



The Role of Disease-Modifying Therapy in MS

Here's the good news. Earlier diagnosis of MS leads to earlier treatment, which leads to better outcomes for people with MS. And today, there are more treatment options than ever before. Some help to shorten the course of symptoms during an attack. Some are helpful in managing the symptoms of MS, such as fatigue, stiffness, pain, bladder/bowel problems, or mood difficulties. And some, called **disease-modifying therapies (DMTs)**, work to slow the progress of the disease and reduce the number of attacks. You'll work closely with your doctor to identify the best combination of treatments for you.

The American Academy of Neurology recommends that treatment with one of the DMTs be **considered as early after your diagnosis as possible**. Talk with your doctor about which of these treatments is best for you. DMTs are not designed to make you feel better, but they are likely to reduce the chances of you having relapses and getting worse.

Oral DMTs

Three currently available oral DMTs showed a significant improvement in the 3 measures of MS activity:

- Relapses
- Disability progression
- MRI brain lesions

Gilenya® (fingolimod) is a once daily prescription medicine used to treat relapsing forms of MS. It is prescribed in capsule form at 0.5 mg daily. Prior to initiating this treatment, your clinician will recommend several screening assessments to see if this option is right for you.

Aubagio® (teriflunomide) is a once-daily oral prescription medicine used to treat relapsing forms of MS. It is prescribed in capsule form at 14mg daily. Like fingolimod, there are several prescreening tests that should be conducted to determine the appropriateness of this treatment.

Tecfidera® (dimethyl fumarate) is the newest member of the MS oral agent arsenal. It is prescribed in capsules taken 2 times per day. The FDA recommends that it be prescribed at a starting dose of 120 mg capsules twice per day for 1 week; then increased to 240 mg twice per day.

Other DMTs

Other DMTs include the following injectable agents:

- Interferon beta-1a weekly (Avonex®)
- Interferon beta-1b every other day (Betaseron®)
- Interferon beta-1a three days a week (Rebif®)
- Mitoxantrone (Novantrone®)
- Natalizumab (Tysabri®)

Each of the approved medications in some way alters the course of MS. In general, the medications reduce the frequency of exacerbations of MS, reduce the amount of activity seen on MRI scanning, and may slow the progression of MS. Each differs in the frequency and route of administration, as well as in its side effect profile. All of the approved medications have information materials to guide further patient education provided by the manufacturer.

Be honest with your doctor about the tolerability of your treatments and your adherence to therapy.

Your doctor will monitor your treatment with regular lab work for safety, and with clinical and MRI examinations for efficacy, making adjustments to your treatment when necessary.



Additional Patient Resources

American Academy of Neurology

www.aan.com/patients

(800) 879-1960

The American Academy of Neurology website for patients and caregivers offers a wealth of articles, information about events and resources, and links to support groups, clinical trial information, and more.

Multiple Sclerosis Association of America

www.msassociation.org

(800) 532-7667

Multiple Sclerosis Foundation

www.msfocus.org

(888) MSFOCUS / (888) 673-6287

National Multiple Sclerosis Society

www.nmss.org

(800) 344-4867

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