The resulting recommendations for policy change (Figure 1) have been widely endorsed by professional and patient organizations.

1. Speed up referral and diagnosis

Significant delays often occur before a person with symptoms suggestive of MS sees a neurologist. Improved access to MS healthcare professionals and services is therefore required.

Neurologists with interest and expertise in MS are the healthcare professionals best placed to routine diagnosis and to establish an integrated multidisciplinary approach to specialist care and management.

Campaigns are needed to raise public and professional awareness of MS and to increase the awareness of the personal and economic impact of MS.

2. Intervene early to maximize lifelong brain health

Cognitive impairment in early MS reduces quality of life, daily functioning and employability. Preserving brain volume and cognitive reserve (the two components of neurological reserve) protects against disease-related cognitive decline and disability progression.

Adopt a clear treatment goal: maximize neurological reserve, cognitive function and physical function by reducing disease activity in order to preserve residual brain health.

Using the term ‘brain health’ to describe neurological reserve is helpful for people with MS to conceptualize their disease.

3. Monitor disease activity and treat to a target

Monitor disease activity proactively, collect and record data.

Adopt a definition of disease activity that includes all parameters predicting future disability and disability progression, and evolves as the evidence base grows.

Perform MRI brain scans to monitor lesions and brain volume (if possible) at predefined intervals and when necessary.

Record monitoring data formally in databases and registries to facilitate individual treatment decisions.

4. Act swiftly and generate evidence

Act swiftly on suboptimal control of disease activity by considering switching to a DMT with a different mechanism of action.

Generate real-world evidence from registries about the long-term effectiveness and safety of DMTs and therapeutic recommendations for use by regulators, health technology assessors, payers and healthcare professionals.

Figure 2. Monitoring is crucial to identifying treatment failure and enabling timely switching to a different DMT.

Figure 3. The proportion of people with all forms of MS receiving a newer DMT in 2013 varied considerably between countries.

Conclusions

Major policy changes are needed in order to translate advances in diagnostic criteria, treatment options, monitoring procedures and disease understanding into better outcomes.

The overarching recommendations below aim to facilitate a therapeutic strategy that promotes proactive monitoring, shared decision-making, and improved treatment access.

Minimize delays in the diagnosis of MS and in the time to treatment.

Set goals for treatment and ongoing management that will optimize outcomes for every person with MS.

Consult the most robust evidence possible when making treatment and management decisions.

Formally record the results of monitoring to generate further real-world evidence.

To read the full report and consensus recommendations, visit www.msbrainhealth.org.

References


To read the full report and consensus recommendations, visit www.msbrainhealth.org