Multiple Sclerosis Patients Prefer High-Dose Oral Prednisone to Treat Acute Relapses

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Background: High-dose corticosteroid pulses for 3 to 5 days are the current standard for the treatment of acute relapses in multiple sclerosis (MS). Recent evidence supports the use of 1250 mg of oral prednisone (OP) as an alternative to intravenous methylprednisolone (IVMP). The highest single dose preparation of OP presently available is a 50-mg tablet, requiring patients to take 25 tablets a day. Questions regarding acceptability of and compliance with this oral regimen have been raised. Objectives: To determine whether MS patients are compliant with 1250 mg of OP daily for acute relapses and patients’ opinion regarding OP versus IVMP.

Methods: Between November 1, 2008, and December 31, 2009, all MS patients evaluated and diagnosed with an acute relapse in the London (Ontario) MS clinic were identified. If treatment with OP was initiated, subjects were given a two-page survey to be mailed to the clinic anonymously after completing treatment. Subjects presenting more than once during this time interval were surveyed only once. Seven days later, subjects were reminded by a phone call to complete and return the survey. Results: Sixty-eight MS relapses were diagnosed and treated with corticosteroids in 66 MS subjects, of which 60 (58 subjects) were treated with 1250 mg of OP. Fifty surveys were returned (86.2%). Most subjects were between 31 and 50 years of age (65.3%), were female (70.0%), and had relapsing-remitting MS (88.0%). The mean ± SD disease duration was 7.5 ± 7.4 years. Only one subject was unable to take all the required tablets, and 73.5% reported taking all 25 tablets at once. Commonly reported adverse events included insomnia (60%), increased appetite (20%), and irritable mood (18%), although 22% experienced no adverse events. Two-thirds of subjects (66.0%) indicated a preference for OP instead of IVMP for future relapses, with convenience being the most cited reason, while 24% indicated no preference or did not respond. Conclusions: High-dose (1250 mg) oral prednisone is an acceptable therapy for MS patients for the treatment of acute relapses. Most patients prefer OP instead of IVMP, and noncompliance was not an issue.

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