

Treatment of a Multiple Sclerosis relapse

This leaflet explains the treatment given for patients with Multiple Sclerosis (MS) who are experiencing a sudden increase in symptoms or disability.

Multiple Sclerosis Service

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Treating your relapse

Your doctor / nurse feel that you are having a relapse of your Multiple Sclerosis (MS) and that treatment with a steroid, methylprednisolone (Medrone®) may be beneficial. Relapses are a relatively sudden (over hours or days) increase in symptoms or disability lasting more than 24 hours. Infections, particularly of the chest or urinary tract, can mimic or trigger a relapse and your doctor will assess you for these, as these are best managed by treating the infection rather than by giving steroids. Symptoms due to a relapse usually settle after a few weeks or months but can leave persisting problems. Steroids have been shown to help relapses settle more quickly but do not alter whether or not any problems will persist in the long-term. **Not all relapses require treatment and steroids are usually reserved for when symptoms are causing distress or result in a limitation of your usual activities.** Steroids can only be given if there is no urine infection present. The usual dose is 500mg Methylprednisolone orally daily for 5 days.

Please note the steroids may need to be ordered and so you may not get them on the same day as they are prescribed.

Side effects of steroids

Steroids are not without side-effects. Generally, these do not continue for long after the treatment is completed. You **may** experience some of the following:

- Slight reddening or flushing of the face
- Swelling of the ankles
- Metallic taste in mouth
- Indigestion*
- Urinary tract infections, thrush, or sugar in the urine
- Mood alterations
- Altered sleep pattern**
- Weight gain, increased appetite

**Your doctor will also give you a drug called Omeprazole to help protect the stomach lining. This should also be taken if you are taking regular anti-inflammatory drugs, e.g. aspirin, ibuprofen, if*

you are on warfarin or if you already suffer with frequent indigestion or have a history of stomach ulcers.

***To avoid sleep issues, take your medicine in the morning.*

Other risks

Repeated courses of steroids can lead to thinning of the bones (osteoporosis) and you should not be given more than three courses of steroids a year. If your doctor is concerned about your risk of osteoporosis he may arrange a bone (DEXA) scan or give you dietary supplements of vitamin D and calcium.

You should also tell your doctor if you are diabetic (steroids will affect your sugar levels) or if there is a chance you may be pregnant.

Further information

If you have any further questions please contact the person who has prescribed the medication or speak with your local MS nurse.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: September 2025