Neurology – Relapse in Multiple Sclerosis Patient Pathway July 2005

Patient Presentation

Patient with confirmed multiple sclerosis presenting with either:
- An acute or sub-acute deterioration of pre-existing symptoms
- Onset of new neurological symptoms compatible with multiple sclerosis (examples of presenting symptoms overleaf)

GP

Patient History
Physical Examination
Exclude infection (pseudo-relapse) check MSSU, FBC etc.

Infection found ?

Yes

GP

Withhold steroids
Treat infection

No

GP

Discuss options for management with patient, this may be:

- High dose steroid therapy
- Physiotherapy/Hydrotherapy
- Referral to MS Therapy Centre
- Counselling / Psychological support
- Referral to Chronic Pain Clinic for treatments such as acupuncture

GP

Refer as appropriate

GP

Treat with high dose oral Methylprednisolone if relapse severe enough to warrant treatment and patient agrees that this is the most appropriate course of action. **(For dosage advice see NICE, 2004 or prescribe as per local protocol).**

Contraindications for steroid therapy: infection; history of peptic ulceration/gastritis; diabetes; history of lack of previous response to steroid therapy; hypertension.

N.B. If more than 2-3 weeks from relapse onset: steroids are not indicated unless symptoms progressively worsening, therefore important for patient to seek treatment early and GP to recognise if steroid therapy is an option. Dialogue encouraged between GP and Neurology Service for management advice as appropriate.

GP

Review patient in 2 to 4 weeks (or earlier if patient has side effects or continues to deteriorate)
Has there been an effect?

Yes

No or partial effect

GP

No further treatment required – advise patient to return if further symptoms develop

Refer patients with severe relapse to Local Neurology Service/District General Hospital/Other appropriate service if the patient:

- Has significantly worse disability / significantly increased dependency
- Is intolerant of, or failing to respond to, oral steroids – for consideration of intravenous steroids or alternative therapy
- Has side effects from steroid therapy
- Requires acute in-patient rehabilitation
- Requires other hospital treatment
- Requires Neurology review
- Has recurring relapses – ? disease modifying therapy
- Requires further symptom management

Useful Information for Patients

www.mssociety.org.uk
UK Helpline 0808 800 8000
www.mstrust.org.uk
Local voluntary groups

Management Tips

- Patients should be informed of the risks/side effects of treatment.
- Emotional support (preferably face to face) for patients during, a relapse, should be arranged. Support may also be required for carers / family members.
- Patients preferences must be considered.
- Patients should normally receive no more than 4 high dose steroid courses in a year.
- If there is any concern about dosing or frequency of steroid courses – discuss with a neurologist.
- Steroid therapy expedites recovery but does not significantly alter outcome.
- There should be at least one month between steroid courses.

Multiple Sclerosis Specialist Nurses

- The provision of ongoing care throughout the disease process from newly diagnosed issues to relapse management, symptom management.
- Specialist advice regarding disease modifying therapies, pregnancy and sexual issues. Psychosocial support and education.
- Specific advice in relation to driving, insurance, travel, welfare, treatment side effects, diet, exercise and lifestyle issues.
- The MS Specialist Nurse can be contacted by telephone and provides a support service to primary care.

Examples of presenting symptoms

- Optic neuritis
- Bladder/bowel problems
- Pain
- Muscle spasm/weakness
- Sensation problems – numbness, tingling, pins & needles
- Loss of mobility
- Cognitive problems
- Depression
- Fatigue – this may be due to endocrine disturbance – e.g. diabetes or thyroid problems should be ruled out as a cause.