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Should disease-modifying therapies be stopped in patients who have developed secondary progressive MS?

The answer to this dilemma depends on the two fundamental issues: if it is active or nonactive form of secondary progressive (SP) MS and what type of disease-modifying therapies was introduced in the early stages of the disease.
Active SPMS is defined as form with relapses and presence of MRI activity in the CNS. In SPMS IFN beta 1b and IFN beta 1a s.c are approved by European Medicines Agency (EMA) and mitoxantrone by FDA and EMA. In the European SPMS study the significant positive effects on disease progression, number of attacs and several MRI parameters was observed in patients treated with IFN beta 1b. Contrary, in the North American SPMS study with IFN-beta 1b no treatment benefit was seen on the time to confirmed progression of disability, relapse- and MRI-related outcomes. A comparison of the both studies revealed that the European trial with positive results included patients with more active MS than the North American trial.
The subgroup analysis in SPECTRIMS study (with IFN beta 1a s.c in SP MS) has shown that patients who still had attacs benefit from the medication in terms of disease progression.
So existing data indicate that only patients with active form of SPMS should continue treatment with described immunomodulatory treatment.
In the MIMS study patients with worsening RRMS or SPMS were assigned placebo or mitoxantrone. At 24 months the mitoxantrone group experienced benefit compared to placebo group for disability progression. The characteristics of the patients included in the MIMS trial however does not allow conclusions to be made in relation to the efficacy of mitoxantrone in SPMS patients without relapses.