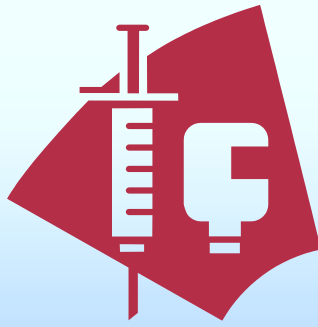


*Diagnosis*



*Treatment*



*Care*

*Issue 4 of 2010*

## Multiple sclerosis as a PMB

*Multiple sclerosis (MS) is one of the world's most common neurological diseases. In this issue of CMScript we concentrate on MS as a prescribed minimum benefit (PMB) condition.*

### What is MS?

Nerve cells communicate with each other by sending messages through nerve fibres. MS is a disease where the myelin sheath (electrically insulating material) around the nerve fibres of the brain and spinal cord is damaged. The immune system attacks and damages the myelin, affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.

MS is the leading cause of chronic neurological disability in young adults worldwide.

### What causes MS?

The cause of MS is still unknown, but there are theories that the disease is caused by a combination of environmental, genetic and as yet undetermined factors.

### What are the symptoms of MS?

Not everyone with MS shows all the signs and symptoms of the disease and no two people with the same symptoms experience the symptoms to the same degree.

If you have MS, you can suffer from any of the neurological signs and symptoms, including a reduced sense of touch, tingling or numbness of the skin, muscle weakness, speech problems, unstable moods, and fatigue.

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Symptoms of MS usually appear in episodic, sharp, and severe periods of worsening known as relapses in a progressive degeneration of the neurological function. Some symptoms can be preceded by common triggers, e.g. infections such as the common cold and influenza can increase the chances of a relapse, but for the most part relapses are unpredictable with no obvious trigger.

### **Who is affected?**

MS is more likely to occur in women. The average age for onset is the early thirties. The disease is more common among white people, in particular across the northern parts of Europe and North America. It is less common in the tropical areas of the world.

### **What are the types of MS?**

**Relapsing Remitting Multiple Sclerosis (RRMS)** is the most common of the four types of MS and is characterised by unpredictable relapses followed by months to years of relative quiet (remission) with no new signs of disease activity.

**Secondary Progressive Multiple Sclerosis (SPMS)** describes a form of MS where a patient begins a progressive neurologic decline between acute attacks with very few periods of remission.

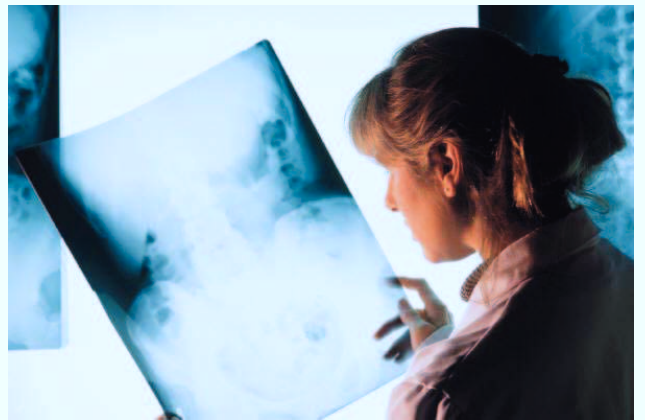
**Primary Progressive Multiple Sclerosis (PPMS)** describes a type of MS where symptoms steadily progress following the initial attack and disability develops at a relatively early stage. PPMS is characterised by progression of disability from the onset, with no, or only occasional and minor, remissions and improvements.

**Clinically Isolated Syndrome (CIS)** describes an instance where patients suffer one attack.

### **Diagnosis, treatment, and care covered by PMBs?**

Your doctor will make the diagnosis based on the McDonald criteria which s/he has been trained on. The definition of a relapse is also based on the McDonald criteria; a relapse lasts at least 24 hours, it is not a pseudo-attack, and at least 30 days pass before the next relapse occurs.

Treatment consists of immunosuppressive therapy which reduces the efficacy of the immune system; corticosteroids (a form of steroid) are



*Your doctor will make a diagnosis and prescribe the correct treatment for your condition*

administered for acute relapses. They aim to end the attack sooner and leave fewer lasting deficits in the patient.

Immunomodulatory therapy – which induces, enhances, or suppresses an immune response – works for frequent relapses, e.g. interferons or IFNs that fight viral infections. Symptomatic therapy is used to address all the symptoms of associated conditions.

Because of the high cost of IFNs, nationally and internationally recognised guidelines have been developed consisting of entry and exit criteria to guide treatment with IFNs.

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