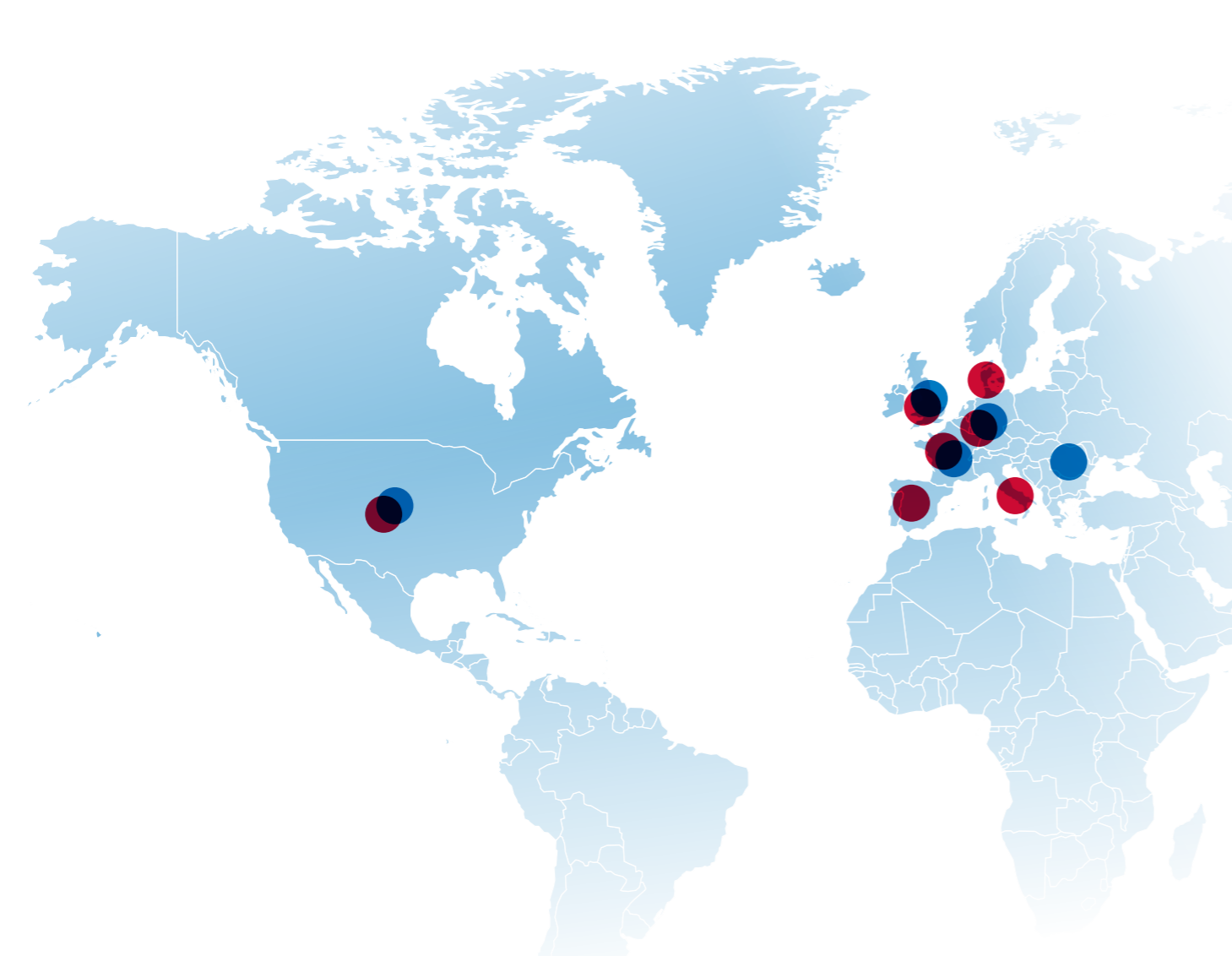


# Improving outcomes for people with multiple sclerosis (MS)

Review of the International MultiPLE Sclerosis Study (IMPrESS) findings

MS is associated with a high cost of illness and a clear deterioration in health and wellbeing of both people with MS and their caregivers.

There is a need to achieve better outcomes for people living with MS and evidence within the IMPrESS by the London School of Economics suggests that this can be addressed.



