

# TREATMENT OPTIONS



Multiple Sclerosis Society  
of SA & NT

The two principle aims of drug therapy for MS are to ease specific symptoms and hamper the progression of disease by shortening the attacks. The types of drugs used in treatment depend on a number of factors, including the type of MS.

Some of the drug treatments available include:

- **Immunotherapy** - These medications slow the frequency and severity of attacks, which means the myelin sheaths are subjected to less damage. Immunotherapy works by modifying the activity of the immune system. This treatment is most often prescribed for people with relapsing-remitting MS.
- Methylprednisolone - taken either as pills or an infusion. This steroid medication is used to control the severity of an MS attack, by easing inflammation at the affected site.

- **Immune Suppressants** – sometimes immune suppressants such as methotrexate or mitozantrone are used, especially for people with progressive MS.
- **Treatments in development** There are a large number of new therapies being trialled in the treatment of MS. Information about these treatments can be obtained from the Society's nurses and your neurologist

For more information on immunotherapy medication treatments please use the following links:

- [Avonex](#)
- [Betaferon](#)
- [Copaxone](#)
- [Rebif](#)
- [Tysabri](#)

The Society does not recommend a particular therapy as this is a clinical decision that you need to make with your neurologist. Staff are able to provide you with detailed information about all of

these medications and discuss with you what factors are important in your personal decision making process.

### **New treatments**

#### **Chronic Cerebrospinal Venous Insufficiency (CCSVI) is**

attracting a lot of attention as a possible cure for MS. CCSVI describes a situation where there is an apparent reduced blood flow from the brain and spinal cord over a prolonged period of time. In short the treatment involves surgical treatments to remove the blockage. It is important to note that the treatment is unproven in the long term. For more information, please refer to MS Australia's information on CCSVI [%20your%20questions%20answered.pdf](http://www.msaustralia.org.au/documents/your%20questions%20answered.pdf)

#### **Gilenya (fingolimod)**

In February 2011 the Therapeutic Goods Administration (TGA) approved the use of Gilenya for the treatment of relapsing-remitting MS and secondary-progressive MS with relapses. For more information on Gilenya refer to MS Australia's Information sheet

[http://www.msaustralia.org.au/doc  
uments/Gilenya%20-  
%20New%20treatment%20for%20](http://www.msaustralia.org.au/documents/Gilenya%20-%20New%20treatment%20for%20)

[MS.pdf](#)

#### **Movectro (cladribine)**

Movectro was approved by the TGA in September 2010 for the treatment of relapsing-remitting MS. Movectro is the first oral disease modifying drug to be approved in Australia for MS. For more information, please refer to MS Australia's information on Movectro

[http://www.mssociety.org.au/docu  
ments/Movectro%20-  
%20MS%20Treatment%20Inform  
ation.pdf](http://www.mssociety.org.au/documents/Movectro%20-%20MS%20Treatment%20Information.pdf).

Note that Movectro is currently not available on the PBS, although an application for the subsidy is pending.

#### **Stem cell therapies**

Stem cell therapies, of which there are several, are at different stages of research and have different possible benefits and risks. The theory is that stem cell treatments may be able to repair myelin damage. For more information please see MS Australia's stem cell booklet

[http://www.mssociety.org.au/docu  
ments/StemCellBooklet.pdf](http://www.mssociety.org.au/documents/StemCellBooklet.pdf)

## Treatment for specific symptoms

Treatments for specific symptoms may include a range of treatment, including:

- **Muscle problems** - a combination of medication may ease muscle problems, including stiffness and tremors. Physiotherapy is also recommended. See also **INFO08 Symptom Series – Spasticity**, and relevant Information Sheets from the Managing MS Series.
- **Fatigue** - some studies have found that medication used to treat the sleep disorder narcolepsy is helpful in controlling MS-related fatigue. See also relevant **Information Sheets from the Fatigue Series**.
- **Neurological symptoms** - visual disturbances can be helped with medication, including steroids. See also **INFO55 Symptom Series – Visual Disturbances**.
- **Continence** - treatment for continence problems may include special exercises, medications, continence aids (such as disposable pads) and certain dietary changes.

See also **INFO53 Symptom Series – Urinary Dysfunction and Bowel Problems**.

- **Neuropsychological problems** - treatment for depression or anxiety may include counselling or medication. Memory problems and other cognitive difficulties can be better managed with professional help from a neuropsychologist. See also the **Symptoms Series of Information Sheets** and **INFO 52 Symptom Series – Depression**.

## Health care providers

A person with MS can better manage their symptoms by drawing on the resources of a health care team, including:

- **Physiotherapy** - including tailored exercise programs to improve strength, coordination and flexibility.
- **Occupational therapy** - to learn coping strategies and new energy saving skills to ensure a more independent life. These may include the use of aids.
- **Neuropsychological therapy** - including

techniques to improve memory and cognitive skills.

- **Other therapies** - as needed, such as speech therapists, eye specialists.
- Nurses
- Social workers.

### **Alternative therapies**

Medications and physical therapies can be complemented by alternative therapies. See **INFO42 Healthy Living series – Complementary and Alternative Therapies** for more information.

### **Where to get help**

- Your GP
- Your neurologist
- The MS Society

### **Things to remember**

- The aim of medication therapy for MS is to hamper the progression of disease by shortening the attacks and to ease specific symptoms.
- The medication used in

treatment is prescribed for each individual's specific needs.

- A person with MS can better manage their symptoms by drawing on the resources of a range of different health care providers

### **Research**

Throughout the world there is ongoing research into every aspect of MS. In Australia MS Research Australia implements an informed scientific agenda to accelerate advances that will prevent, better treat and ultimately cure MS. The MSRA Scientific Agenda focuses on funding research that will increase our understanding of the biology driving MS and how to stop factors from triggering the disease, causing further damage and how to repair existing damage that can reverse disability.

### **If you are interested in more information**

The Society has more information sheets included in the Managing MS Series as well as a Symptoms series and a Healthy Living series. Please see the website for more details.

### **References**

**MS Research Australia**  
<http://www.msra.org.au/>

**MS Society of Canada**

Treatments <http://mssociety.ca/en/treatments/default.htm>

**MS Trust**

Disease modifying drug Therapy

<http://www.mstrust.org.uk/shop/product.jsp?prodid=90>

**MS International Federation (MSIF)**

MS in Focus Issue 17 Research in MS

[http://www.msif.org/en/resources/msif\\_resources/msif\\_publications/ms\\_in\\_focus/index.html](http://www.msif.org/en/resources/msif_resources/msif_publications/ms_in_focus/index.html)

**National MS Society US**

A New Era: New Drugs, New Options, New Risks published in Momentum Spring 2011 <http://www.nationalmssociety.org/multimedia-library/momentum-magazine/momentum-spring-2011/index.aspx>

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