



Highlights from the 8th ECTRIMS Focused Workshop

"The Risk of Infections for MS Disease Modifying Treatments (DMTs)"



Recommendations from an MS Expert's Perspective. What Needs to Be Done Before Starting Treatment and During Treatment?

Dr Ludwig Kappos, University Hospital, Basel, CH

Since the introduction of immunomodulating and immunosuppressive drugs in MS treatment, a risk of associated infections was expected. However, intervention on immune function has proven to be much more beneficial than problematic. Certainly, therapeutic side effects in the short and long term, especially related to an increased infection risk, exist and should not be underestimated. Individual patient risk stratification followed by a risk/benefit trade-off is necessary to choose the best MS treatment for each patient and this needs to be repeated over time throughout their treatment. A comprehensive risk assessment allows for adequate mitigation strategies to be put in place: pre-treatment vaccination, prophylactic treatment to avoid reactivation of chronic infections, or an alternative therapy may be effective approaches. Considerable clinical evidence is now available for specific DMT-associated risks of infection; therefore, preventive measures or adapted monitoring activities can be adopted depending on the treatment of choice. Furthermore, regular risk re-evaluation must be performed and special attention should be constantly given by both the MS patient and the physician even to mild symptoms in order to avoid underestimating the risk not reacting in a timely fashion to potentially dangerous infections.



Recommendations for the Management of Infectious Risks in Routine MS Clinical Practice from an Infectious Disease Expert's Point of View

Dr Isabel Ruiz Camps, Hospital Universitario Vall d'Hebron, Barcelona, Spain

The risk of infections is higher in MS patients compared to the general population, regardless of the type of treatment they are undergoing. Most of the reported infections are mild and similar to those observed in the general population, but in < 3% of cases infections can be severe. The added risk of infections due to each MS treatment is difficult to estimate, as the available MS drugs induce different degrees of immunosuppression or immunomodulation and act on different cellular pathways. When evaluating the causality of an infection both the host (age, underlying disease, comorbidities,...) and the drug (not only the one currently in use, but also previously administered drugs) should be considered. Most MS drugs have been associated with infections caused by Herpes viruses, CMV, HBV/HCV, TB, PML, fungal infections, HPV, and Toxoplasma. Since MS treatment requires long-term administration of DMTs, infection prevention must be done both before treatment initiation as well as during the treatment period. Before treatment starts it is important to review the complete medical history of the patient, perform vaccinations where possible, screen for latent infections, and dose Ig in patients undergoing Rituximab or Ocrelizumab. To prevent infections in MS patients under treatment a multidisciplinary approach is recommended. When an infection is suspected, a rapid diagnosis by laboratory testing will help in selecting the appropriate therapy and avoiding indiscriminate antibiotic use.