## What is IMPrESS?

The IMPrESS report assesses the socio-economic and personal impact of MS and presents evidence on the need for a paradigm shift in the management of MS.<sup>1</sup>

## Primary and secondary data sources used:

- Primary data sources included:
- Adults with MS and caregivers (in France, Germany, Romania, UK and the USA)
  - Clinicians (in Denmark, France, Germany, Italy, Spain, UK and USA)

- Secondary data sources included:
- Analysis of Health Technology Assessment (HTA) recommendations

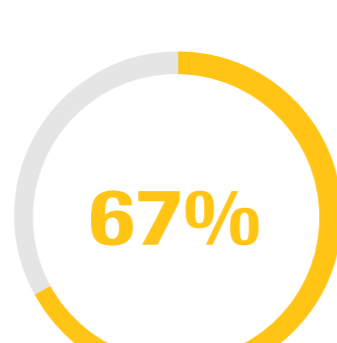
The IMPrESS report is an independent study from the London School of Economics, funded via a grant from Roche, that assesses the socio-economic and personal impact of MS and presents evidence on the need for a paradigm shift in the management of MS.



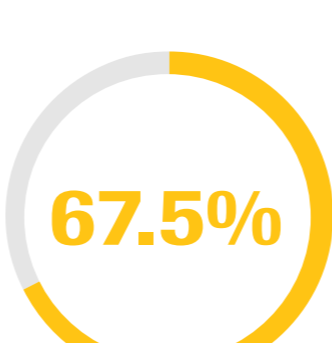
## Improve quality of care and health outcomes. Diagnosis, treatment and management goals should be set

Delays in diagnosis can be minimised by making specialist care, diagnostic and monitoring procedures widely available<sup>1</sup>

Early diagnosis and treatment are needed to secure the best outcomes and should be routinely available



of clinicians say the gap between diagnosis and treatment was **less than 2 months**. People with MS said the delay was on average **1.9 years**<sup>1</sup>



of people with MS said treatment should be started at clinical diagnosis; **31.3%** however thought it should be first symptom<sup>1</sup>



Brain Health supports the need for **public education** around the symptoms of MS to **minimise delays** in diagnosis<sup>2</sup>

Clinicians should use **new and more effective disease-modifying therapies (DMTs) earlier**

**92%** of clinicians **wouldn't start** DMTs in a person with a normal MRI, a tool used to measure disease activity. DMTs only considered in the presence of **brain lesions, optic neuritis** or **severe initial relapse**.<sup>1</sup>

**57%** of clinicians reported that they **may delay switching** to another DMT but it depends on the individual<sup>1</sup>

Further research is needed on the effectiveness of more intense monitoring regimens and the use of MRI in capturing disease activity



Clinicians reported using MRI to manage MS every **12 months**<sup>1</sup>



Further research is needed to confirm the effectiveness of **more frequent MRI scans**<sup>1</sup>



Generate **internationally comparable evidence** on the use of **diagnostic imaging** in capturing disease activity<sup>1</sup>

Actively involve people with MS in decisions about disease management



of people with MS **preferred** to make the final treatment decision<sup>1</sup>



Engaging the individual with MS in decisions provides **health benefits** and **increases satisfaction**<sup>1</sup>



## Implement informed decision making

HTA recommendations differ across countries



National registries should be in place and their data routinely used

In the UK there is no complete registry of people with MS, but in Germany databases exist which cover



of the MS population<sup>1</sup>

Robust evidence needs to be generated internationally to enable informed decisions about care management strategies

There is a need to standardise the approach when including the views of people with MS in HTA assessments

Cases the HTA assessments considered input from:



Health gain and quality of life data should take account of dimensions that patients say have a significant impact on their daily lives – often not captured by tools HTA agencies use

Specific aspects people with MS raised as not being adequately addressed



fatigue and weakness



balance and dizziness



bladder problems



## Engage healthcare systems

Widespread adoption of current guidelines would strengthen diagnosis, treatment and monitoring

Incentives should support improvement in clinical practice and the incorporation of new evidence on MS management in healthcare decision making

## References

1. London School of Economics. Towards Better Outcomes in Multiple Sclerosis by Addressing Policy Change: The International MultiPLE Sclerosis Study (IMPrESS). Panos Kanavos et al.  
2. Brain Health: Time Matters in Multiple Sclerosis. Gavin Giovannoni et al. <http://msbrainhealth.org/perch/resources/time-matters-in-ms-report-may16.pdf> (Accessed June 2017)