



Brain health - time matters

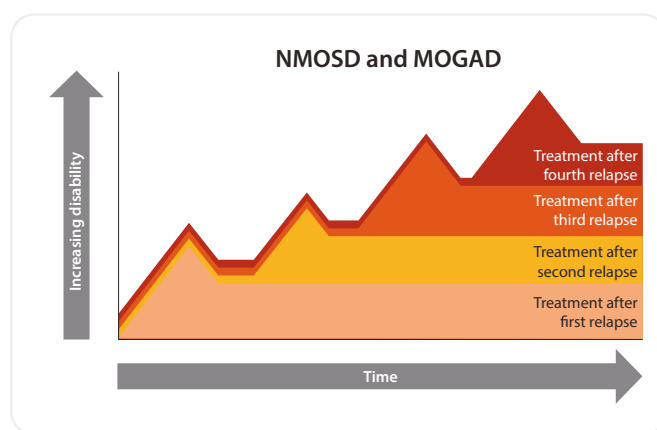
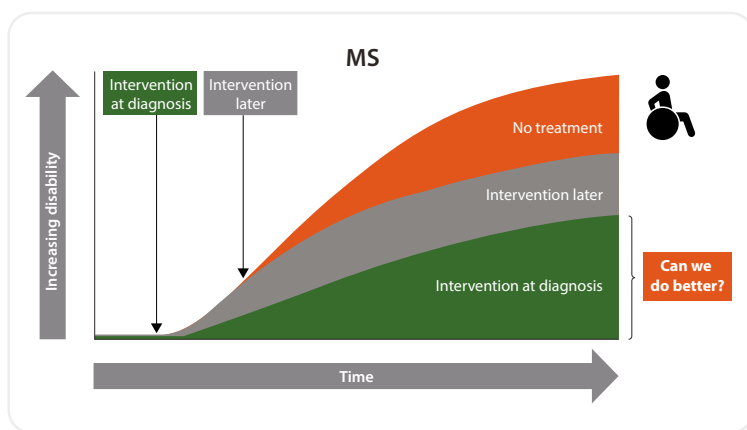
Addressing the socioeconomic impact

Act now to reduce the burden of Multiple Sclerosis (MS), Neuromyelitis Optica Spectrum Disorder (NMOSD), and Myelin Oligodendrocyte Glycoprotein Antibody-Associated Disease (MOGAD), on individuals, healthcare systems and society.



Early treatment reduces disease burden and cost

Timely and equitable access to diagnostics, specialist care and high- efficacy disease- modifying therapies (DMTs) can prevent irreversible damage and enhance quality of life.¹⁻⁴



Healthcare costs rise steeply with disease severity

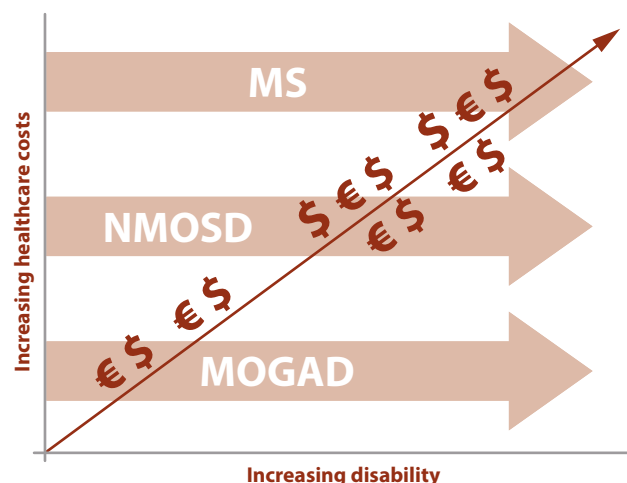
3x

People with **NMOSD** also face **3x higher annual direct costs** than people without the disease.^{1,5}

MS: mean annual cost per person with MS increase from **€22,800/year** at mild disability (EDSS 0.0–3.0) to **€57,500/year** at severe disability (EDSS 7.0–9.0).^{1,6}

NMOSD/MOGAD: German data show costs rising from **€34,992 to €129,687/year** with increasing disability.^{1,2}

NMOSD: UK data show healthcare costs jump from **£2,248/year*** (EDSS 0.0–4.0) to over **£130,868/year*** (EDSS 8.0–9.5).^{1,7}



Informal care is common, costly and often overlooked in value assessments

- Over 300 hours/month of unpaid care can be needed for individuals with severe MS.⁶

- Informal care costs in NMOSD/MOGAD range from **€5,210–€40,477/year**, depending on disability.^{1,2}

- Caregivers of people with severe **NMOSD/MOGAD** lose 4.4 hours of paid work per week.^{1,2}





Productivity loss and early retirement drive individual and societal burden

As symptoms progress, employment and daily activities become harder, leading to income loss.^{8,9,10}

80% of people with MS stop working within 15 years of diagnosis.^{1,11}



Timely treatment of MS could add **€155.3 million in socioeconomic gain per year across**.^{1,12}



Belgium



Denmark



France



Germany



Italy



Norway



Spain



Sweden



UK

Treatment evaluations must consider all elements of value: clinical, economic, societal, and human¹³

Traditional assessments often overlook indirect costs like lost productivity and caregiver strain, which risks undervaluing effective therapies.^{14,15}



Enable early access to effective treatment

Minimise delays in diagnosis and ensure access to high-efficacy therapies regardless of income or geography, to reduce relapses, preserve function, prevent irreversible disability, burden and cost.^{16,17}



Incorporate all relevant costs and benefits into economic evaluation; including informal care, lost productivity, and caregiver impact, to capture the true societal burden.¹⁸



To capture the full value of treatment

What more can be done?

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

- Ensure affordable treatments: people with life-changing diseases should be able to access crucial interventions without financial hardship.
- Improve access to vocational rehabilitation and/or supported employment, assisted living and disability benefits.
- Include a societal perspective encompassing the full scope of patient and caregiver burden in all economic evaluations of healthcare interventions.

References

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Our journey to change begins here!

