Humber Area Prescribing Committee

PROTOCOL FOR THE TREATMENT OF ACUTE RELAPSES OF MULTIPLE SCLEROSIS (MS) IN PRIMARY CARE

MS patients having a relapse causing distressing symptoms or limiting activities of *daily living* should be offered treatment with **oral methylprednisolone** (Medrone® 100 mg tablets) **500 mg daily for 5 days**, taken in the morning with food. Co-prescription of **lansoprazole or omeprazole** is not routinely indicated but may be a sensible precaution in patients at risk from peptic ulcer disease, gastritis or those who are taking regular NSAIDS or warfarin.

A relapse is defined as a relatively sudden (over hours or days) increase in neurological symptoms or disability which **last for more than 24 hours.** Prior to treatment, possible precipitants, particularly infections, should be sought. Urinary tract infections may be asymptomatic and so all patients should have **dipstick tests of their urine** for protein and nitrites. When present, management should be aimed at treating the infection and steroids should not be given. Local guidance on management of lower urinary tract infection and other infections should be followed. Check for drug interactions with MS drugs including any hospital supplied RED drugs.

Not every relapse requires drug treatment. Steroids are given to hasten the natural recovery of a relapse. They do not alter the long term (> 6 months) outcome.

Admission to hospital is not required unless the relapse is sufficiently severe that the patient is unable to manage in the community with the maximum support available. In this situation they will need to be referred to the On-Call Medical Team at relevant local hospital and will be referred to the neurology team while an inpatient.

The Consultant should be informed that a relapse severe enough to require treatment has occurred as this may affect the patient's eligibility for disease modifying drugs.

A second course of steroids for a single relapse should not be given without discussion with the local neurologist. Frequent (more than three times a year) or prolonged course of steroids should be avoided. If a patient has received large, cumulative doses of steroids their risk of osteoporosis should be considered.

Diabetic patients should be monitored closely during steroid treatment and if the diabetes is very unstable this may be an indication for admission.

Please ensure that the MS nurses are made aware of patient's relapse.

For patient booklets, please see http://www.mssociety.org.uk/ms-resources

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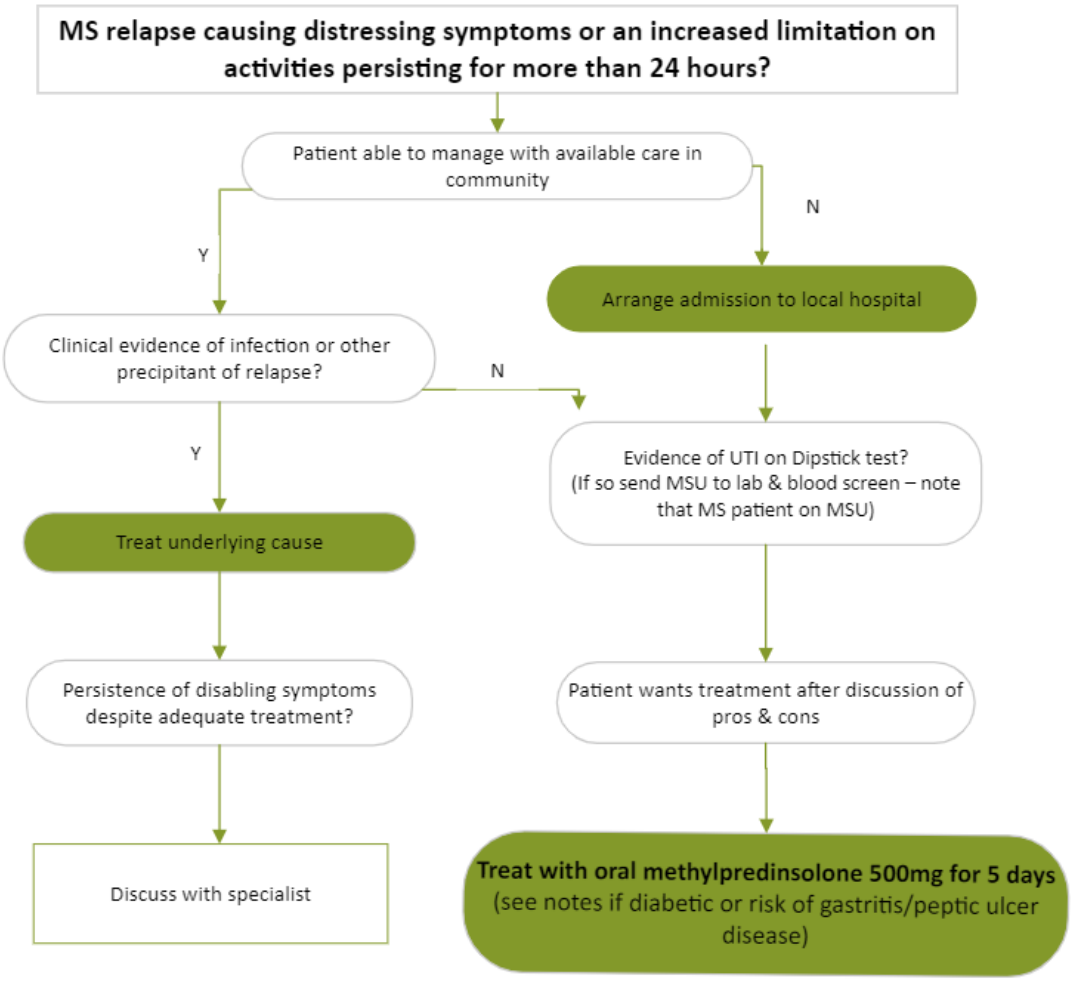

Document and version control	**This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the SPC (data sheet) or BNF for further prescribing information.**		
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