

# PRACTICAL MANAGEMENT OF PROGRESSIVE MS: WHAT TO TELL YOUR PATIENT

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May 30, 2015

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## Talk Overview

- Explaining progressive MS
- Discussing management
- Counseling your patient

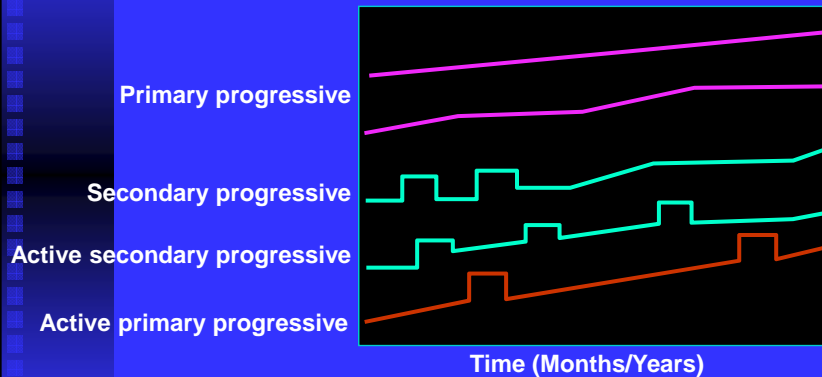
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## What is Progressive MS?

- Clinically defined
- Multiple sclerosis in which there is a slow increase in symptoms and signs over months or years with or without relapses.
- (Neurodegeneration?)

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## Progressive Forms of MS



Adapted from Lublin et al. *Neurology*. 1996;46:907.

## "Active" Progressive MS

Progressive MS in which there is evidence of (inflammatory) disease activity

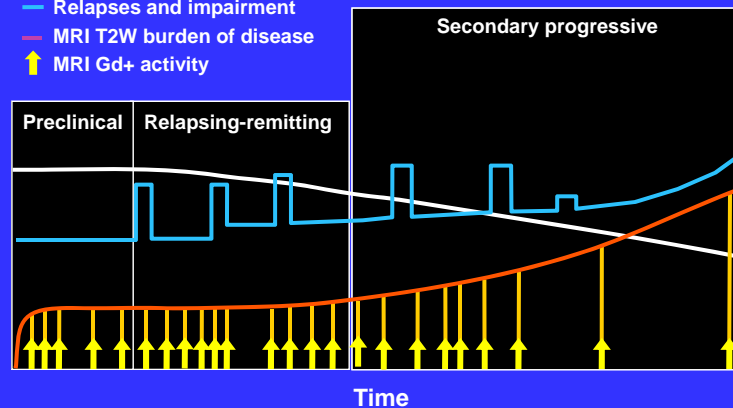
- clinical relapses
- new MRI lesions
- Gad + lesions on MRI

Adapted from NMSS Consensus statement, 2014

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## MRI in Progressive MS

- Measures of brain volume
- Relapses and impairment
- MRI T2W burden of disease
- ↑ MRI Gd+ activity



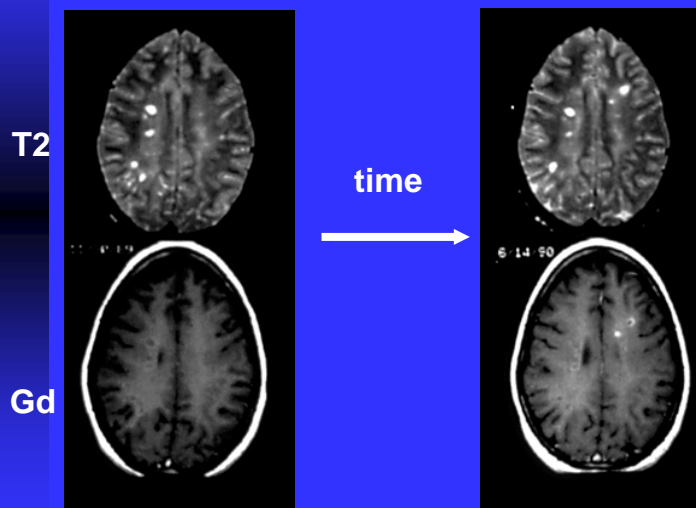
## Management Overview

- Evaluate
  - ◆ Inflammatory activity
  - ◆ Symptoms
- Identify treatment options
  - ◆ Physical
  - ◆ Pharmacological
  - ◆ Environmental
- Develop treatment plan with patient and caregivers
- Follow up

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## MRI Evidence of Disease Activity



## Symptoms in Progressive MS

- Ataxia
- Bladder dysfunction
- Bowel dysfunction
- Cognitive impairment
- Depression
- Fatigue
- Pain
- Sensory loss
- Sexual dysfunction
- Spasticity
- Visual impairment
- Weakness

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## Treatable Symptoms

- Ataxia
- Bladder dysfunction
- Bowel dysfunction
- Cognitive impairment
- Depression
- Fatigue
- Pain
- Sensory loss
- Sexual dysfunction
- Spasticity
- Visual impairment
- Weakness

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## Treatable Symptoms

- Ataxia
- Bladder dysfunction
- Bowel dysfunction
- Cognitive impairment - Turner
- Depression - Maloni
- Fatigue - Maloni
- Pain - Maloni
- Sensory loss
- Sexual dysfunction
- Spasticity - Cameron
- Visual impairment
- Weakness - Cameron

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## Counseling your patient

- Be positive
- Be honest
- Discuss options with patient and caregiver
- Engage the patient
- Engage other resources
- Make a follow-up plan

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## Be Positive

- Discuss what can be done (don't focus on what can't)
- (Most of us wouldn't sit down with a newly diagnosed patient with Parkinson's Disease or dementia and start off by telling them we don't have a disease modifying therapy for their disease)

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## Be Honest

- Don't offer DMT therapy if you don't think it will help
- Give your best estimate of prognosis with the stipulation that prognostication in MS is difficult
- Do offer symptomatic therapy

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## Discuss Options

- In patients with “active” disease discuss DMT therapy
- In all patients discuss symptomatic therapy
  - ◆ Medications
  - ◆ Physical therapy
  - ◆ Environmental modifications

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## Engage the Patient

- Elicit the patient's views
- Give the patient time to process the issues (may mean a second visit)
- Respect the patient's perspective
  - ◆ Understand their concerns
  - ◆ Address the issues that they think are important

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## Engage Other Resources

- Patient advocacy organizations (NMSS...)
- Other physicians (Urology, psychiatry...)
- Other professionals (PT, OT, NP...)
- Home health
- Employer
- Others

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## Have a Follow-Up Plan

- Staged approach
- See what works
- Make it clear to the patient and caregiver that treatment is a long term process and that you are committed to that.

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## Conclusions

- There are many treatment options for PMS patients
- Managing PMS patients is more complex than most RRMS patients.
- The approach to counseling patients with PMS is similar to the approach used for other patients with chronic degenerative neurological conditions.

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