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## Treatment Considerations in MS: Top Priorities to Meeting Patient Needs

### Announcer Introduction

You're listening to *NeuroFrontiers* on ReachMD, and this episode is sponsored by Novartis. Here's your host, Dr. Hector Chapa.

#### Dr. Chapa:

Welcome to Neuro Frontiers on ReachMD. I'm Dr. Hector Chapa, and joining me to share key considerations when selecting treatment approaches for our patients with multiple sclerosis, or MS for short, is Dr. Ahmed Obeidat. Dr. Obeidat is Assistant Professor in the Department of Neurology, and the founding director of the Neuroimmunology and MS fellowship at the Medical College of Wisconsin. Dr. Obeidat, welcome to the program.

#### Dr. Obeidat:

Thank you for having me, Dr. Chapa. Thank you.

#### Dr. Chapa:

Well, let's start, Dr. Obeidat, by taking a brief look at the therapeutic landscape for MS. What treatment options are currently available?

#### Dr. Obeidat:

Yeah, so thank you for this question. I think the treatment landscape in multiple sclerosis is an exciting, you know, kind of topic to talk about, because the treatment landscape is evolving, and we have lots of options, which as we call it, many options, right, for our patients, which wasn't the case just, you know, few years ago. So really, every year, we're seeing new medications come to market, and new approvals, you know, for treatments for multiple sclerosis. And if we even look back, you know, 10 years, maybe, ago, there were not as many options, and we look now and we have several options. So people may say, that we have too many options, but really, I think we can use more. So the options we have now can work in a very different way, which is great, because multiple sclerosis, as you know, is a heterogeneous disease. So MS itself is very heterogeneous, and we need treatments that also have different mechanisms of action, different ways of administering medications that can be different, so we can personalize treatment to our patients.

#### Dr. Chapa:

You know, I love what you said, because patients are very different, and that reminds me of what I learned. We treat the patient, not the disease, per se, but the person behind it. So I love what you said. It's very heterogeneous, very broad. And that brings you to my next question. Can you tell us some of the key factors that distinguish all those various treatments, one from another?

#### Dr. Obeidat:

Yeah, so there are several factors and depending on how you think about it, how do we approach these therapeutic options we have, and how do we talk to our patients about them? There are factors relating to how the drug works, and we call it mechanism of action. And there are factors into how do we administer the drug? Drug administration, you know, are they pills? Are they injections? Are they infusions? And there are factors into how frequent we give the medications, and do we need to give them continuously? You know, or can we give a short pulses of these therapies, and then wait with a treatment-free interval. So there's so many, you know, ways to look at it. Often what we do is we can think about these medications together with the patient, it's a shared decision, right? So we take into account lots of patient considerations – what their preference is you know, I would say, you know, their schedule look like, how do they feel about taking the medication that is a pill form, or a medication that's an injection, or a medication that's an infusion. But also, we try to think about the disease in the particular individual, and where there are features there to suggest for us that we may need to use certain drugs over others.

#### Dr. Chapa:

So, all good points to keep in mind, Dr. Obeidat. And with that being said, what are some of the limitations associated with these treatment options that we should be aware of?

**Dr. Obeidat:**

Yeah, as you know, you know, for each medication that we use in any certain disease, there are some limitations you know for the medicine, so there is really no perfect medicine. And when we think about the limitations in multiple sclerosis, there are several that can be related to the actual efficacy of the medications. While the majority of our medications are effective in controlling what we call inflammatory disease activity, which translates into relapses or clinically new symptoms that can develop over time, or development of new MRI lesions or contrast-enhancing lesions, indicating disruption of blood-brain barrier sometimes what we can see is that those medications – they're effective in controlling those aspects, but they're not as effective in controlling what we call the progression of the disease itself. So in multiple sclerosis, we often see this in the clinic, where there continued to be some progression and worsening of the disease itself, the symptoms, the patient's experience, but we don't see changes in the inflammatory activity that accompanies that. And majority of our medications that we use now are unable to really change that projection of the progression to the extent that we really want. So I think we have still limitations there.

**Dr. Chapa:**

Important limitations to keep in mind, for sure. And you said something that I wanna touch base on, in just a moment, which is access to care.

For those of you just tuning in, you're listening to *NeuroFrontiers* on ReachMD. I'm Dr. Hector Chapa, and I'm speaking with Dr. Ahmed Obeidat about treatment considerations in multiple sclerosis care.

So Dr. Obeidat, now that we've discussed those key considerations surrounding treatment options for MS, let's zero in on the patient, and on something that you've already mentioned. What socioeconomic factors may impact the patient's access to this care? And how can we gain a better understanding of a patient's unique needs and environment?

