

Immunomodulatory therapy in 6427 relapsing-remitting Multiple Sclerosis (RRMS) patients over time under special consideration of switching to oral DMD: a retrospective data analysis



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Background

NeuroTransData, a German neurology network of 66 outpatient sites has been collecting real world data in a Registry database for MS with more than 23,000 patients for more than 10 years.

Objective

Longitudinal assessment of MS patients on injectable DMD who switched to oral DMD and other DMDs.

Patients and Methods / Material and Methods

RRMS-patients stable on injectable DMDs (Avonex^R, Rebif^R, Betaferon/Extavia^R, Copaxone^R) for 4,3y (median) were analyzed for 6.1y (median) regarding clinical course and potential switch to oral and other treatments.

	Avonex [®] n=452	Rebif [®] n=762	Betaferon/Extavia [®] n=620	Copaxone [®] n=848
Gender (f / m)	345(76.3%) 107(23.7%)	545(71.5%) 217(28.5%)	445 (71.8%) 175(28.2%)	654(77.1%) 194(22.9%)
Age (y) median	39.7	41.2	42.4	42.3
Disease activity (y)	9.0	8.2	8.1	8,7
Treatment period (y)	2.5	3.2	2.9	2.9
EDSS before switch	2.0	2.0	2.0	2.0

Table 1: Baseline characteristics of RRMS patients switching from different injectable to oral DMDs. f: female; m: male; age/disease duration/treatment period on average in years; EDSS: median on the Expanded disability status scale.

Results

2682 (41.7%) of these 6427 patients were switched to oral DMD. The other patients stayed on their DMD for 4.6 years (median). The main reasons for switching were insufficient therapeutic effect (34.2%), side effects (18.1%) and patient's wish (18.2%). After 1.1 years (median), 716 (26.7%) of these already switched patients were switched once again to another DMD, 123 (17.2%) switched back to their first DMD. 1735 patients (65%) remained on their first switch therapy. Observation period was 3.8 years (median).

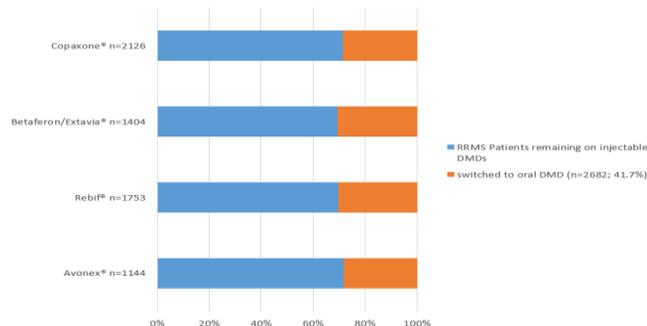


Fig. 1: RRMS patients remaining on injectable DMDs respectively switching to oral DMDs in percent in the different therapeutic groups.

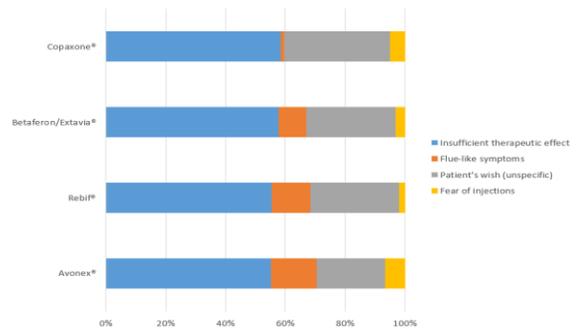


Fig. 2: Main reasons in percent for switching from injectable to oral DMDs among different therapeutic groups.

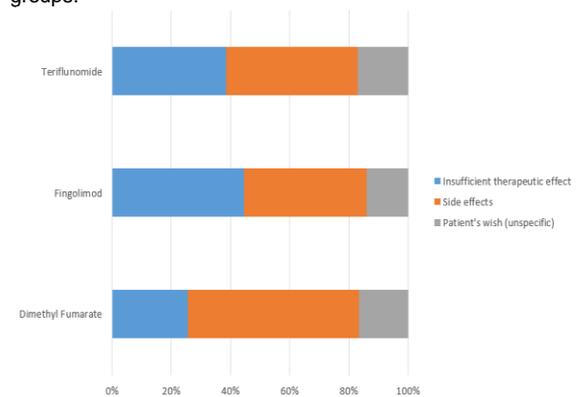


Fig. 3: Main reasons in percent for second switch from oral DMDs to another disease-modifying therapy.

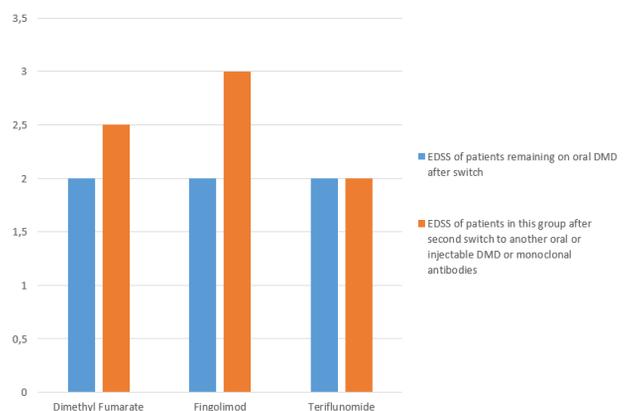


Fig. 4: Last EDSS (median) in observation period of RRMS patients remaining on therapy after first switch respectively after second switch from oral DMDs to another disease-modifying therapy.

Conclusion

The main reason for switching from injectable to oral DMD was the therapeutic effect, followed by patient's wish and side effects. In those patients who switched a second time, side effects were the main reason for switching. Most patients (65%) who switched from injectable to oral DMDs remained on that therapy during the observation period.