

Questions to ask during initial triage of someone contacting the service with acutely deteriorating symptoms

- What has changed? What can you not do now that you could do last week/2 weeks ago?
- When did you first notice your symptoms were getting worse and what has been the pattern of your symptoms since?
- Are these new symptoms present all the time or do they fluctuate in severity?
- Can you identify anything that caused the changes?
(For example have you been doing any strenuous exercise, working long hours, experienced a major stress or been exposed to unusual levels of heat?)
- Do you have any signs of infection?
(For example feeling hot/cold/shivery, recent changes to bladder function, feeling systemically unwell)
- When was your last relapse*? How was it treated and how soon did you recover? (*definition overleaf)
- Are you currently prescribed a disease modifying drug (DMD) treatment?
If yes: how many doses have you missed over the last 4 weeks?
- What other medications are you currently taking? Has anything changed with these recently?
- (If appropriate) Are you or have you been pregnant during the last few months?

An MS relapse is defined as the onset of new symptoms or the worsening of pre-existing symptoms, attributable to demyelinating disease, lasting for more than 24 hours and preceded by improving or stable neurological status for at least 30 days from the onset of the previous relapse, in the absence of infection, fever or significant metabolic disturbance.

Depending on which part of the Central Nervous System is affected during a relapse, an individual will experience different symptoms.

Relapses can be classified by phenotype:

Relapse phenotype	Examples of symptoms
Visual	<ul style="list-style-type: none"> • Blurred vision • Blindness
Pyramidal	<ul style="list-style-type: none"> • Spasticity • Hyperactive reflexes • Loss of fine motor movements
Sensory	<ul style="list-style-type: none"> • Numbness • Neuropathic pain • Dysaesthesia (altered sensations)
Cerebellar	<ul style="list-style-type: none"> • Ataxia • Nystagmus (involuntary eye movements) • Intention tremor • Vertigo
Brain stem	<ul style="list-style-type: none"> • Diplopia (double vision) • Oscillopsia (visual disturbances – jumping) • Unsteady gait • Vertigo
Bladder/bowel (Sphincter)	<ul style="list-style-type: none"> • Incontinence
Cognitive	<ul style="list-style-type: none"> • Difficulty multi-tasking or word-finding • Reduced concentration and problem solving skills

Suggesting a possible phenotype (classified by symptoms) to a consultant neurologist may be helpful in deciding an appropriate course of action for an individual experiencing MS relapse.