Immunomodulatory therapy in 5798 relapsing-remitting Multiple Sclerosis (RRMS) patients over time under special consideration of switching to oral DMD: a retrospective data analysis

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Background

NeuroTransData (NTD), a German neurology network of 76 sites, collects real world data since 10 years in a specific MS database with more than 21,000 patients.

Objective

Longitudinal assessment of MS patients on injectable DMD who switched to oral DMD and other DMDs.

Patients and Methods / Material and Methods

RRMS-patients stable on injectable DMDs (Avonex®, Rebif®, Betaferon®/Extavia®, Copaxone®) for 4 years (median) were analyzed for 4.7 years (median) regarding clinical course and potential switch to oral and other treatments.

Table 1: Baseline characteristics of RRMS patients switching from different injectable to oral DMDs. f: female; m: male; age/disease duration/treatment period on average in years; EDSS: median on the Expanded disability status scale.

Results

2127 (37.7%) of these 5798 patients were switched to oral DMD. The other patients stayed on their DMD for 4.6 years (median). The main reasons for switching were insufficient therapeutic effect (34%), side effects (18.2%) and patient’s wish (19.4%). After 1.2 years (median), 408 (19.2%) of these already switched patients were switched once again to another DMD. 92 (22.6%) switched back to their first DMD. 1578 patients (74.2%) remained on their first switch therapy. Observation period was 2.8 years (median).

Conclusion

The main reason for switching from injectable to oral DMD was the therapeutic effect, followed by patient’s wish and side effects. In those patients who switched a second time, side effects were the main reason for switching.

Most patients (74.2%) who switched from injectable to oral DMDs remained on that therapy during the observation period.

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