

Multiple sclerosis overview

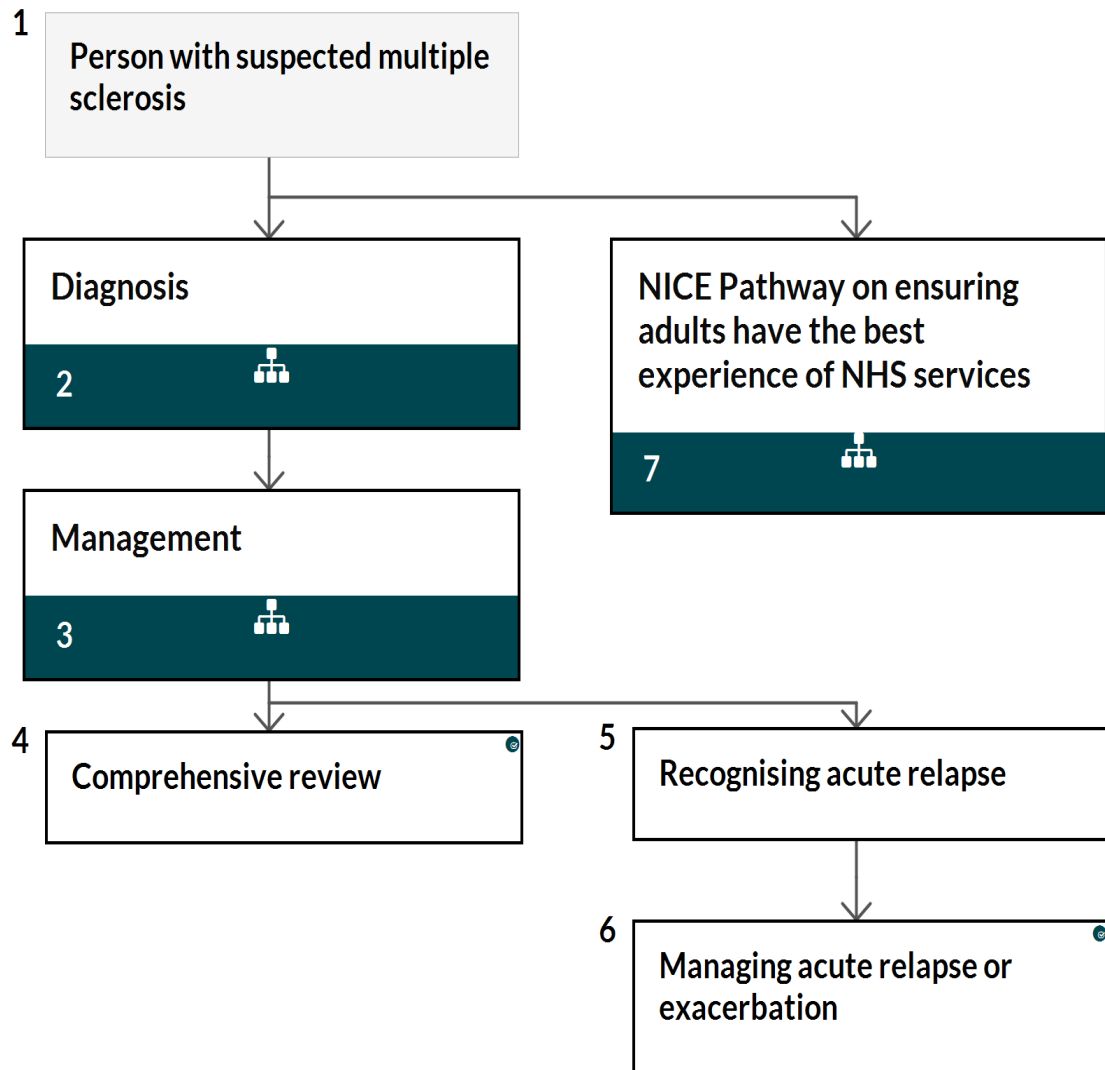
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/multiple-sclerosis>

NICE Pathway last updated: 18 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with suspected multiple sclerosis

No additional information

2 Diagnosis

See Multiple sclerosis / Diagnosing multiple sclerosis

3 Management

See Multiple sclerosis / Managing multiple sclerosis

4 Comprehensive review

Determine how often the person with MS will need to be seen based on:

- their needs, and those of their family and carers **and**
- the frequency of visits needed for different types of treatment (such as review of disease-modifying therapies, rehabilitation and symptom management).

Ensure all people with MS have a comprehensive review of all aspects of their care at least once a year.

Ensure the comprehensive review is carried out by healthcare professionals with expertise in MS and its complications. Involve different healthcare professionals with expertise in specific areas of the review if needed.

