

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/program-name/36362/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

## Modern MS Care: Navigating Treatment Options for Better Patient Outcomes

### Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Jonathan Howard, who's an Associate Professor of Neurology and Psychiatry at the NYU Grossman School of Medicine and the Director of the Neurology Service at Bellevue Hospital in New York. He'll be discussing evolving treatment strategies and balancing risks and benefits in multiple sclerosis. Here's Dr. Howard now.

### Dr. Howard:

I've been treating MS since 2010, and it's hard to think of another field of medicine that has changed as much as treating MS. When I first started my career, there were, I would say, three medications for MS. And now again, depending on how you count, there's around 20, and they all come with different risks and benefits and side effect profiles. It can make it challenging to make the right decision, and there really is no single right decision for a lot of patients. But I would also say that these newer treatments have also really put the brakes on MS. It's definitely too soon to call it a cure, but in 2010, we used to give steroids left and right for new relapses, and these days, unless you're a newly diagnosed patient, it's a pretty rare thing, which is great.

So the oldest medications to treat MS are good in that they've been around for 30 years and there's not going to be any surprises about them moving forward. These medications are all injections and they're very safe, but they're not particularly effective, and they can make people feel pretty rotten after they take them. And very few people choose these injections today.

Depends on how you count, but there's about 10 or 11 pills for MS, all of which have various risk and benefit profiles. Some of these have been around since 2010 as well, so these are not new kids on the block. Then we have several infusions—the oldest being natalizumab, which can, unfortunately, come with some very serious side effects for a small percentage of patients. And then some of the newer medications have been around for about four or five years, even though they're cousins of older drugs. They're just given twice a year. They're extremely effective and the side effect profile—they're not totally safe. There have been rare instances of severe infections on these medications, but fortunately, they remain, in my opinion, very rare.

MS is a spectrum disorder. I know people for whom it's been a mild annoyance in their life, but they've lived full lives, married, worked, traveled, and that sort of thing. And then, on the other end of the spectrum are young people whose lives have been devastated by the disease. And they're in wheelchairs and they can't move.

So in treating MS, you're trying to balance the severity of the disease with the risks and benefits of the medications. There are some patients who seem to have relatively mild disease no matter what we do. And then other patients who are fated to have severe disease. And you want to try to match the strength of the treatment with the severity of the disease. And different patients have different risk tolerance profiles—one patient may prefer a medication that's been around for 30 years and has been taken by hundreds of thousands of people and is totally safe. Other patients may fear the disease itself more and just want to start on the strongest treatment to really put the brakes on things right away.

### Announcer:

That was Dr. Jonathan Howard talking about evolving treatment strategies and balancing risks and benefits in multiple sclerosis. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!