Glatiramer acetate beats IFN-β therapies for relapsing-remitting MS

Glatiramer acetate produces long-term reductions in relapse rates superior to those with interferon (IFN)-β-1a and IFN-β-1b in patients with relapsing-remitting multiple sclerosis (MS), according to results from a follow-up analysis presented at the 15th European Neurological Society meeting in Vienna, Austria.

This analysis utilised data from a nonrandomised, open-label study including 247 patients with relapsing-remitting MS who received glatiramer acetate (n = 73), IFN-β-1a [Avonex (n = 69) or Rebif 22 (40)] or IFN-β-1b [Betaferon], for 2 years.

At 48 months after initiation of treatment, the reduction in the annual relapse rate, relative to the annualised relapse rate for the 2 years prior to treatment, was significantly greater in patients who received glatiramer acetate than in those who received Avonex, Rebif 22 and Betaferon (by 73% vs 43%, 51% and 38%, respectively). Moreover, a significantly greater proportion of patients who received glatiramer acetate continued therapy due to perceived efficacy or lack of adverse events after 4 years, compared with IFN-β therapy recipients.

Teva Neuroscience Inc. COPAXONE Showed Greatest Reduction in Long-Term Relapse Rate Among MS Treatments. Media Release : 21 Jun 2005. Available from: URL: http://www.tevaneuroscience.com

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