ASSESSMENT OF CURRENT CLINICAL PRACTICES IN THE DIAGNOSIS AND MANAGEMENT OF MS

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INTRODUCTION

Multiple sclerosis (MS) is a chronic autoimmune disease affecting the central nervous system (CNS). Demyelination, axonal transection, and neurodegeneration in the CNS are pathologic hallmarks of the disease. Disease-modifying therapies (DMTs) have been shown to reduce the frequency and severity of relapses along with the development of new brain lesions. However, data on the real-world experience of these treatments (MS) (although the early initiation of these treatments may delay disability an increase in disease activity may still occur). As a result, the MS treatment armamentarium is rapidly evolving as new agents with unique profiles have become available. However, clinical guidance has not kept pace with the latest drug approvals. Due to a lack of formal guidance, the following study was undertaken to assess the knowledge and clinical practice patterns of neurologists as they relate to MS treatments for MS (http://www.medscape.org/viewarticle/839557). The survey was designed to measure knowledge, skills, attitudes, and competence of neurologists on the awareness of diagnostic, current management strategies, and emerging treatments for MS (http://www.medscape.org/viewarticle/820171). The survey, launched on Medscape Education and was made available to healthcare providers without monetary compensation or charge. Data were collected from March 25, 2015, to September 16, 2015. Confidentiality was maintained and responses were de-identified and aggregated prior to analysis.

RESULTS

A total of 468 neurologists completed the survey.

The results are reported according to questions that address specific themes in the management of MS and include the following areas: switching DMTs, disease monitoring, adverse event management and monitoring, prescriptive treatment, and ineffective management of MS. Responders were evenly split between those who practice in the United States and those who practice in Europe. In addition, 28% of respondents were from outside the United States or Europe (ge chart below).

77% of neurologists use ≤10 patients with MS per week and 9% see between 12 and 20 patients with MS per week.

The patient would like to switch to an oral therapy and asks about the adverse effects of treatment but mentions that she may wish to start a family in 2 or 3 years. After discussing your patient is a 44-year-old woman with a relapsing form of MS. She has had an inadequate treatment and her relapse rate is now high and frequent. She should not start taking the oral medication until natalizumab levels are no longer present. Tell her that it may take several weeks or months for the adverse effects to abate.

DISEASE MONITORING IN MS

ADVERSE EVENT MANAGEMENT AND MONITORING

GUIDELINES IN MS

CONCLUSIONS

Data from this survey demonstrate the existence of substantial practice gaps that support the need for further education on the management of MS.

There is substantial variation on the frequency and interpretation of clinical MRI data in patients with MS.

A substantial proportion of neurologists are not aware of the level of efficacy associated with oral DMTs.

Few neurologists are aware of the rates of adverse events associated with new non-platform DMTs.

There is limited understanding around the use of the JC virus index of the relationship between JC virus and PML.

A 26-year-old woman presents with mild optic neuritis with a diagnosis of MS confirmed by MRI data in patients with MS.

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