

### 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/36356/>

### ReachMD

[www.reachmd.com](http://www.reachmd.com)  
[info@reachmd.com](mailto:info@reachmd.com)  
(866) 423-7849

---

## Multidisciplinary Approaches to MS: Enhancing Care Through Collaboration

### Announcer:

You're listening to *NeuroFrontiers* on ReachMD. On this episode, Dr. Marisa McGinley, a neurologist at the Cleveland Clinic, will discuss evolving management strategies in multiple sclerosis. Here's Dr. McGinley now.

### Dr. McGinley:

So treatment in MS has dramatically changed. It's really great to have the perspective that the first drug for MS treatment wasn't available until 1993, but even in the last decade—since 2015—we've had a multitude of new medications.

And so one thing is just the availability of options of medications. But then the others are how we administer medications—we have many more types of options. And then probably the most important thing is the level of efficacy. When we think about the early MS medications that came out in the '90s and early 2000s, these are what we would call low efficacy medications. And then as time has evolved, we've developed more moderate efficacy medications. And then in the last five to 10 years, we've developed a lot of high efficacy medications, some of which are infusions, and then also some injectable medications.

And we've really just had a huge change in what we have to offer patients, which has been exciting. But it's also complicated how we approach treatments. So now, when we have a patient coming into our office as a new diagnosis, we have all those options available to us, and we're really thinking a lot more about how we sequence these.

There's been a large movement to provide early high efficacy medication. There's two ongoing randomized trials comparing high efficacy to an escalation approach to really give us even more concrete data. But of the observational data we have, we know that is really where things are leaning. And so that treatment approach of really hitting the disease harder early is something that is done outside of the neurology field. When you look to our rheumatology colleagues, for a rheumatoid arthritis patient coming in, they will use a biologic right out of the gate. And we are really translating a lot of that thought process into the field of multiple sclerosis, thinking about how we sequence these treatments, and moving to those high efficacy ones early.

And then because we have so many options, we're really tailoring it to that individual patient as best we can. We have improving options and improving data. That's really where we're moving. We can think about the disease activity of the patient and their comorbidities that also rule certain medications in or out. And also patient preference—I think it's very important that we think about shared decision making with our patients. When they're coming into the office, we get to say, "Well, how do you feel about taking a pill? How do you feel about an infusion therapy?" Whereas in the early stages of MS treatment, it was, "Here's an injection. That's all we've got." So now, we have the luxury of being able to provide different options for our patients.

### Announcer:

That was Dr. Marisa McGinley talking about evolving strategies in multiple sclerosis and how we can address them. 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!