MENACTRIMS guidelines for multiple sclerosis updated

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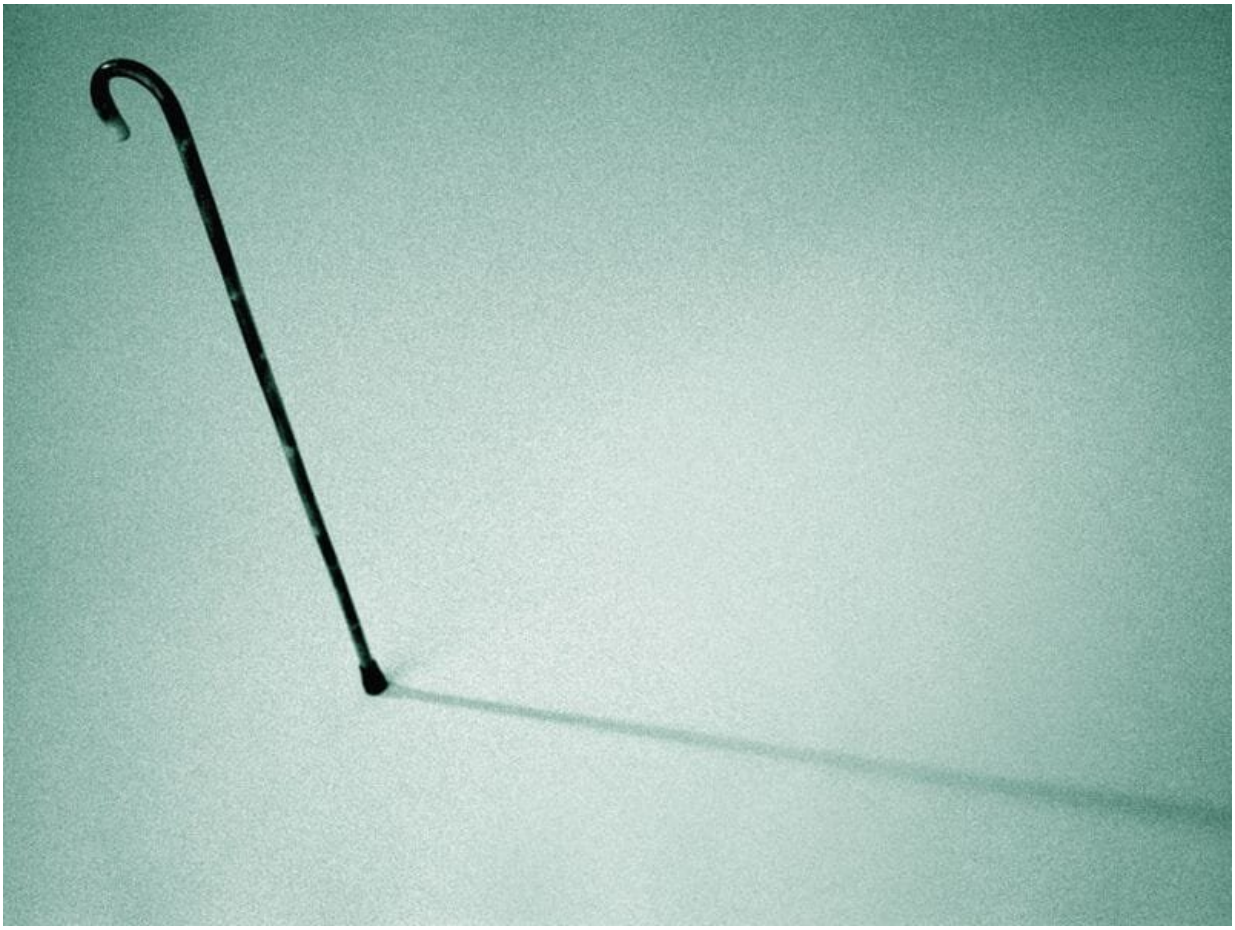

(HealthDay)—In a revised 2019 guideline, published in the January

2020 issue of *Multiple Sclerosis and Related Disorders*, updated recommendations from the Middle East North Africa Committee for Treatment and Research in Multiple Sclerosis (MENACTRIMS) are presented for the diagnosis and treatment of multiple sclerosis (MS).

To prepare the revised guideline, Bassem Yamout, M.D., from the American University of Beirut Medical Center in Lebanon, and colleagues reviewed the scientific evidence supporting treatment of acute relapses, radiologically isolated syndrome, clinically isolated syndrome, relapsing-remitting MS, and progressive MS.

The authors note that despite recent advances in diagnostics and the availability of several markers, the diagnosis of MS remains clinical. In treatment-naive patients, disease-modifying therapies (DMTs), including interferon-beta, glatiramer acetate, teriflunomide, and dimethyl fumarate, can be initiated. Fingolimod or siponimod is an acceptable alternative for patients with needle phobia or contraindications/adverse events. Following careful risk stratification, fingolimod, siponimod, natalizumab, ocrelizumab, or cladribine may be initiated in patients with highly active disease. Natalizumab, ocrelizumab, or alemtuzumab is recommended following careful risk stratification in patients with rapidly evolving aggressive disease. In patients with poor tolerance to first-line DMTs, lateral switch to another first-line DMT may be considered. Treatment escalation to fingolimod, siponimod, natalizumab, ocrelizumab, or cladribine should be considered in patients with moderately active disease and suboptimal response to first-line therapies.

"With evolving diagnostic criteria and the advent of new oral and parenteral therapies for MS, most current diagnostic and treatment algorithms need to be reevaluated and updated," the authors write.

The authors disclosed financial ties to the pharmaceutical industry.

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