

Neurology Department

Treatment of Relapses in Multiple Sclerosis

Introduction

Relapses in multiple sclerosis (MS) are common and caused by inflammation in the brain or spinal cord. This causes symptoms the nature of which depends on the part of the brain or spinal cord affected. The symptoms may be relatively mild or more obvious and troublesome. For example, a person may develop blurred vision in one eye when the nerve to the eye becomes inflamed (known as optic neuritis). Double vision, slurred speech, clumsiness and/or unsteadiness may develop when a small part of the brain becomes inflamed (known as brain stem relapse). Leg weakness, numbness or bladder problems may result from inflammation in the spinal cord (known as partial or transverse myelitis).

The symptoms caused by a relapse usually develop over a number of days or weeks followed by a period of stabilisation and improvement over a number of weeks or months. Following recovery from a relapse, a person may be left with some residual symptoms (incomplete or partial recovery) or no symptoms (complete recovery). The periods of stability between relapses are known as remissions.

How do I know if I am having a relapse?

If you develop new symptoms that have evolved over a few days or weeks, of the type commonly experienced in MS, it is likely you are having a relapse. However, if you develop a recurrence of old symptoms or a worsening of longstanding symptoms that last only a few hours in duration, or vary on a day-to-day basis, it is much less likely to be due to a relapse particularly if it occurs at times of illness or stress. It is important to distinguish these sorts of symptoms from a relapse in order to avoid inappropriate treatment.

What should I do if I think I am having a relapse?

If you have recently developed symptoms that are particularly troublesome or causing concern you should contact your MS Nurse (see contact details below). They will be able to assess your condition and give advice with regard to the most appropriate course of action.

What are the treatment options?

If your symptoms are thought to be due to a relapse and are troublesome it is appropriate to consider treatment with steroids. If your symptoms are making it difficult to carry on your normal day-to-day activities, it may be appropriate to consider referral to local rehabilitation services or even consider hospital admission. However, if your symptoms are mild and not particularly troublesome, it is probably best to wait for recovery to occur by itself.

If your symptoms are thought to be due to illness or stress, rather than a relapse, it is important to avoid treatment with steroids. If there is a concern you may have an infection, treatment with antibiotics may be needed.

How do steroids work and what are the benefits?

Steroids work by reducing the inflammation that causes relapses. Steroids may reduce the severity of a relapse and speed recovery. Unfortunately, they do not usually alter the extent of recovery. Steroids are not usually given for mild relapses because of the side effects and risks.

What are the side effects and risks?

Steroids often cause a metallic taste, mood change and sleep disturbance. It is not uncommon to experience a feeling of euphoria or depression. Very occasionally, a serious paranoid state may be provoked. Steroids may also cause ankle swelling and a rise in blood pressure and blood sugar levels. If you already have high blood pressure (hypertension) or diabetes this will need to be monitored during treatment. Very rarely, steroids may cause serious damage to the hip (avascular necrosis of the femoral head). Treatment during pregnancy is probably safe providing steroids are not used repeatedly as this may restrict the baby's growth. Patients without a definite history of chickenpox should be advised to avoid close personal contact with chickenpox or herpes zoster and if exposed they should seek urgent medical attention. Exposure to measles should be avoided. Medical advice must be sought immediately if exposure occurs.

It is important to keep the dose of steroids to a minimum. This is because the frequent and prolonged use of steroids increases the risk of developing long term side-effects including diabetes, bone thinning (osteoporosis) and fractures, muscle wasting, stomach ulcers and infections.

If you have already been taking steroids on a regular basis for more than a few months it is important to discuss this with your doctor. You should not to stop treatment abruptly as this may cause serious problems.

How are steroids given?

Steroid can be given either as tablets (usually methylprednisolone 500mg daily for 5 days) or an intravenous infusion, via a 'drip' into your arm (usually methylprednisolone 1g daily for 3 days). The infusion takes about 30 minutes.

There is no evidence that one form of steroid treatment is superior to another in terms of benefits. However, there are other factors that need to be taken into consideration when deciding which is the most appropriate form of treatment for you.

What happens if I decide not to start treatment with steroids?

You will have the opportunity to ask your doctor and/or MS Nurse questions about the information in this leaflet before you decide whether or not to start treatment. If you decide not to start treatment your future care will not be affected in any way. It is important to appreciate that steroids do not alter the extent to which you recover from a relapse and declining treatment should not have a detrimental effect on your condition in the long-term.

Are there any other treatment options?

If you have been having frequent and severe relapses you may benefit from treatment with **disease modifying drugs**. These drugs may reduce the number and severity of relapses in the short-term. However, the long-term benefit of these drugs is unknown. Your MS Nurse or local Neurologist will be able to advise whether you are a potentially suitable candidate for treatment. If it is felt you may benefit from these drugs you will need be referred by your local Neurologist to the MS Assessment Clinic in Leeds.

Advice about the treatment of relapses

For **routine advice** please contact your MS Nurse.

Contact Details for the MS Nurses are as follows;

Audrey Owen	Huddersfield	01484 347396
Denise Winterbottom	Calderdale	01422 222966

For **emergency medical advice** you should contact your GP or NHS Direct or the Ambulance Service in case of life threatening concerns.

Leaflet adapted and reproduced with the kind permission of the greater Manchester Neurosciences Centre.

If you have any comments about this leaflet or the service you have received you can contact :

Multiple Sclerosis Specialist Nurse

Calderdale Royal Hospital
Telephone (01422) 222966

Huddersfield Royal Infirmary
Telephone (01484) 347396

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"