Abstract 1328

Consensus guidelines for the timely detection and diagnosis of disease progression in multiple sclerosis patients

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Authors: C. Oreja-Guevara[1], B. Casanova-Estruch[2], J.A. García-Merino[3], L. Costa-Frossard[4], D. Fernández-Uría[5], J.R. Ara[6], J. Prieto[7], C. Calles[8], M.Á. Hernandez[9], J. Río[10], C. Durán[11], G. Izquierdo[12], S. Eichau[13], A. Rodríguez-Antigüedad[14], M.J. Moreno[15], D. Fernández[15], J. Meca-Lallana[16]; [1]Hospital Universitario Clínico San Carlos/Madrid/Spain, [2]Hospital Universitario y Politécnico La Fe/Valencia/Spain, [3]Hospital Universitario Puerta de Hierro/Madrid/Spain, [4]Hospital Universitario Ramón y Cajal/Madrid/Spain, [5]Hospital Universitario de Cabueñes/Gijón/Spain, [6]Hospital Universitario Miguel Servet/Zaragoza/Spain, [7]7Hospital Clínico Universitario de Santiago/Santiago De Compostela/Spain, [8]Hospital Universitari Son Espases/Palma De Mallorca/Spain, [9]Hospital Universitario Nuestra Señora de la Candelaria/Santa Cruz De Tenerife/Spain, [10]CEMCAT, Hospital Universitario Vall d'Hebrón/Barcelona/Spain, [11]Hospital Universitario de Badajoz/Badajoz/Spain, [12]Fundación DINAC/Sevilla/Spain, [13]Hospital Universitario Virgen Macarena/Sevilla/Spain, [14]Hospital Universitario de Cruces/Barakaldo/Spain, [15]Novartis/Barcelona/Spain, [16]Hospital Clínico Universitario Virgen de la Arrixaca/Murcia/Spain

Background

Secondary Progressive Multiple Sclerosis (SPMS) is a clinical form of MS characterized by gradual accrual of disability independent of relapses over time. Limited information is available on decision-making in the management of MS. As a consequence, it is frequently diagnosed retrospectively, thus reducing treatment options.

Objectives

To establish consensus on patient monitoring and definition of relevant clinical variables that can support decision making in the early identification and management of disease progression.

Methods

A two-round RAND-UCLA method was used, involving a panel of 15 MS specialists in Spain. A questionnaire consisting of 72 open-ended questions from 3 dimensions (clinical, radiological and biomarkers) was circulated to the experts in Round I. Eleven additional items were included in Round II based on panel feedback in Round I. Items were rated on a 4-point Likert scale and consensus was defined as ≥66% agreement on an item. Final data are presented.

Results

Panellists agreed on the need of monitoring the patients remaining clinically and radiologically stable while on immunomodulators (93%) or immunosuppressors (73%) every 6 months, leaving the special situations to clinical judgement (80% and 93%, respectively). EDSS is the best variable to define progression (93%); six months is the minimum time to confirm disability progression independent of relapses (87%); a worsening of 2-points in any functional system (except the visual), even without changes in EDSS, suggests progression (80%), regardless of disease duration (> 20 years: 93%; 10-20 years: 87%) and age (87%). 20% time increase in T25-FW and 9HPT, together with an increase in EDSS score, are confirmatory of progression (87%). Panellists agreed to perform an annual cognitive exploration (80%), such as SDMT (100%), BRB-N (93%), BICAMS (93%). Experts agreed to evaluate QoL (80%), depression (73%) and fatigue (73%) once annually. A sustained change in brain atrophy suggests progression (80%) provided major physiological factors have been ruled-out (83%). Sustained medullary atrophy suggests progression (100%) but more precise techniques should be used to confirm a diagnosis (93.3%).

Conclusions

The overall consistency in the level of agreement in the different items is high and reinforces the results obtained. These areas of collective agreement could guide neurologists in anticipating progression and planning informed clinical and therapeutic interventions.

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