ANALYSIS OF CHANGES IN DISEASE MODIFYING TREATMENT IN THE MANAGEMENT OF PATIENTS WITH MULTIPLE SCLEROSIS

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BACKGROUND AND IMPORTANCE

• Currently, several disease modifying drugs are approved for multiple sclerosis (MS). IFNβ-1b, IFNβ-1a, pegIFNβ-1a, glatiramer acetate, teriflunomide and dimethylfumarate are indicated for first-line therapy. Second-line treatment includes natalizumab, fingolimod, alemtuzumab, cladribine and ocrelizumab. When disease progresses, modifications between first-line drugs or switch to a second-line drug are proposed. It is essential to know their efficacy and security profiles, in order to decide which is the best option for each patient.

AIM AND OBJECTIVES

• To assess the reasons for changes in disease modifying drugs in MS patients in routine clinical practice.

MATERIAL AND METHODS

• We included patients with MS who changed their treatment between 23rd May 2018 and 26th March 2019.
• The collected data were:

  - Duration of initial therapy
  - Disease modifying drugs before and after the modification
  - Reasons for treatment modification

RESULTS

• 42 patients had any treatment modification during the study period.
• 26 (62%) were women and mean age was 47 years (SD 9.3).
• Median duration of previous treatment was 44 months (3-282).
• Previous treatment was a first-line drug in 34 patients (81%) and modified treatment was a first-line drug in 24 (57%).
• The main drugs used before the modification were IFNβ-1a (21%) and teriflunomide (21%), and after the modification dimethylfumarate (38%) and natalizumab (24%).

CONCLUSION AND RELEVANCE

• Suboptimal response was the main reason for change in disease modifying treatment in MS patients in routine clinical practice. We must consider that these patients have a high relapse risk and accumulate their impairment.
• Most patients were treated with first-line drugs before and after the modification. Second-line drugs are more effective but, due to the higher risk of adverse events, are restricted for patients who cannot receive any first-line drug.