Intravenous Methyl Prednisolone in Multiple Sclerosis
Relapse management in multiple sclerosis

Relapses in multiple sclerosis (MS) are common and caused by inflammation in the brain and spinal cord. This causes symptoms the nature of which depends on the part of the brain or spinal cord affected. The symptoms may be relatively mild or more obvious and troublesome. For example double vision, unsteadiness.

How do I know if I am having a relapse?

A relapse is the occurrence of neurological dysfunction as a result of a new symptom(s), or recurrence of an old symptom(s), which last more than 24 hours.

However, if you develop a recurrence of old symptoms or a worsening of long standing symptoms that last only a few hours in duration, or vary on a day to day basis, it is much less likely to be due to a relapse particularly if it occurs at times of illness or stress. It is important to distinguish these sorts of symptoms from a relapse in order to avoid inappropriate treatment.

What should I do if I think I am having a relapse?

If you have recently developed symptoms that are particularly troublesome or causing concern you should contact your MS nurse. Who will assess you over the telephone and give advice with regard to the most appropriate course of action. Your GP is also a point of contact.

Not all relapses require steroids

Not all relapses should be treated with high dose steroids. The decision is made by your physician taking into account your current symptoms, examination findings (preferably compared with previous examinations), your past and present co-existing medical history and previous steroid exposure. They will then balance the potential benefit of treatment against the potential risks of high dose steroids. Often this will be discussed with you.
What is Methylprednisolone?

- Methylprednisolone belongs to a group of medicines called Corticosteroids or Steroids. Corticosteroids are hormones that are made naturally by your body by your adrenal glands. They help your body cope with inflammation, allergic reactions and other stresses. Methylprednisolone is a synthetic corticosteroid, similar to the natural hormone, and works in the same way.

- Steroids have two main actions. Firstly it dampens down inflammation. Secondly it reduces the activity of the immune system.

- In some individuals they act almost immediately but for others it may take longer for symptoms to improve. However, steroids do not influence the degree of recovery made and they do not slow any progression of symptoms that may be present. (Hickey, 2005)

How are steroids given?

The National Institute for Health and Clinical Excellence (NICE) Guidelines for MS (2003) recommend that the treatment regime for an acute exacerbation of symptoms should be started as soon as possible after onset of the relapse and should be administered either by:

Intravenous Steroids

- Intravenous Methylprednisolone is given via a cannula which is inserted into your vein. This infusion usually takes 30 minutes.

- Methylprednisolone is absorbed quickly into your system allowing the drug to start working.

- Methylprednisolone is administered at a dose between 500mg-1000mg for 3-5 days.
Oral Methylprednisolone

- If your Neurologist has prescribed an oral form of Methylprednisolone for you, you will be given a prescription which can be dispensed at your local pharmacy.
- Oral Methylprednisolone is administered at a dose between 500mg - 2000mg for between 3 - 5 days.

Alternative treatment

Currently no other therapies are recommended for the treatment of acute relapses. A multidisciplinary rehabilitation approach is an alternative, for example treating a symptom such as pain with medication. Unsteadiness may need a physiotherapist approach.

**It is important to inform the nurse before treatment begins:**

- If you are pregnant, could be or are trying for a baby.
- If you have had an allergic reaction to steroids previously, or any other allergies.
- If you have had a recent infection.
- If you have a temperature.
- If you suffer from digestive problems, and or have a history of a gastric ulcer.
- If you suffer from a certain mental/mood condition (psychosis, severe depression).

Infections

Steroids can make you more likely to develop infections. Signs of infection can be masked by steroids. So if you feel unwell or develop any new symptoms whilst having the treatment please inform the nurse.

Possible side effects

- Slight reddening of the face.
- Metallic taste in the mouth.
- Irregular or very fast pulse.
- Hiccups.
- Headache.
- Nausea.
- Abdominal distension.
- Psychological dependance.
- Glaucoma.
- Cataracts (with frequent doses).
- Skin thinning and increased liability to bruising.
- Change in mood usually euphoria or a period of feeling low.
- On very rare occasions, epileptic fit(s).
- Alteration to sleep pattern, especially insomnia.
- Increased appetite, especially sugary foods.
- Weight gain (usually transient).
- Increased risk of gastric ulcer and perforation.
- Oesphagitis (heartburn).
- Increased risk of infection (steroids suppress your immune system).
- High blood pressure (usually transient).
- Muscle weakness and wasting (usually only with repeated courses).
- Hirsutism (excessive facial hair).
- Acute pancreatitis (very rare).
- Aggravation of schizophrenia and epilepsy.
- Osteoporosis (thinning of the bones, especially if repeated courses given).
- Avascular Osteonecrosis-damage to the head of the hip bone(<500).
- Steroids induced diabetes, usually resolves after treatment.
- Melaena (black tarry stools), usually due to a gastric ulcer bleed. If this should occur you must not take any more of your steroid tablets and seek medical advice.
Frequently asked questions

Can I drink alcohol whilst having treatment?
Steroids and alcohol can both upset the stomach so alcohol is best avoided.

Can I drive whilst having treatment?
Steroids can make you feel dizzy. It is advisable not to drive, use machinery, or do any activity that requires alertness until you are sure that you can perform such activities safely.

What you should know.
If you are exposed to chickenpox or measles whilst receiving steroids, seek medical advice immediately.

Before having surgery tell your doctor or dentist that you have received steroids within the last 12 months.

Do not have immunizations or vaccines whilst receiving steroids unless you have discussed this with your Neurologist.
References


NICE: London

NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

© North Bristol NHS Trust. This edition published May 2014. Review due May 2016. NBT002248