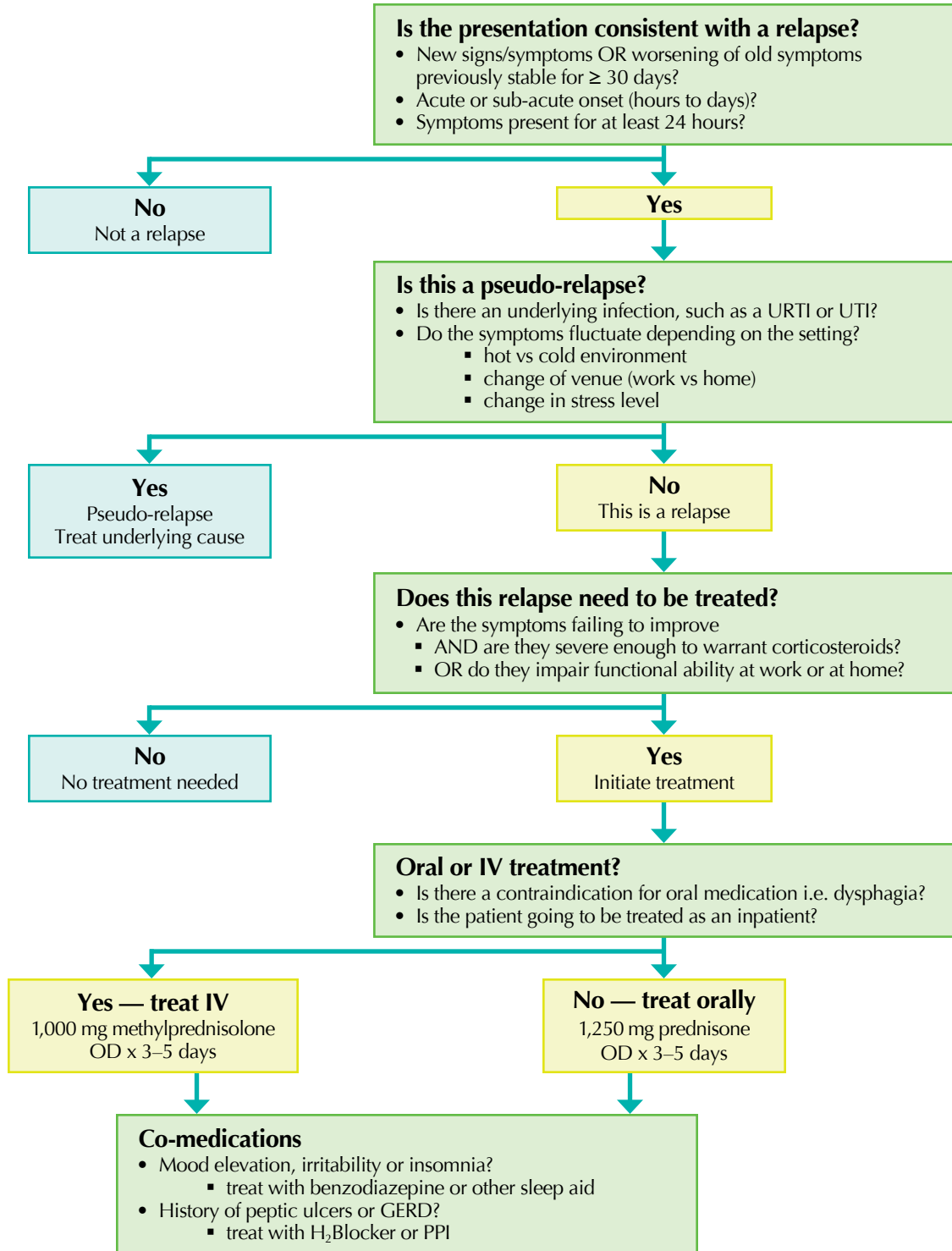


# When to treat MS relapse



# Cross Currents | in multiple sclerosis

## Know When to Treat

The current standard of care for MS relapses is high-dose multi-day corticosteroid administration: 3 to 5 days of 1,000 mg of IV prednisolone or 1,250 mg of oral prednisone. Both routes of administration are comparable in terms of efficacy<sup>8,9</sup> and are used equally in Canada<sup>10</sup>. Debate is ongoing regarding the need for a corticosteroid taper — most studies support its use in patients who have had a rebound of relapse symptoms following the termination of treatment<sup>11,12</sup>. That said, not all relapses need to be treated — neurologists report treating approximately one quarter of relapses<sup>13</sup>. Ultimately, the side effects of corticosteroid use must be weighed against the benefits. A short course of treatment commonly causes insomnia and elevated mood, gastrointestinal effects in those with a history of GI disease, and transient hyperglycemia and hypertension in MS patients with a history of glucose intolerance or hypertension, respectively<sup>2,14,15</sup>. Long-term side effects, such as bone demineralization, are only seen in MS patients given multiple corticosteroid pulses (3 or more) per year<sup>5,14</sup>.

Essentially, corticosteroids decrease the duration of the relapse with no effect on long-term outcomes and only treatment of more severe relapses demonstrated any benefit<sup>16,17</sup>. There are no specific guidelines but, generally, relapses that are multi-focal, severe and/or causing disability are treated. Adverse event treat-

## Recommendations on MS Relapse

The decision to treat an MS relapse rests with both the patient and the treating physician and should take the following key factors into consideration:

- The risks and benefits of high-dose corticosteroids as well as relapse severity
- Pseudo-relapses should be ruled out prior to treatment, particularly urinary tract infection — a common occurrence in MS that is often asymptomatic in its early stages
- Treatment with 1,000 mg of IV prednisolone or 1,250 mg of oral prednisone for 3 to 5 days is recommended, with the management of adverse events decided on an individual basis
- Patients should be referred to an MS specialist if there is any doubt as to the nature of the new symptoms, or if there is a higher than expected frequency of relapses.

ment using benzodiazepines, sleep-aids or gastric protectors can be used in those with a significant medical history or a previous reaction to corticosteroids. In the case of an unusual relapse or 2 or more relapses a year, re-referral to a neurologist is recommended. ■

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