

## Good news for those with MS: Fertility treatments not linked to increase in relapses

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There's good news for those with multiple sclerosis (MS). A new study has found that female participants were no more likely to have a flare-up of the disease after receiving fertility treatments than they were before



their treatments. The study is published in the March 15, 2023, online issue of *Neurology Neuroimmunology & Neuroinflammation*. Earlier studies had shown conflicting results. The study also found a link between the use of MS medications and a lack of increase in relapses during fertility treatments.

"These results are exciting, as MS is common among females of childbearing age, and those with MS are more likely to be diagnosed with infertility but have been less likely to receive fertility treatment than those who do not have MS," said study author Edith L. Graham, MD, of Northwestern University in Chicago, Illinois, and a member of the American Academy of Neurology. "Fertility treatments for people with MS are not as risky as we once thought. We did not see many relapses in our cohort, probably due to the fact that most of the patients were treated with disease-modifying therapies in the year prior."

The study involved 65 <u>female participants</u> with an average age of 37 who had at least one fertility treatment. A total of 56 had a diagnosis of MS and nine had clinically isolated syndrome, which is the first episode of MS symptoms. Overall, participants had been diagnosed for an average of eight years. None had progressive MS.

Participants had 124 cycles of fertility treatments, including in vitro fertilization and oral medications to induce ovulation. Researchers reviewed medical records to see how many relapses people had in the year before having fertility treatments and then also in the three months after each treatment.

A total of 43% of the participants were actively receiving disease-modifying therapy for their MS during fertility treatments, and the majority had received treatment within the year prior.

Researchers found no increase in the relapse rate after fertility



treatment. The result was the same when researchers looked at specific types of fertility treatments including in vitro fertilization, egg banking for fertility preservation, embryo transfer from donor eggs and intrauterine insemination.

Researchers concluded that being on MS treatments at time of fertility stimulation was associated with lower rates of relapse. None of the people on disease-modifying therapy relapsed in the three months post-stimulation.

The researchers also assessed whether the relapse rate was affected by whether or not the fertility treatment resulted in a pregnancy, as earlier studies had suggested that could influence the relapse rate. They found that the relapse rate after a fertility treatment with no resulting pregnancy was no different than the rate prior to the treatment.

"We hope our findings provide reassurance to those with MS as well as fertility experts that these treatments are not associated with elevated risks of relapses," Graham said. "It's important for people to remember that continuing appropriately timed disease-modifying treatments during fertility treatment can reduce the risk of relapse."

A limitation of the study was that it looked back in time. It is possible that information about relapses was not collected in all cases. In addition, confirmation of relapses via brain scans was not available in all cases.

## Provided by American Academy of Neurology

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