



MS Society policy position statement

Early Treatment

October 2015

Issue

Experts used to think that when a person with MS had a relapse it meant symptoms appeared and/or quickly got worse and then went away (or remitted). As a result of wider use of MRI scanning, there is now evidence that when symptoms get better, the damage that MS causes often doesn't stop. This could lead to nerve damage that cannot be reversed. This new evidence has changed what we understand about MS and how to treat it. Rather than waiting to see whether more relapses occur, Disease Modifying Therapies (DMTs) should be offered as close as possible to diagnosis, before damage to the body has built up.

There are currently 11 DMTs available in the UK. For those people with relapsing forms of MS, DMTs can reduce how many relapses they have and also slow down the damage caused by relapses that builds up over time. By preventing relapses and disability progression, people should be able to take greater control of their condition and their lives, directly and indirectly improving physical, emotional and social outcomes.

This issue will impact on people living with MS across the UK, regardless of nation-specific commissioning arrangements for DMTs.

Evidence/Findings

In 2015 we convened a group which agreed that, on the balance of evidence available, early treatment with a DMT can improve long-term outcomes for people with relapsing remitting MS. This group included representatives from the MS Society and MS Trust, neurologists and MS nurses and six representatives of people with MS.

There is also international consensus on the value of early treatment – 'Brain Health: Time matters in multiple sclerosis' set out the evidence base for a therapeutic strategy aimed at maximising lifelong brain health, which includes early intervention with therapies most likely to provide optimal benefit. This report was co-authored by a global group of clinicians, researchers, specialist nurses, health economists and representatives from patient groups, including the MS Society.

In the face of this overwhelming evidence, we strongly believe people with relapsing forms of MS should be offered treatment as close to diagnosis as possible. We are making this recommendation following the publication of new guidance from the Association of British Neurologists, and with support from Shift MS and the MS Trust. This indicates the need to influence clinical practice around the prescribing of DMTs – moving from a ‘wait and see’ approach to one that offers treatment as close to diagnosis as possible.

Recommendations

- Everyone with a relapsing form of MS should speak to their neurologist or MS professional about treatment options and make an active and informed choice about what is right for them
- Conversations regarding treatment should begin at diagnosis and be followed up during the following six months with a view to developing a treatment plan in this time period that includes a more considered initial treatment decision
- People living with MS should have a comprehensive review of their condition and care at least once a year, which should include ongoing MRI monitoring. Suboptimal responses to treatment should prompt further discussion about changes in treatment regime
- The NHS England treatment algorithm for DMT prescribing, which is in development, should reflect the importance of early treatment.