Tailor the comprehensive review to the needs of the person with MS assessing:

- MS symptoms:
 - mobility and balance including falls
 - need for mobility aids including wheelchair assessment
 - use of arms and hands
 - muscle spasms and stiffness
 - tremor
 - bladder, bowel and sexual function

- - sensory symptoms and pain
 - speech and swallowing
 - vision
 - cognitive symptoms
 - fatigue
 - depression and anxiety
 - sleep
 - respiratory function.

For further information, see [the NICE Pathways on preventing falls in older people](#), [urinary incontinence in neurological disease](#), [faecal incontinence](#), [neuropathic pain](#), [nutrition support in adults](#), [depression](#) and [generalised anxiety disorder](#).

- MS disease course:
 - relapses in last year.
- General health:
 - weight
 - smoking, alcohol and recreational drugs
 - exercise
 - access to routine health screening and contraception
 - care of other chronic conditions.

For further information, see [the NICE Pathways on obesity](#), [smoking](#), [alcohol-use disorders](#), [drug misuse management in over 16s](#) and [physical activity](#).

- Social activity and participation:
 - family and social circumstances
 - driving and access to transport
 - employment
 - access to daily activities and leisure.
- Care and carers:
 - personal care needs
 - social care needs
 - access to adaptations and equipment at home.

Refer any issues identified during the comprehensive review of the person with MS to members

of the MS multidisciplinary team and other appropriate teams so that they can be managed.

Ensure people with MS are offered a medication review in line with [the NICE Pathway on medicines optimisation](#).

Ensure people with MS have their bone health regularly assessed and reviewed in line with [the NICE Pathway on osteoporosis](#).

Ensure people with MS and severely reduced mobility are regularly assessed and reviewed for risk of contractures.

Check people with MS and severely reduced mobility at every contact for areas at risk of pressure ulcers (see [the NICE Pathway on pressure ulcers](#)).

Discuss the care provided by carers and care workers as part of the person's care plan. Ensure carers know about their right to a carer's assessment (see [the NICE Pathway on supporting adult carers](#)).

Refer people with MS to palliative care services for symptom control and for end of life care when appropriate. See also [NICE's recommendations on end of life care for people with life-limiting conditions](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

6. Comprehensive review

5 Recognising acute relapse

Before diagnosing a relapse of MS:

- rule out infection – particularly urinary tract and respiratory infections **and**
- discriminate between the relapse and fluctuations in disease or progression.

Diagnose a relapse of MS if the person:

- develops new symptoms **or**
- has worsening of existing symptoms

and these last for more than 24 hours in the absence of infection or any other cause after a stable period of at least 1 month.

Do not routinely diagnose a relapse of MS if symptoms are present for more than 3 months.

6 Managing acute relapse or exacerbation

Develop local guidance and pathways for timely treatment of relapses of MS. Ensure follow-up is included in the guidance and pathway.

Non-specialists should discuss a person's diagnosis of relapse and whether to offer steroids with a healthcare professional with an expertise in MS because not all relapses need treating with steroids.

Treating a relapse

Assess and offer treatment for relapses of MS, that affect the person's ability to perform their usual tasks, as early as possible and within 14 days of onset of symptoms.

Offer treatment for relapse of MS with oral methylprednisolone 0.5 g daily for 5 days.

Consider intravenous methylprednisolone 1 g daily for 3–5 days as an alternative for people with MS:

- in whom oral steroids have failed or not been tolerated **or**
- who need admitting to hospital for a severe relapse or monitoring of medical or psychological conditions such as diabetes or depression.

Do not prescribe steroids at lower doses than methylprednisolone 0.5 g daily for 5 days to treat an acute relapse of MS.

Do not give people with MS a supply of steroids to self-administer at home for future relapses.

Information about treating a relapse with steroids

Discuss the benefits and risks of steroids with the person with MS, taking into account the effect of the relapse on the person's ability to perform their usual tasks and their wellbeing.

Explain the potential complications of high-dose steroids, for example temporary effects on mental health (such as depression, confusion and agitation) and worsening of blood glucose

control in people with diabetes.

Give the person with MS and their family members or carers (as appropriate) information that they can take away about side effects of high-dose steroids in a format that is appropriate for them.

Ensure that the MS multidisciplinary team is told that the person is having a relapse, because relapse frequency may influence which disease-modifying therapies are chosen and whether they need to be changed.

Medical, therapy and social care needs at time of relapse or exacerbation

Identify whether the person having a relapse of MS or their family members or carers have social care needs and if so refer them to social services for assessment.

Offer inpatient treatment to the person having a relapse of MS if their relapse is severe or if it is difficult to meet their medical and social care needs at home.

Explain that a relapse of MS may have short-term effects on cognitive function.

Identify whether the person with MS having a relapse or exacerbation needs additional symptom management or rehabilitation.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. Managing relapses

7 NICE Pathway on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

Contractures

(a shortening in the soft tissues (that is, tendons, muscles or ligaments) around a joint that limits the passive (and active) range of movement at that joint)

Sources

[Multiple sclerosis in adults: management](#) (2014 updated 2019) NICE guideline CG186

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.