

## MULTIPLE SCLEROSIS TREATMENT STRATEGIES

<u>Disease Course/Stage</u>	<u>Treatment Options</u>
Monosymptomatic (e.g. optic neuritis)	IV methylprednisolone, 1,000 mg for 5 days, without oral taper
Relapsing/remitting, no disease activity for several years, and/or no activity on MRI	IV corticosteroids if attack does occur
Relapsing/remitting, current disease activity and/or activity on MRI	IV corticosteroids for attacks, plus (1) interferon- $\beta_{1a}$ (Avonex), 30 mcg IM weekly; or (2) interferon- $\beta_{1b}$ (Betaseron), 1 ml SC qod; or (3) glatiramer acetate (Copaxone), 20 mcg SC daily
Relapsing/remitting, disease activity while on interferon or Copaxone	Add monthly bolus of methylprednisolone; consider increasing dose of interferon
Relapsing/remitting, accumulating disability (interferon/Copaxone/corticosteroid nonresponders)	IV monthly cyclophosphamide and pulse therapy
Rapidly progressing disability	IV cyclophosphamide and corticosteroid 8-day induction, followed by pulse maintenance
Very rapidly progressing disability	Plasma exchange
Secondary progressive	IV corticosteroid monthly pulses Methotrexate, oral or SC, 7.5 –20.0 mg/wk, with or without monthly corticosteroid pulses. Consider addition of interferon- $\beta$ if not currently taking
Primary progressive	IV corticosteroid monthly pulses Methotrexate, oral or SC, 7.5-20.0 mg/wk, with or without monthly corticosteroid pulses Cladribine, IV or SC Consider mitoxantrone