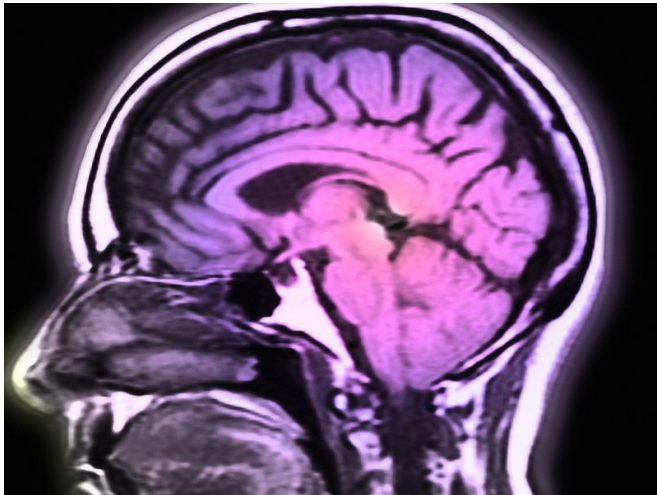


Long-term treatment benefit seen in relapse-onset MS

9 May 2016



increases in the median EDSS. Greater burden was seen for on-therapy relapses versus off-therapy relapses. There was an independent correlation for cumulative treatment exposure with lower EDSS at 10 years. Over the 10-year observation period, pregnancies were also independently associated with lower EDSS scores.

"We provide evidence of long-term treatment benefit in a large registry cohort, and provide evidence of long-term protective effects of pregnancy against disability accrual," the authors write. "We demonstrate that high-annualized relapse rate, particularly on-treatment [relapse](#), is an indicator of poor prognosis."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)

[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients with relapse-onset multiple sclerosis (MS), disease-modifying therapy protects against long-term disability accrual, according to a study published online May 4 in the *Annals of Neurology*.

Vilija G. Jokubaitis, Ph.D., from the University of Melbourne in Australia, and colleagues examined predictors of 10-year expanded disability status scale (EDSS) change after treatment initiation in [patients](#) with relapse-onset MS. Patients had remained on injectable [therapy](#) for at least one day, and were monitored thereafter on any approved disease-modifying therapy or no therapy. Data were included for 2,466 patients who reported post-baseline disability scores during follow-up of at least 10 years.

The researchers found that patients were treated 83 percent of their follow-up time, on average. At 10 years post-baseline, EDSS scores had increased by a median of 1 point. Over 10 years, the annualized relapse rate was predictive of

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