e-MS Experts' Summit Season 2020

Abstracts

Treatment goals in MS – is NEDA achievable with our drugs?

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MS is a chronic disease and the leading cause of non-traumatic neurological disability in young adults in many countries (mean age of onset is 30 years).[1] The disease affects individuals during their working prime and causes high direct and indirect medical costs. Because the annual cost increases as a person with MS develops more disability, strategies that prevent or delay the degenerative stage of the disease are the ultimate goal of modern MS treatment.

Based on our current knowledge from experimental and clinical trials, the optimal treatment period is relatively early in the disease course. In later stages, the disease is no longer driven by focal brain inflammation, although there is still evidence of inflammation even in patients with progressive MS. Due to this narrow 'window of opportunity', treating-to-target strategies beyond the monitoring of clinical relapses are needed.

At present, the "No Evidence of Disease Activity" (NEDA) concept has become the most favoured treat-to-target goal, although it has substantial weaknesses and is certainly not sensitive enough to detect subtle changes.[2,3] Current research is focused on identifying additional surrogate markers for disease activity and new monitoring tools.[3] Therefore, as more tools are being developed to measure disease activity and disability, the focus should be on how to incorporate new metrics into NEDA.

To finally prevent disability progression in patients with MS, the goal is wide acceptance of these approaches in routine practice and feasibility to guide treatment decisions.

References
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3. Andrew L. Smith AL, Cohen JA, et al. Neurotherapeutics 2017; 14(4): 952–60.