



TREATMENT RECOMMENDATIONS FOR MS

Most countries have adopted international clinical practice guidelines for the treatment of multiple sclerosis (MS), last updated over ten years ago. However, these recommendations do not cover treatments available in Australia and New Zealand leaving health professionals and patients without evidence based information to inform their management.

SOURCES:

Shiple J, Beharry J, Yeh W, et al. Consensus recommendations on multiple sclerosis management in Australia and New Zealand: part 1. Med J Aust 2024; doi: 10.5694/mja2.52578

Shiple J, Beharry J, Yeh W, et al. Consensus recommendations on multiple sclerosis management in Australia and New Zealand: part 2. Med J Aust 2024; doi: 10.5694/mja2.52577

- These papers share the authors' opinions based on strong evidence from research studies and experts, in fact input from 36 MS specialists in Australia and New Zealand.
- Their recommendations were also reviewed by a panel of various stakeholders, including people with MS, MS nurses, physiotherapists, psychologists, the MS support group MS Plus, a non-profit MS research and advocacy group, an infectious diseases doctor, an immunologist, and a general practitioner.

WHAT IS THIS RESEARCH ABOUT? WHY WAS IT DONE?

- Approximately 39,000 people live with MS in Australia and New Zealand. It's a chronic disease and can affect the person in a variety of ways depending on where in the brain lesions are present.
- Different stages of life may require changes to treatment strategy planning. Both relapsing remitting multiple sclerosis (RRMS) and progressive forms of MS each present with a range of symptoms that need an individualised and multidisciplinary approach to patient care.
- Early treatment with disease modifying treatments is essential to reduce relapses and disability. There are 14 disease modifying treatments available for relapsing remitting MS (RRMS) in Australia (through the Pharmaceutical Benefits Scheme) and 8 in New Zealand (through Pharma).
- The available treatments give different options to choose the most appropriate treatment for patients.
- But, with that choice also comes subtleties to do with medication monitoring, and risks associated with infections. So a tailored and evidence-based approach to commence and monitor therapy is important.
- Two papers were published in the Medical Journal of Australia (see Sources above).

WHAT DID THE RESEARCHERS DO?

- Researchers produced recommendations through a consensus process (known as modified Delphi method or technique) to help provide a practical resource for clinicians.
- An MS working group was formed through the Australia and New Zealand Association of Neurologists to define the scope of the project.
- Two chairs from the Delphi panel - Associate Professor Mastura Monif and Dr Jessica Shiple from the [Monash University Department of Neuroscience](#) - conducted an initial search and review of the literature, together with product information leaflets and medical authority guidelines.
- From the information recommendations were drafted relating to treatment of MS and the delphi panelists (34 MS neurologists) voted on which ones would go forward. Three rounds of voting were performed online and a consensus was achieved with at least 80% of the panelists.

- A separate panel made up of MS consumers (n=2), MS nurses (n=2), allied health clinicians (n=2, including a physiotherapist and psychologist with experience in MS), members of a national support group (MS Plus), an infectious diseases physician, an immunologist, and a general practitioner reviewed the recommendations to ensure that recommendations were safe, patient centered and acceptable.

WHAT DID THE RESEARCHERS FIND?

- In total 80 recommendations were developed through the expert consensus relating to disease-modifying treatments including -
 - pre-assessment,
 - counselling,
 - treatment switching,
 - discontinuation,
 - monitoring disease activity,
 - special circumstances,
 - general lifestyle measures,
 - symptomatic treatment, and
 - acute relapses.

A summary of the key recommendations is shown in Figure 1 – see attachment.

WHAT DO THESE FINDINGS MEAN? HOW CAN YOU USE THIS RESEARCH? WHY IS THIS IMPORTANT?

- Clinicians should use these guidelines as a practical resource to provide safe, timely and effective management to people with MS.
- The guidelines will ensure that people with MS will have evidence-based care based on accessible treatments.
- The guidelines also encourage multidisciplinary input to MS care, and can be used in community centres, rural and urban health services and major hospital settings. They are designed to be accessible to all who are interested in learning and practicing MS care.

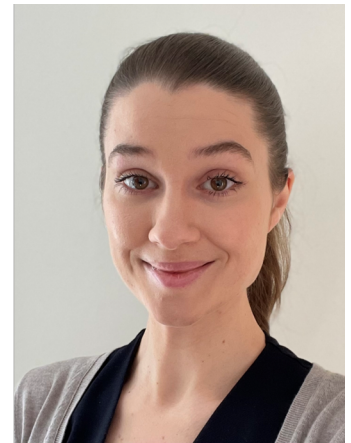
ABOUT THE CONDITION

- Multiple Sclerosis affects 2.8 million people globally. In Australia, MS affects over 33,000 people and is costly, in 2021 it was \$2.5 billion. In New Zealand MS affects approximately 6000-7000 individuals.
- MS mostly affects women who are diagnosed in their childbearing years (20-40 years of age).
- MS is a complex condition of the central nervous system, interfering with nerve impulses within the brain, spinal cord and optic nerves.
- No cure exists for MS. However a variety of treatments are available to manage the symptoms and reduce relapses and disability progression.

Written by Dr Loretta Piccenna and Dr Mastura Monif

Glossary

- Disease modifying therapies, treatment or drugs (DMTs) - these are medications that affect the activity of the immune system to reduce the frequency and severity of attacks on the brain and spinal cord.
- Relapsing remitting multiple sclerosis - a type of multiple sclerosis that people experience symptoms during flare ups or relapses, followed by a period where symptoms subside called remission. This type of multiple sclerosis is mostly commonly diagnosed, but there are two other types known as progressive primary and progressive secondary multiple sclerosis.
- Modified Delphi technique or method - structured and systematic way of voting based on the collective opinion of experts on a panel.



Associate Professor Mastura Monif (senior author, left) and Dr Jessica Shipley (first author, right)

References

- 1) Neuroimmunology, Neuroinflammation and Neurooncology Laboratory (Monif group) - monash.edu/medicine/translational/neuroscience/research/monif-group
- 2) Australian and New Zealand Association of Neurologists - anzan.org.au/

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