



# Brain health - time matters

## A call to action for MS, NMOSD, and MOGAD

Act now to transform care and policy for multiple sclerosis (**MS**), neuromyelitis optica spectrum disorder (**NMOSD**), and myelin oligodendrocyte glycoprotein antibody-associated disease (**MOGAD**).

Let's move beyond 'if only' and seize opportunities for meaningful change!

### Understanding MS, NMOSD, and MOGAD

#### Connected neuroimmune diseases:



**MS:** Affects 2.8 million people worldwide and causes significant lifelong disability.<sup>1,2</sup>



**NMOSD and MOGAD:** Rare but severe conditions, part of an emerging spectrum of neuroimmune diseases previously thought to be MS, often misdiagnosed, leading to serious, irreversible disabilities if untreated.<sup>3-5</sup>

#### Challenges and needs:



**Delayed diagnosis:** Misdiagnosis or delays in treatment can worsen outcomes, highlighting the need for timely access to specialists.<sup>3,4</sup>



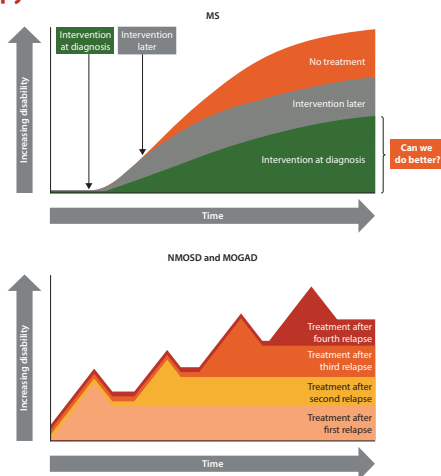
**Ongoing management:** Without timely, accurate, comprehensive, and effective long-term management, people affected can experience worsening outcomes and reduced quality of life, highlighting the need for integrated care and continuous monitoring of all aspects of these diseases and overall brain health.<sup>1,5-7</sup>



**Socioeconomic burden:** The heavy burden on individuals, caregivers and society, highlight the need for improved access to affordable care and comprehensive social support. This requires policies that ensure equitable access to treatment that reduce the long-term economic impact on patients, caregivers and society.<sup>1,6,8-10</sup>

### Flipping the pyramid

Early diagnosis, intervention and timely access to the most efficacious treatments and specialist care are critical to prevent irreversible damage and improve quality of life.<sup>1,5-7</sup>



### Advances in care

#### The treatment landscape is evolving with:



**New therapies and diagnostics:** Emerging treatments and diagnostics are improving outcomes, but access remains uneven.<sup>1,11,12</sup>



**Holistic care:** Person-centred approaches are key to managing these diseases effectively.<sup>1,13</sup>

### Policy and access to care

#### To achieve the best outcomes for people affected and society, global policies must ensure:



**Equitable access:** All patients, regardless of geography or economic status, should benefit from the latest therapies and diagnostic advancements.<sup>1</sup>



**Specialised care:** Invest in Neuroimmunology Care Units or centres of excellence to provide comprehensive care.<sup>1,14</sup>

### What more can be done?



**Timely diagnosis and early treatment:** Minimise delays in diagnosis to enable prompt, evidence-based treatment, to maximise long-term brain health and minimise disease activity and risk of irreversible disability.<sup>1,5-7</sup>



**Enhanced support systems:** Strengthen resources, community support, and advocacy for patients and caregivers to improve quality of life and care outcomes.<sup>1</sup>



**Optimal and person-centred care:** Address the comprehensive needs of patients, including medical, psychological, and social aspects, through an integrated care approach.<sup>1,13,14</sup>



**Leverage digital health tools:** Utilise technology and AI for better disease monitoring, timely intervention, and patient engagement, ensuring a person-centred approach in treatment and care.<sup>1,15-17</sup>

### Start somewhere!

A change, however small, can help to improve the lives of those affected.



### References

1. MS Brain Health. Brain health: time matters. 2024. [LINK](#).
2. MS Int Fed. Atlas of MS 3<sup>rd</sup> ed. Part 1 2020. [LINK](#).
3. Delgado-García G, et al. *Front Neurol*. 2022;13:966428.
4. Santoro JD, et al. *Neurol Ther*. 2023;12:1081–101.
5. Duchow A, et al. *Ann Neurol*. 2024;95(4):720–32.
6. Hümmert MW, et al. *Neurology*. 2022;98(11):e1184–96.
7. Cerqueira JJ, et al. *J Neurol Neurosurg Psychiatry*. 2018;89(8):844–850.
8. Knapp RK, et al. *Neurol Ther*. 2022;11(1):247–263.
9. Kobelt G, et al. *Mult Scler*. 2017;23(8):1123–36.
10. Hughes DA, et al. *Orphanet J Rare Dis*. 2022;17(1):159.
11. ECTRIMS. NMOSD and MOGAD: Considerations about Diagnosis and Treatment. 2024. [LINK](#).
12. Di Filippo M, et al. *Lancet Reg Health Eur*. 2024;44:101009.
13. Giovannoni G, et al. *Front Neurol*. 2024;14:1286122.
14. Soelberg Sorensen SP, et al. *Mult Scler*. J. 2019;25(5):627–36.
15. Cruz Rivera S, et al. *Lancet Digit Health* 2023;5(3):e168–73.
16. Naji Y, et al. *Cureus*. 2023;15(9):e45412.
17. McCradden MD, et al. *Nat Med*. 2023;29(4):765–66.

### Join us in shaping the future of neuroimmune disease care

Read the full report to explore how we can move past "if only" for MS, NMOSD, MOGAD. Our journey to change begins here!





# The MS, NMOSD, MOGAD experience

Each person's experience with MS, NMOSD, and MOGAD is unique. The burden associated with increasing disability can affect many areas of life and require wide-ranging support.<sup>1</sup>

