

Insights Into MS

Disease-Modifying Treatment Strategies

Initiation of therapy



- Treatment should start as early as possible in patients with relapsing or progressive MS to potentially slow degenerative processes that are only clinically detectable later in the disease trajectory¹⁻³
- Involving the patient in treatment decisions and engagement between patients and HCPs may help with improved adherence and compliance to treatment and better clinical outcomes^{2,4}
- Medication adherence may be impacted by the type of therapy selected; important factors to consider when prescribing treatments include disease course, patient comfort level with adverse side effects, economic burden, and route of administration^{3,5}



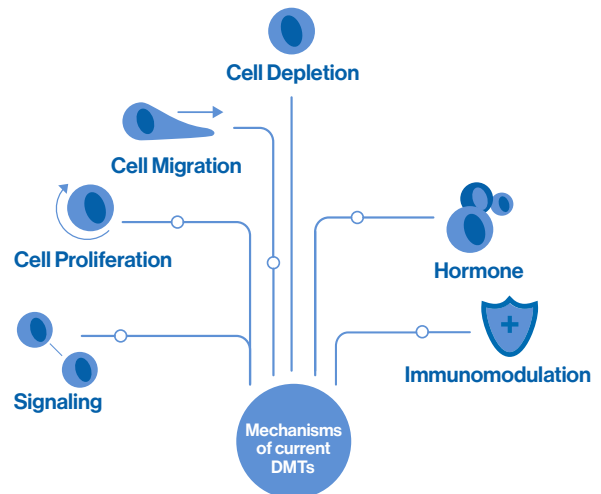
Holding Back Progressive MS:
An Early and Time-Sensitive Window

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Treatment strategies in MS



- There are many different approaches to treating MS, including cellular control (cell depletion, migration, and proliferation), and immunomodulation^{1,2}
- MS therapies target distinct components of the immune-mediated disease process and may differ in their route and frequency of administration, as well as in their side effects and risk profiles²
- Regular monitoring during treatment with DMTs and prompt adjustment of treatment if the patient is responding suboptimally is crucial for improving patient outcomes^{4,6}



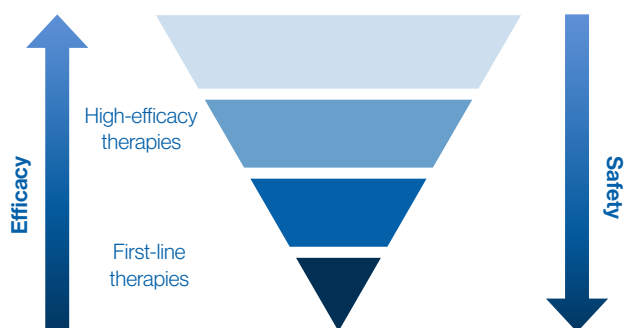
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Escalation strategy



- In escalation therapy, patients start with standard first-line therapies,⁷ which are generally considered to have a low risk of serious adverse events⁶
- Standard first-line treatments may be associated with only modest effects on disability progression^{2,7}



Adapted with permission from Théaudin and Edan⁸

Induction strategy



- Induction therapy prioritizes treatment efficacy and starts with a high-efficacy DMT, which is a potent or highly active immune intervention,³ upon confirmation of MS diagnosis⁹
- Due to their potent effects on the immune system, induction strategies may be associated with increased risk of infections³

Switching DMTs



- Where the patient and their clinician agree that any of the following are evident, switching DMTs should be considered²:
 - A sub-optimal treatment response
 - Intolerable side effects
 - Inadequate adherence to the treatment regimen
 - There is a more appropriate option
 - The benefits do not justify the risks

CNS, central nervous system; DMT, disease-modifying therapy; MRI, magnetic resonance imaging; MS, multiple sclerosis; NSAID, nonsteroidal anti-inflammatory drug.

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