**Dr. Obeidat:**

Yeah, so, thank you very much for this question. I think as we think about our patients and access we have to take into consideration several, you know, I would say aspects of that, because sometimes we may think that access is strictly financial access, which can be sometimes the case, where maybe, you know, some patients may not have the ability to afford some of these medications, and may have access issues related to this. However, thankfully, you know, many times there are other ways that we're able to be able to give the patients the medication they need, through grants and through other, you know, aspects of patient assistance programs. So that might not be the major access issue to medication. I think some of the access issues that we've seen over the years is sometimes the adherence to that schedule you know, administration of the medicine. So, sometimes maybe a medication is administered more frequent and maybe our patients are busy, or some patients may be working you know, seven days a week, or five days a week, and sometimes they don't have the ability to adhere to a certain regimen of treatment. So, what we do is we often talk about this before even selecting the right medicine for patients. So we try to be, I would say, proactive about this, where we try to identify what potential barriers can be in the future, so we can address them early on and maybe make our selection based on that. Sometimes there are some access issues, where we've seen during the COVID-19 pandemic, there was some worry about coming to our clinic, to our hospital setting because of the risk of contracting COVID-19 infection. And this kind of affected sometimes people's adherence to treatment and affected the ability to you know, kind of, give patients the optimal, you know, care in relation to medications.

**Dr. Chapa:**

And so you said be proactive in meeting these needs, and I don't want to lose that for our audience, 'cause that's very important. Now that we've identified the patient's social determinants of health, or personal needs or preferences, can you give us just some specific take-homes of how we can specifically tailor our treatment approach, based on those particular needs?

**Dr. Obeidat:**

Yeah, this is great, and I think, you know, what we typically do is when we meet with our patients in clinic, to decide on what would be the best treatment approach we talk about these factors right away. So, some of the things I often touch on, in my clinic is let's talk about this. You know, and we say the patient, 'you're the captain of your care. You're the one who's gonna tell us what works for you and what doesn't work for you.' For example, I always ask, well, do you prefer, you know, to be on a pill form medication, or a medication that you can take at home, or are you okay with coming to the hospital or the clinic to get the medication administered in our center, like an infusion, let's say. And this is something that we start with sometimes. We are like, you know, are you able to come in, you know, at certain times of the years, you know, the frequency can vary between medications. But we can talk about this to them, and some patients may say, 'Well, I'm very busy, you know, I can't come to infusion center. I'd rather do something at home. And I am sure gonna be, you know, adherent to it. I will tell you if I have problems with it.' And some patients say, 'Well I don't want to take anything at home.'

I wanna just do the infusions and I can adhere to the infusion schedule that you propose.' So those things we can set up from the beginning, and that can help us with what we call medication adherence, or people will be able to access their medications, right?

**Dr. Chapa:**

Very well stated. And we have definitely covered a lot of ground today, Dr. Obeidat. But before we close, are there any final thoughts that you'd like to leave with our audience?

**Dr. Obeidat:**

Yeah, I think, you know, we covered the great things. Thank you very much for all these questions, and I think one of the things to cover and to make sure we always doing is to involve our patients in the actual decision on their care, to make sure we follow the shared decision model, to make sure that we explain why we think this is the best medication for them at this point in time. To make sure that we actually explain to them, what does MS mean. And, even though they may feel great, they may not have, you know, ongoing difficulties at this time, that if we still see inflammation in the brain, if we still see the disease activity, and if we look at the MRI brain and look at all these lesions that we see, even though they're not having symptoms today from them, those need to be treated. We need to put people on medication. We need to treat early for multiple sclerosis, because what we are really looking to treat patients now, to have a successful journey for the years to come. And I think if we keep this in our mind, as MS providers, as neurologists, you know, and as patients, if we think about this as a, you know, a disease that we should be treating, even though sometimes it may not appear, you know, early on as disabling early on, right? It may not be causing a lot of problems early on, but we need to treat multiple sclerosis. So that would be my final closing remarks you know, on this.

**Dr. Chapa:**

Well, very well stated. And it's clear from our discussion today that there's a lot to consider, when it comes to meeting the needs of our patients suffering with multiple sclerosis. And with those considerations in mind, I wanna thank my guest, Dr. Ahmed Obeidat, for joining me to discuss his perspectives on this very important topic. Dr. Obeidat, it was great having you on the program.

**Dr. Obeidat:**

Thank you very much. Thanks for having me.

**Announcer Close**

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