

e-MS Experts' Summit Season 2020

Abstracts

Risk of Secondary Progressive MS

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Our knowledge of the progressive forms of MS has increased significantly in the last few decades.¹ A key discovery was that the pathophysiological hallmark of progression is ongoing intrathecal inflammation, behind a closed blood–brain barrier, leading to the continuing metabolic failure of neurons and axons. This finding has led to several clinical trials and research programmes that evaluate the use of disease-modifying treatments (DMTs) in the progressive forms of MS. Although there is no difference between secondary and primary progressive MS pathologically, a relapsing phase of the disease precedes secondary progressive MS (SPMS) clinically, and therefore the development of SPMS may be amenable to prevention.

The risk of SPMS has been studied widely and is often very closely related to the bad prognostic factors of MS. The risk of SPMS increases with age, duration of illness and worsening disability, and decreases with improving disability.² Bad prognostic signs on clinical, imaging, functional and biological grounds have been associated clearly with increased disability over time, and with the risk of SPMS.^{2,3} Furthermore, DMTs may delay the onset of secondary progression.

This workshop will focus on identifying the main risk factors for SPMS, such as early disease activity, disability accumulation and subclinical disease progression, and understanding the practical relevance of them, and will discuss approaches for tackling the main risk factors to enable better prevention of SPMS.

References

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3. Brownlee WJ, Altmann DR, Prados F et al. *Brain* 2019; 142(8): 2276–87.