

Approved disease-modifying MS therapies reviewed

Successful, large, randomised controlled trials have resulted in disease-modifying drugs such as interferon (IFN)- β -1a, IFN- β -1b and glatiramer acetate being approved for the treatment of relapsing-remitting multiple sclerosis (MS), say Professor CH Polman and Dr BMJ Uitdehaag from Academic Hospital Vrije Universiteit, Amsterdam, The Netherlands.

IFN products considered first-line

IFN- β -1a ['Avonex', 'Rebif'] and IFN- β -1b ['Betaferon'] have been approved for use in the US and the European Union (EU) for the treatment of relapsing-remitting MS, say Professor Polman and Dr Uitdehaag. They add that most experts consider IFN- β -1a and IFN- β -1b to be first-line therapies in patients with relapsing-remitting MS, whereas the synthetic copolymer glatiramer acetate ['Copaxone'] is considered to be a second-line therapy in such patients. *'Disease modifying treatment should be considered early in the course of disease for patients with an unfavourable prognosis'*, say Professor Polman and Dr Uitdehaag.

IFN- β -1b has also been approved for use in patients with secondary progressive MS in the EU, they add. However, further studies are needed to confirm the optimal times to start and stop such therapy.

A role for immunosuppressants?

Furthermore, Professor Polman and Dr Uitdehaag say that *'several experts have urged reconsideration of the role of immunosuppressants such as azathioprine or methotrexate'*. Compared with the IFN- β products and glatiramer acetate, immunosuppressant therapy would be less expensive, easier to administer and may also have a favourable impact on the disease course, they say.