Relapses linked to accelerated disability progression in SPMS

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relapse rates were associated with an increased risk for becoming wheelchair-dependent (hazard ratio, 1.87). Greater receipt of disease-modifying therapies was significantly associated with a reduced rate of disability progression and lower risk for being wheelchair-dependent among patients who experienced superimposed relapses during SPMS.

"Although early active treatment during relapsing remitting MS is associated with a delay in the onset of SPMS, the rate of disability accumulation once the secondary progressive phase has commenced is not substantially modified by early treatment decisions," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

More information: Abstract/Full Text (subscription or payment may be required)

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