

Plain language summary of the recommendations of an international group of MS specialists on managing MS during and after the COVID-19 pandemic

Saúl Reyes, Anthony L Cunningham, Tomas Kalincik, Eva Kubala Havrdová, Noriko Isobe, Julia Pakpoor, Laura Airas, Reem F Bunyan, Anneke van der Walt, Jiwon Oh, Joela Mathews, Farrah J Mateen, Gavin Giovannoni

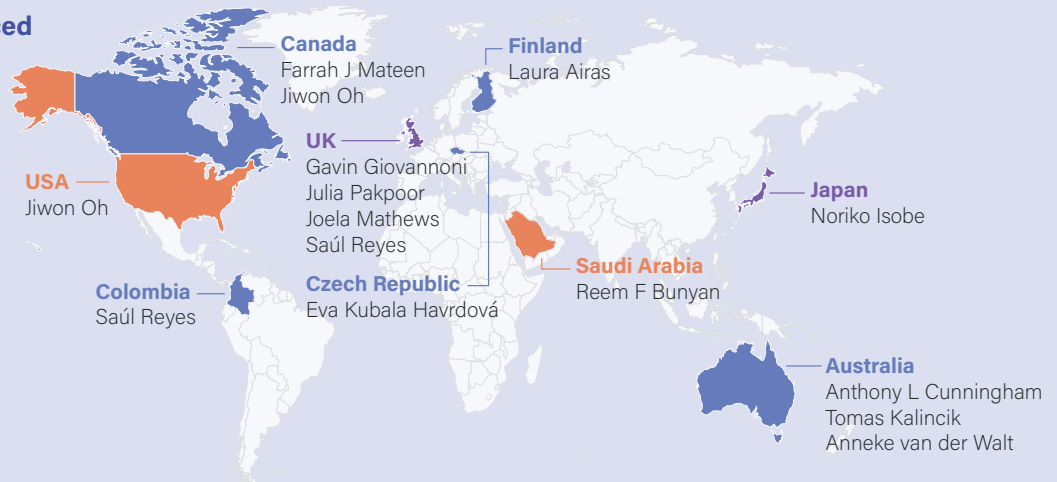
These recommendations might change as new evidence appears. Please always talk to your doctor before making any decisions about your MS treatment.

Objective

To provide updated recommendations for management of MS during and after the COVID-19 pandemic that can be used across the world.

Methods

An international panel of 13 MS specialists produced the recommendations.



All panel members identified key questions and concerns about MS management during the COVID-19 pandemic



The questions were grouped by topics and assigned to specific panel members according to their expertise



These panel members produced statements and recommendations based on published documents and their own expertise



All members scored each recommendation

Strongly agree Agree Neutral Disagree Strongly disagree

At least 75% agreed or strongly agreed with a recommendation



Recommendation approved

Less than 75% agreed or strongly agreed with a recommendation



Recommendation changed according to the members' feedback and scored again

The process continued until all recommendations were approved

Results

After five rounds of scoring, the panel approved 39 recommendations on how MS should be managed during and after the COVID-19 pandemic. These recommendations are summarized below.

Advice for health professionals to share with people with MS



People with MS should follow national or local guidelines to lower their risk of getting COVID-19 and tell doctors about any ongoing or new symptoms they have after being ill with COVID-19.

Disease-modifying therapies, or 'DMTs'



Treatment with interferons, glatiramer acetate, teriflunomide, dimethyl fumarate, fingolimod or cladribine doesn't need to change. However, people with very low levels of white blood cells need extra care to lower their risk of catching the virus that causes COVID-19.

People with MS treated with natalizumab can have longer breaks between doses to lower the number of hospital trips they need to make.

People with very active MS can be offered ocrelizumab, rituximab or alemtuzumab but concerns about the risk of infection may mean they can also be offered alternative DMTs.

Some immune reconstitution therapies, such as mitoxantrone or hematopoietic stem cell transplantation, are not recommended when the risk of COVID-19 is high.

MS relapses or pseudorelapses



People with MS experiencing relapses or their MS getting worse temporarily for other reasons, called 'pseudorelapses', should be checked for COVID-19 symptoms.

It is important to distinguish between MS relapses and pseudorelapses so that doctors can choose the best treatments.

High-dose corticosteroids should be taken at home if possible.

Children



Children with MS should continue to get their usual therapies unless there are major concerns about safety or a clinical reason to stop. Their mental health should be given particular attention.

Pregnancy



Pregnant women may be at higher risk of severe COVID-19 or its complications than women who are not pregnant. Pregnancies of women with MS infected with the virus that causes COVID-19 should be handled in the same way as those of other women with the virus.

Blood tests to monitor the effects of DMTs



People with MS receiving DMTs may have blood tests done less often to limit the number of trips they have to make to clinical sites.

Schedules for blood monitoring should take into account local numbers of people on each MS drug, health risks associated with taking each MS drug, risks associated with blood testing at each site and staff numbers.

COVID-19 vaccines



COVID-19 vaccines do not trigger MS relapses or make MS worse. Vaccination and DMTs can be timed to control MS while also protecting against the virus that causes COVID-19.

People with MS at the highest risk of ill health if they have COVID-19



The risk of being seriously ill with COVID-19 should be evaluated on a case-by-case basis. People who are older, have hypertension, diabetes or respiratory diseases, or have progressive MS should take special care to follow recommendations to control infection, including social distancing.

When possible, neurology appointments for people with MS at high risk should be prioritized and carried out virtually. Giving DMTs and long-term medications to people with MS at high risk of ill health if they have COVID-19 should also be prioritized.

Telemedicine



Telemedicine can help with MS assessment and management. Signs and symptoms reported by people with a disease, also called 'patient-reported outcomes', should be used to help doctors assess MS remotely.

In areas at high risk of COVID-19, healthcare staff should take steps to limit the number of non-essential hospital visits for people with MS.

Medical imaging monitoring



Doctors should weigh the risks of a person with MS visiting a healthcare facility against the risks of failing to detect changes in MS disease activity. All medical imaging facilities should follow local public health guidelines.

If there are staff shortages, neurologists should identify those who need an MRI scan urgently, and those who can have their scan delayed safely.

Low-income settings



Guidelines for low-income populations should be created and updated as the COVID-19 situation evolves. Recommendations for different countries, affordable telemedicine services and translations are important.

Support should be given to neurologists who may be at risk of professional burnout, and registries and networks of people with MS should be created.

Impact on MS research



We need to do more research to understand how MS DMTs work in people who have COVID-19. Online platforms, wearable devices and patient-reported outcome measures should be used together with traditional approaches.

Collaborations involving many different stakeholders, diverse populations and various settings will help data to be shared rapidly and efficiently.

This is a plain language summary of an article published in the *Journal of Neuroimmunology* medical journal. The full reference of the article is:

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