

Should treatment be stopped in patients who had apparently inactive diseases for 5 years?

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Effective DMTs are essential to guarantee the highest possible well-being to people with MS. For the same reason, there are circumstances in which ongoing DMT should or must be stopped to avoid that risk or costs overcome the benefits. There is a wide agreement that DMTs must be stopped in case of a serious adverse event potentially related to the drug, in patients becoming pregnant, and in subjects who are not adherent to treatment. In addition, some data and our practical experience may support the highly controversial concept of treatment cessation in patients with so-called “benign RRMS” seen in 5-10% of MS patients. Given the fact, that the label “benign multiple sclerosis” is often temporary as apparently benign disease often becomes disabling there is no general recommendation for stopping treatment. However, an individualized approach to the use of DMTs in MS patients with apparently inactive diseases should always be taken into consideration. On the other hand, growing evidence supports the notion that there may be a time in the disease course of some individuals with initially relapsing disease when treatment with current DMTs can safely be stopped. MS patients who gradually accumulate irreversible disability without experiencing relapses and MRI inflammatory activity - *i.e.*, have transitioned to the SP phase of the disease – most likely do not benefit significantly from any of currently available DMT, which should be therefore discontinued in this group of subjects. In those patients, priority should be given to symptomatic treatment, physical therapy, and management of disability.