

New MS treatment guidelines



Updated recommendations aim to give you a bigger say in how you manage your disease.

by Aviva Patz

The American Academy of Neurology (AAN) has unveiled new disease-modifying treatment guidelines for people with multiple sclerosis, the first revisions in more than 16 years.

“So much has changed about the diagnosis of MS, how we monitor treatment, and the landscape of therapy—we needed a full evaluation of all the medicines,” says Cleveland Clinic neurologist Alexander Rae-Grant, MD, lead author of the new guidelines, published in the journal *Neurology*. The guidelines evaluate 23 different medications, including 23 FDA-approved disease-modifying therapies and medications that are used off-label for MS.

Off-label medications are not specifically labeled by the Food and Drug Administration for treatment of MS. The new guidelines also update advice on starting, switching and stopping treatment. They consider the best treatment protocols for the various phases of MS—relapsing remitting, secondary progressive, and primary progressive, as well as clinically isolated syndrome, a precursor in many cases to MS. Lastly, the guidelines seek to give people with MS a more active role in shaping and monitoring their own course of therapy.

The new guidelines are based on findings from a systematic review and were drafted according to protocol set by the Institute of Medicine. Whether you have lived with MS for years or are newly diagnosed, the new guidelines seek to give you a bigger say in the decisions surrounding starting, switching and stopping your therapy based on your preferences, lifestyle, other existing medical conditions and your experience of how it’s

working (or not), plus any side effects. Ultimately, the new guidelines should improve your care and your ability to manage your disease. “We hope it will ensure a better ongoing dialogue about the reason for the medicines, what the medicines do and don’t do, better monitoring for side effects and adherence to treatments, and a more active stance in changing to a different and potentially better medicine during the course of the condition,” Dr. Rae-Grant says. Here’s what you need to know about how they might change the way you’re managing your MS.

What you should do now

You may be tempted to ask your doctor to switch or even stop your disease-modifying therapy (DMT). However, Ruth Ann Marrie, MD, PhD, director of the Multiple Sclerosis Clinic at the University of Manitoba, suggests asking instead, “Is my current treatment regimen still the most appropriate for me?” Because, she explains, “The older medications have a good safety track record and some people respond very well to them, so newer is not necessarily better.” That said, she emphasizes that for people with MS, “every visit with their neurologist is an opportunity to review how they are doing with respect to their MS and to review their treatment plan, including whether any changes in that treatment are needed.”

Other recommendations

The guidelines add best practices for the management of DMTs around the time of pregnancy. “Women should stop their DMT before conception for planned pregnancies unless the risk of MS activity during pregnancy outweighs the risk associated with the specific DMT during pregnancy.” Again, women should discuss their options with their neurologist.

The guidelines also recommend that doctors consider off-label use of the medications azathioprine and cladribine for people with MS who have fewer financial resources, and to also think about ways they can help their patients secure financial assistance for those medications, according to Dr. Marrie. As part of the guidelines, doctors are advised to review the risks of treatment with certain medicines, as there’s some concern about the safety profile of mitoxantrone, and other medications (natalizumab, fingolimod, rituximab, ocrelizumab, and dimethyl fumarate) may raise the risk of a progressive brain disorder to which some people with MS are vulnerable.

Although the new guidelines represent a major update for the treatment of MS, doctors still have many questions. In future research, they’d like to see more head-to-head comparisons between DMTs as well as a comparison of medications in a population of people with MS who might have other conditions complicating care, just like in real life. “There’s so much more to do in the MS field,” Dr. Rae-Grant says.

Several such comparative effectiveness studies are underway with funding from the Patient-Centered Outcomes Research Institute (PCORI).

New guidelines

1. Starting treatment

Earlier is better. “For the newly diagnosed, these guidelines point to the benefits of treatment and particularly early initiation of treatment,” says Ruth Ann Marrie, MD, PhD, director of the Multiple Sclerosis Clinic at the University of Manitoba and co-author of a study on which the AAN’s new guidelines are based. The recommendation is based on multiple studies showing that treatment after a first episode of demyelination (the loss of protective coating around nerve fibers that leads to neurological problems and is the hallmark of MS), even before providers make an official MS diagnosis, delays the onset of MS. “Once lesions have developed, medicines do not reverse this, so if we can start medicines before there are significant lesions, we may in the long run be able to prevent disability,” says Cleveland Clinic neurologist Alexander Rae-Grant, MD.

For people with highly active MS—those who have multiple early relapses and new MRI lesions—the new guidelines recommend treatment with higher-efficiency medicines such as alemtuzumab, fingolimod and natalizumab.

Finally, the guidelines emphasize the need for a dedicated doctor appointment separate from the one at which the initial diagnosis is made. The guidelines reason that people need time to process the news that they have MS before they can be expected to consider weighing therapy options thoughtfully. This recommendation addresses the shift toward people with MS actively participating in their treatment decisions. This, includes discussing their preferences for safety, route of administration (such as oral or injectable), lifestyle, cost, efficacy, common adverse effects, and tolerability of medication, as well as their readiness to start disease-modifying therapy (DMT) and other medical conditions that could affect their decision-making, according to Dr. Rae-Grant. Doctors should also inform people with MS that DMTs are designed to prevent relapses and the formation of new lesions, not to improve symptoms.

2. Switching treatment

More than ever before, MS treatment is not one size fits all. With new options for personalizing MS care, the guidelines urge people with MS and doctors alike to actively monitor how treatment is going—both in terms of effectiveness and adverse effects, says Ruth Ann Marrie, MD, PhD, director of the Multiple Sclerosis Clinic at the University of Manitoba. In 2002, only injectable forms of DMTs were available. Now there are 17 approved medications for disease modification in MS, including some in oral form and some more aggressive treatments available via infusion, which means there are many different routes of administration, benefits, risks and side effects to consider. It’s especially important to weigh all the available options when a therapy isn’t working as well as it should. “The guidelines recommend switching medicines when the patient has been on a medicine long enough for it to be effective, and where over a year there are one or more relapses or two or more unequivocally new MRI lesions, or increased disability on examination,” Cleveland Clinic

neurologist Alexander Rae-Grant, MD says. People should also seek to switch, he adds, “if side effects or problems with adherence are enough to interfere with treatment.”

However, even those who have been diagnosed with MS for a number of years are still likely to benefit from therapy. The guidelines also emphasize the need to adhere to the therapy to gain maximum benefit. This is why it’s important to consider in advance how the therapy will fit into one’s lifestyle.

3. Stopping treatment

This is a topic that the AAN hadn’t formally discussed before, but the committee that drafted the guidelines believed there should be an option for certain people with MS to discontinue their medicines. “In the case where a patient is no longer having MRI changes or relapses and is not able to walk for more than two years, they may advise discontinuation of disease-modifying therapy,” says Cleveland Clinic neurologist Alexander Rae-Grant, MD. He adds, however, “This was a Level C recommendation, which means the lowest level of recommendation,” and that “clinicians should advocate for their patients to be allowed to continue on their present medicine if they are doing well on it.”

Indeed, the guidelines confirm: “Clinicians should advocate that people with MS who are stable—that is, no relapses, no disability progression, stable imaging—on DMT should continue their current DMT unless the patient and physician decide a trial off therapy is warranted.”

Aviva Patz is a freelance writer in Montclair, New Jersey.

For more information about MS treatment guidelines, visit the [American Academy of Neurology](#).