Little pill means big news in the treatment of MS
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A new drug for multiple sclerosis promises to change the lives of the 100,000 people in the UK who have the condition, say researchers at Queen Mary, University of London.

A major trial of the oral drug Cladribine - results of which are published in the New England Journal of Medicine on 20 January 2010 - has shown that it significantly reduces relapse and deterioration of the disease, and goes a long way to eliminating the unpleasant side effects associated with existing therapies. Cladribine promises to be the first ever treatment in tablet form for MS, and only needs be taken for between 8 to 10 days a year, eliminating the need for regular injections and intravenous infusions otherwise endured by sufferers. The ease with which Cladribine tablets can be administered, combined with its relatively few side effects, make it a hugely exciting development in the world of MS.

Multiple sclerosis is a disabling neurological condition which usually starts in young adulthood. It results from the body's own immune system damaging the central nervous system. This interferes with the transmission of messages between the brain and other parts of the body and leads to problems with vision, muscle control, hearing and memory. Cladribine tablets work by suppressing the immune system thus compromising its ability to further attack the central nervous system.

Led by Professor Gavin Giovanonni at Barts and The London School of Medicine and Dentistry, the new study involved over 1,300 MS patients who were followed up for nearly two years and monitored using MRI scans. Patients were given either two or four short treatment courses of Cladribine tablets per year, or a placebo. Each course consists of one or two tablets per day for four or five days, adding up to just eight to 20 days of treatment each year.

Compared to patients who were taking a placebo, those taking Cladribine tablets were over 55 per cent less likely to suffer relapse, and 30 per cent less likely to suffer worsening in their disability due to MS.

Professor Giovanonni said: "The introduction of an oral therapy, particularly one that has no short term side effects and is as easy to use as oral Cladribine, will have a major impact on the treatment of MS.

"However, the use of this drug as a first line therapy will have to be weighed up against the potential long term risks which have yet to be defined."


Provided by Queen Mary, University of London