

Ashford and St Peter's Hospitals **NHS**

NHS Foundation Trust

MS Relapse Management

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If you are experiencing symptoms suggestive of an MS relapse contact the hospital MS team. Alternatively present this medical alert card to the health professional you see

Relapse management in relapsing remitting multiple sclerosis

Definition: A relapse is defined as the rapid onset of new, or reoccurrence of old, neurological symptoms which lasts for more than 24 hours and is not associated with infection.

Firstly:

- Rule out infection.
- Check for possible urinary tract infection.

When to treat a relapse? If patient is free of infection and the relapse is causing distressing symptoms or limiting activities of daily living.

Often symptoms will persist for several weeks. Steroids are only given to hasten the natural recovery of a relapse and do not alter the long term outcome.

Note: Frequent (more than three times a year), or prolonged courses of steroids should be avoided without prior discussion with the patient's Neurologist.

Treatment is based on the NICE Guidelines for the Management of Multiple Sclerosis in Primary and Secondary Care (2014). NICE clinical guideline 186.

Medication Management

ORAL METHYLPREDNISOLONE - 500mg ONCE DAILY FOR 5 DAYS

- Take in the morning with food (5x100mg tablets).
- In addition **OMEPRAZOLE** 20mg daily for patients at risk from peptic- ulcers, gastritis, taking regular NSAIDS or Warfarin.

NOTE:

Do not prescribe steroids at lower doses.

Do not give a supply of steroids to self-administer for future relapses.

Steroid therapy should be avoided during pregnancy, especially during the first trimester, unless a multi-disciplinary discussion has been made.

Consider IV Methylprednisolone 1 g daily for 3-5 days in the following patient groups:

- Where oral steroids have failed or not been tolerated previously.
- Who need hospital admission for severe clinical symptoms.
- Have had significant mood disturbances in the past.
- Have diabetes or other medical conditions that require monitoring when taking high dose steroids.

Follow up: The local MS specialist nurse or neurologist should be informed that a patient has had a relapse. **A diagnosed relapse can affect the patient's eligibility for Disease Modifying Therapy (DMT) and may warrant initiation, or an escalation in treatment.**

**For further information or advice please contact:
Monday to Friday 8.00am to 5.00pm**

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