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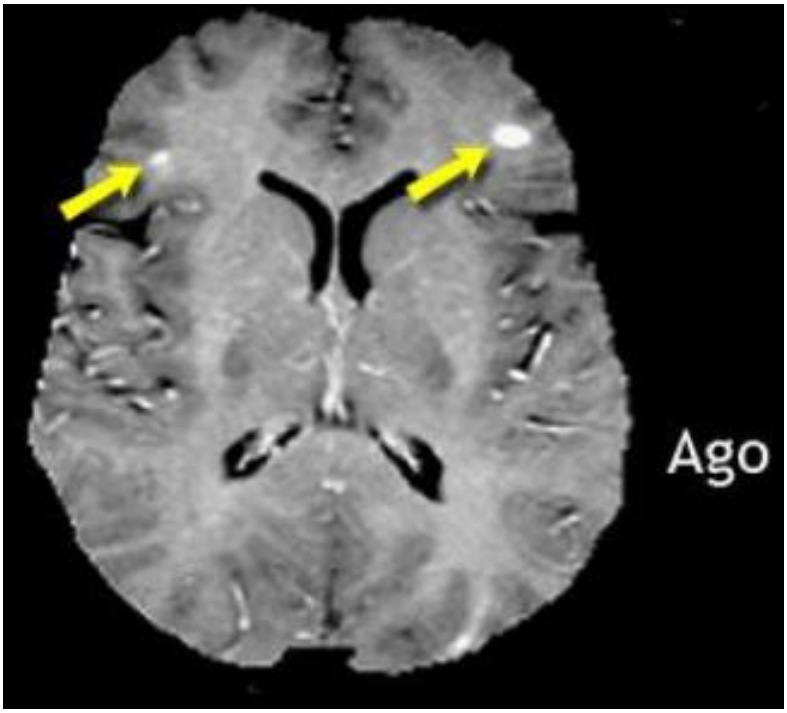
A method to treat multiple sclerosis relapses



Researchers at the Department of Neurology of the Germans Trias i Pujol Hospital in Badalona have developed a new protocol to treat relapses of multiple sclerosis. This protocol classifies the intensity of relapses as mild, moderate or severe, according to their score on the EDSS disability scale, in order to avoid treating mild relapses and concentrate only on the moderate or severe ones. Patients are given the usual high doses of methylprednisolone, but orally instead of intravenously, which is favourable to their quality of life, and means greater sustainability through lower financial and labour costs.

Most patients with multiple sclerosis (MS) experience relapses, especially in the initial phases of the disease. The relapses are subacute episodes of neurological deficit with variable recovery.

Current MS therapies are based on minimizing the risk of relapses, but none have been able to completely prevent them. Treating relapses, shortening their duration, and promoting recovery remain essential aspects in the care of patients with MS.

The literature contains extensive guidelines regarding treatments to modify the natural history of MS, but there are few references about the best treatment for exacerbations. The experts agree that MS relapses should be treated with steroids, but there is no consensus regarding which steroid is optimal for this purpose, the most effective dose, or how long treatment should last.

This thesis contains a review of the literature related to the pathophysiology of MS relapse, the guidelines that are applied for relapses, and the mechanisms of action of the treatments used. We report the results of a multi-center, double-blind, randomized clinical trial performed to test the hypothesis that a bioequivalent high dose of methylprednisolone (MP) administered orally, should not be inferior clinically or radiologically to intravenous MP for the treatment of MS relapses.

The results show that the oral route is not inferior to the intravenous route for this purpose, and that the safety and tolerability of both administration routes are equal. These findings imply a great benefit for the patients' quality of life, in addition to healthcare -and work-related savings. We conclude that treatment of MS exacerbations with intravenous MP may not be justified. It is our hope that the results of this study will contribute to changing the treatment paradigm of MS relapses.

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References

"Megadosis de metllprednisolona oral front a intravenosa per al brot d'esclerosi múltiple. Comparació de l'eficàcia clínica i radiològica ". Doctoral thesis read by Cristina Ramo Tello in 14th March de 2013. Departament of Medicine de la UAB. Supervised by professors: A Dávalos Errando y Joan Costa i Pagés.

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