## **Untreated relapsing remitting Multiple Sclerosis (RR-MS)** patients. A single centre experience.

Lo Fermo S, Messina S, D'Amico E, Leone C, Chisari C, Vasta R, Patti F, Zappia M. Neurologic Unit, Catania University

**Objective**: to provide a picture, taken from the real world of a MS centre, of the reasons why a patient with relapsing-remitting multiple sclerosis RR-MS is not treated with specific drugs for the disease.

**Methods:** we retrospectively selected, from our iMed 6.1 database, all patients who received at least one neurological assessment from January 2014 to January 2015 and who were not being treated with one of the approved drugs for the disease. We evaluated all of the causes of non-treatment in these selected patients.

The lack of disease activity has been the reason for which the physician, in accordance with the patient, had not initiated any specific therapy in 17 (30%) of patients. The median follow-up of these patients was 8.2 years (range 3-20). During this period, no patient had a relapse or worsening of disability progression, as assessed by EDSS performed every six months. Eight of seventeen patients (47%) had had at least one "active" brain or spine MRI during the followperiod (see table 1), but this did not induce the

**<u>Results</u>**: out of 992 patients who had at least one neurological assessment in the last year 55 (46F/9M) patients were not treated with a specific drug for the disease. The reasons for this choice were: not wanting to start a therapy for personal choice in 20 (36%) patients; desire for pregnancy in 10 (22%) female patients; persistent side effects from previous treatments in 4 (7%) patients; other associated medical conditions (for example malignancies) in 4 (7%) patients.

treating physician to start a specific therapy.

**Discussion:** In our experience only a small percentage of patients with RR-MS are untreated. Out of 992 only 17 (1.7%) patients were not treated with a specific drugs for the disease due to a not-active disease (Fig 1). A lack of clinical worsening was crucial in the choice of not to treat these patients.

Fig. 1	st	cluded in the udy		<b>Table 1</b> Patients	Follow-up (years)	Relapse	Worsening EDSS	"active" brain or spine MRI
	9	92			3	0	No	0
				2	7	0	No	0
				3	16	0	No	1
				4	4	0	No	1
Personal choice not to start therapy 20 pts		Desire	e for pregnancy	5	4	0	No	1
			10 pts	6	15	0	No	0
					3	0	No	1
				8	9	0	No	1
Dereistant side		Asso	ssociated medical condition	9	3	0	No	0
previous trea				10	10	0	No	1
4 pts			4 pts	11	3	0	No	0
				12	14	0	No	1
				13	3	0	No	0
				14	4	0	No	1
		La	ck of disease	15	20	0	No	0
			activity 17 pts	16 17	16	0	No	0
					6	0	No	0

Fig. 1	Patients included in the study				Table 1Patients	Follow-up (years)	Relapse	Worsening EDSS	"active" brain or spine MRI
992					2	3	0	No	0
					3	7	0	No	0
					3	16	0	No	1
					4	4	0	No	1
Personal choice not to start therapy 20 pts			Desire	for pregnancy	5	4	0	No	1
			10 pts		6	15	0	No	0
					7	3	0	No	1
					8	9	0	No	1
Doroiotopt oide			Associated medical condition 4 pts	riated medical	9	3	0	No	0
previous trea				condition	10	10	0	No	1
4 pts				4 pts	11	3	0	No	0
					12	14	0	No	1
					13	3	0	No	0
					14	4	0	No	1
			Lao	ck of disease	15	20	0	No	0
			activity 17 pts	activity 17 pts	16 17	16	0	No	0
						6	0	No	0



XLVI CONGRESSO NAZIONALE





## 10-13 OTTOBRE 2015 – GENOVA