelines articles disclosed

financial ties to the pharmaceutical industry.

**More information:** [Systematic Review Summary](#)  
[Practice Guideline Recommendations Summary](#)

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