

Medical Update Memo

December 1, 2004

Research News from ECTRIMS - European Committee for Treatment and Research in Multiple Sclerosis, October 6 - 9, 2004

A better understanding of the disease process in MS, good news for people with MS who are considering pregnancy, and improvements in symptom management were among the highlights of the 20th Congress of the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS) and the ninth annual meeting of Rehabilitation in Multiple Sclerosis (RIMS) held in Vienna.

This year's ECTRIMS, held October 6-9 at the Vienna Austria Centre, set a record attendance with more than 3000 scientists, clinicians, and nurses participating in the four days of meetings and poster presentations.

Following are highlights from the ECTRIMS meeting. In addition, the scientific program, including abstracts of some presentations, is available at www.akm.ch/ectrims2004.

Reducing MS relapse in pregnancy

Treatment with intravenous immunoglobulins will reduce MS relapse rates during pregnancy and following delivery. This was the conclusion of researchers from Israel who confirmed the findings made by other researchers that treatment with intravenous immunoglobulins, following delivery, reduces the rate of MS relapses. Unlike previous studies, however, this study treated women with MS with intravenous immunoglobulins during pregnancy and following delivery.

Dr. A. Achiron reported a reduction in relapse rates in women with relapsing-remitting MS (RRMS) taking intravenous immunoglobulins during pregnancy and following delivery. In her concluding remarks, Dr. Achiron urged clinicians to consider other

ways to reduce the incidence of post-partum-related relapses in women with RRMS.

In an update on the Pregnancy-related relapse in multiple sclerosis (PRIMS) study, Dr. C. Confavreux, confirmed that breast-feeding does not influence relapse rates. The PRIMS study showed that relapse rates declined during pregnancy, most notably in the third trimester, and increased in the three months following delivery.

Both researchers noted that preliminary findings on the use of intravenous immunoglobulins before, during, and after pregnancy have been encouraging to date.

Results of teriflunomide study in MS

Dr. Paul O'Connor (St. Michael's Hospital, Toronto) and colleagues reported that teriflunomide - an immunosuppressive agent that may modulate activity of disease-causing immune cells - was well tolerated in a randomized, placebo-controlled study of 179 people with relapsing-remitting MS, and significantly reduced areas of damage to nerve-insulating myelin, as seen on MRI.

Participants were randomly assigned to receive placebo, or 7 mg or 14 mg of teriflunomide, once daily for 36 weeks. The primary objective of the study was to determine the effect of treatment on the average number of active areas of myelin damage (lesions), as seen on MRI scans taken every six weeks.

Both treatment doses were associated with reduced numbers of active lesions compared with placebo-treated subjects. Adverse events included headache and upper respiratory tract infection; the number of such events was similar among all three groups. The researchers concluded the results warrant further study of this drug in a larger trial, which is in the planning stages now.

Immunomodulatory treatments

New information on the four immunomodulatory treatments currently available for the treatment of RRMS - glatiramer acetate (Copaxone), interferon-beta 1a (Avonex, Rebif), and interferon-beta 1b (Betaseron) - was presented at several symposia and through dozens of posters.

The use of high-dose interferon and the long-term benefits of immunomodulatory treat-

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ments were among the most important treatment advances at this year's congress. Some researchers are evaluating treatment with higher doses of interferon to control MS and prevent relapses. Others are exploring ways to maintain treatment benefits in the long-term. A US study evaluating 10 years of continuous use of Copaxone in 251 people found that more than 60% of people with MS, who remained on therapy, showed clinical improvement and stable disability scores.

Progressive MS

Researchers and clinicians continued to grapple with the definition of primary-progressive MS (PPMS) and RRMS by asking the question: Are these one or two diseases?

Researchers agreed that the majority of MS cases are RRMS with distinct episodes, commonly called relapses. Up to 15 years after the first onset of RRMS, about 50% of people have difficulty with mobility and enter a phase of increasing disability without necessarily having relapses. They are defining this presentation as the secondary-progressive phase of MS.

To these researchers, PPMS is a different disease which presents in about 10%-15% of people with MS who experience progressively increasing disability from the start. This presentation of PPMS differs from RRMS in several respects. The average age of onset of PPMS is significantly later by about five years and the majority of PPMS cases have progressive weakness affecting the lower extremities.

Other researchers defined RRMS and PPMS as a two-staged disease with two consecutive mechanisms underlying the progression of disability - inflammation and neurodegeneration. They report a time-difference between phase one and phase two of the disease. The early phase of the disease appears to be strongly influenced by ongoing inflammation. The second phase has a progressive course which is more suggestive of an ongoing neurodegenerative process. This progressive phase of MS is associated with irreversible disability.

Rehabilitation

ECTRIMS 2004 delegates were invited to spend a half-day at the Rehabilitation Clinic in Bad Pirawarth. Since 1998, the Pirawarth Clinic has been the largest hospital clinic in Austria dedicated to neurorehabilitation. Most of the clinic's 235 beds are devoted to neurology rehabilitation. People with a variety of illnesses and associated physical limitations are evaluated and treated by a multidisciplinary team of 12 physicians, 80 therapists,

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nurses, and other health care professionals.

The philosophy of care at the Pirawarth Clinic is to build on the elementary functions that are still available and restore people to a jointly-defined level of functioning.

In a separate presentation, researchers from Brazil outlined a two-pronged approach to rehabilitation. Their rehabilitation program focused on cognitive function, fatigue, depression, and quality of life. The therapists used education to modify beliefs about fatigue symptoms and an aerobic program to improve physical capacity. They found that multidimensional progress provided positive results to people with MS regarding aerobic capacity, symptoms of depression and fatigue, and quality of life (QoL) perceptions.

Symptom Management

Cognitive impairment and fatigue were among the most discussed topics as this year's congress. Sessions on the impact of spasticity on fatigue, exercise therapy for balance and mobility, and the use of assistive equipment provided clinicians with a broad overview of new and developing interventions aimed at improving the lives of people with MS.

Cognition

Researchers at the Cleveland Clinic Foundation, Cleveland USA contributed to the growing body of information on cognitive impairment by alerting clinicians to the fact that people with MS may demonstrate cognitive performance that is less than predicted but not low enough to meet formal criteria for cognitive impairment. Researchers reported that this low level of cognitive impairment will still have a negative impact on QoL.

In this study, a group of 136 people with MS were assessed in different domains of cognitive function. Among other measures, the researchers evaluated verbal comprehension, perceptual organization, processing speed, working memory, immediate memory, general memory, and auditory delayed recognition. They found lower than expected processing speed in people with MS who did not meet the criteria for cognitive impairment.

Fatigue

ECTRIMS 2004 showcased a number of studies aimed at better defining and managing fatigue. Presentations of fatigue and pain, fatigue and rehabilitation, and fatigue and activities and daily living were among the most interesting.

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The clinical impact of fatigue during neurological inpatient rehabilitation was examined by researchers from Denmark who found that fatigue has a high clinical impact in the rehabilitation of people with MS. These clinicians were able to reduce fatigue during four weeks of in-clinic rehabilitation without specific medications.

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