

Objectives

Multiple sclerosis for the general neurologist

The UK has one of the smallest Neurology workforces in Europe, with access to MS Specialist Neurologists limited in many parts of the UK. Many people with MS are primarily under the care of a General Neurologist rather than an MS Specialist, especially patients not receiving disease-modifying therapies and those with progressive forms of MS. Across the UK, the majority of patients with suspected MS will initially be seen by Acute Neurology teams, or through the General Neurology Clinic.

Delays in diagnosis and management of MS are common. Not all Neurologists are using the revised McDonald criteria to streamline MS diagnosis, and a study from Scotland found that many Neurologists will wait for a second clinical attack rather than use MRI and lumbar puncture to make an early diagnosis. There have been significant changes in approaches to treating MS in the last few years, for example, using NHS England algorithm with treatment offered in patients with a single clinical attack in the previous 12 months, availability of treatments for progressive MS etc. The aim of this MasterClass is to upskill General Neurologists with the state of the art in MS diagnosis and treatment, to improve outcomes for people with MS.

Day 1 – Thursday, 10 November 2022

09:45 **Registration and refreshments**

10:00 **Welcome**

Dr Wallace Brownlee, Consultant Neurologist, University College London Hospitals
NHS Foundation Trust & Academic Director, MS Academy

10:15 **Diagnosis and differential diagnosis**

Dr Wallace Brownlee

Changing MS diagnostic criteria: implications for your practice

A 34 year old woman is referred from the Eye Clinic with right optic neuritis. A non-contrast MRI of the brain shows three periventricular white matter lesions. How should this patient be investigated further?

- How and when to apply to McDonald criteria to make a diagnosis of MS
- What is the role of contrast-enhanced MRI, spinal MRI and lumbar puncture in patients with suspected MS
- How should alternative explanations be excluded

11:30 **Comfort break**

11:45 Antibody-mediated demyelinating disorders

Dr Katy Murray, Consultant Neurologist, NHS Forth Valley, Edinburgh

A 28 year old man presents with numbness up to the waist and urinary retention. MRI shows a non-enhancing lesion in the lower thoracic cord/conus and normal brain MRI.

- Understand the expanding spectrum of NMOSD and MOGAD
- Clinical, MRI and laboratory red flags for antibody-mediated disorders
- Acute and long-term management of relapsing antibody-mediated disorders

12:45 Lunch

13:45 Getting the most out of your MDT

Ruth Stross, MS Nurse Specialist, Community Neurology Rehabilitation Team

Epsom and St Helier University Hospitals NHS Trust & Dr Kate Petheram, Consultant

Neurologist, South Tyneside And Sunderland NHS Foundation Trust

The MS MDT is evolving for many reasons and has become a crucial part of a person's care from diagnosis to end of life

- A glance at the roles included
- Evidence in support of the MS MDT - National pathways, reports, guidance
- How to access and get the most out of the MS MDT

14:30 Disease modifying therapies

Dr Kate Petheram & Ruth Stross

Starting MS treatments

A 28 year old woman is diagnosed with MS after presenting with double vision and ataxia. She asks what treatments are available and what is her long-term prognosis?

- Review the range of DMTs available in 2022
- Initial treatment selection/treatment strategies in early relapsing MS

Switching MS treatments

A 39 year old man with relapsing-remitting MS has been taking Tecfidera for the last 3 years.

A routine MRI scan shows one new brain lesion compared with last year.

- Discuss monitoring response to DMTs
- Indications for treatment escalation

16:00 Refreshments

16:20

Symptom management

Prof Helen Ford, Consultant Neurologist and Clinical Professor of Neurology, Leeds Teaching Hospitals NHS Trust and Miranda Olding, Multiple Sclerosis Nurse Specialist

Three case histories covering topics related to symptom management:

A 53 year old man with primary progressive MS reports increasing problems with stiffness and spasms in his legs. He is unable to tolerate baclofen and is taking the maximum tolerated dose of gabapentin. He can walk 50m with a rollator but is limited by a foot drop in the right leg managed with a Boxia splint. He asks if there is anything further that can be done to address his walking and spasticity?

A 37 year old woman with relapsing MS complains of overactive bladder symptoms with urinary and faecal incontinence particularly if she is walking quickly or running.

A 55 year old man with secondary progressive MS attends for an annual review. He has deteriorating upper limb function and is no longer able to hold a cup or feed himself. He has had two admissions to hospital with urosepsis in the last year. What is the role of palliative care in people with advanced MS?

17:45

Close day 1

18:45

Pre-dinner drinks

19:15

Dinner

21:00

Close

Day 2 – Friday, 11 November 2022

- 08:45** **Registration**
- 09:00** **Outline of day 2, Assessing and managing MS relapses**
Dr David Paling, Consultant Neurologist, Sheffield Teaching Hospitals NHS Foundation Trust
- 09:15** **Progressive MS**
Dr Waqar Rashid, Consultant Neurologist, St George's University Hospitals NHS Foundation Trust and Michelle Davies, MS Service Lead and MS Specialist Practitioner
A 49-year-old woman has noticed gradually worsening mobility and cognitive problems over the last few years. She now needs a stick to walk 100m. She has been taking Teriflunomide for the last 4 years, having previously tried different beta interferon preparations since diagnosis 16 years ago. A recent MRI shows two new brain lesions compared with her last MRI 3 years ago. She is struggling physically and with her memory at work in her senior administrative role within a law firm.
- Review disease course classifications in MS incorporating activity and progression
 - Treatment options for active primary and secondary progressive MS
 - When should a discussion about progression in MS have first been considered for this lady?
 - How would you manage the visible and invisible symptoms affecting her work environment?
- 10:30** **Break**
- 11:00** **Acute management**
Dr Rhian Raftopoulos, Consultant Neurologist, Kings Colleges NHS Foundation Trust
- Managing acute relapses**
A 25 year old man with RRMS presents with a five day history of weakness in the left leg. He is unable to walk without assistance.
- Approach to managing MS relapses
 - Should the patient have oral or intravenous steroids?
 - Role of plasma exchange in steroid-refractory relapses
- Infections complications of MS therapies**
Three case histories will be presented highlighting infectious complications of MS therapies – Herpes Zoster, cryptococcal meningitis, progressive multifocal leukoencephalopathy
- 12:30** **Lunch**

13:15

Radiology

Sorting out white matter lesions in the general neurology clinic

Dr David Paling

A 40 year woman is referred following an MRI done in primary care to investigate headache shows abnormal white matter lesions in the brain raising the possibility of MS.

- Differentiating non-specific/vascular and inflammatory white matter lesions
- To review radiologically isolated syndrome and the relationship with clinical MS

14:45

Break

15:00

Future perspectives

Dr Sharmilee Gnanapavan, Consultant Neurologist, Barts Health NHS Trust

A 44 year old woman with secondary progressive MS attends for her annual review. Her disability has worsened in the last year and she asks if there are any new treatments for MS on the horizon to stop progression. She also mentioned that her 15 year old daughter is complaining of feeling tired all the time and she is worried about MS.

- Neuroprotection and remyelination in MS
- Prospects for preventing MS

15:45

Final remarks and meeting close