



THERAPY AREA GUIDE

Multiple Sclerosis

INTRODUCTION

This Guide offers an overview of multiple sclerosis and outlines how GKA's unparalleled expertise could make a real difference to your research project.

Medical fieldwork agency GKA has been working on multiple sclerosis market research projects since 1992. Alongside building its own expertise in the area, GKA has gathered a panel of respondents that is second to none. Its clients are guaranteed access to the top key opinion leaders working in the disease area.

As part of a drive to help its clients fully understand multiple sclerosis and its ramifications, GKA has built strong relationships with the wider multiple sclerosis community. This Guide presents a short overview of the disease and shows why GKA can make a difference to your medical market research projects project.

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THE LOWDOWN

Multiple sclerosis (MS) is an autoimmune condition that affects the central nervous system¹. The exact causes of MS are unclear but most experts attribute it to a combination of genetic and environmental factors².

In a patient with MS, the immune system attacks and damages the coating of the nerve fibres in the brain and spinal cord. This coating, known as myelin, protects the nerve fibres and helps messages travel quickly and efficiently between the brain and the rest of the body.

As the myelin has been stripped off the fibres, the nerve signals become distorted or disrupted causing a wide range of symptoms. While there is no definitive list of early signs, symptoms include:

- **Vision loss (usually in one eye)**
- **Muscle stiffness, spasms and uncontrolled movement**
- **Balance and coordination issues**
- **Fatigue**
- **Bowel problems**

Despite there being several common symptoms, there is, in fact, no typical pattern that can be applied to everyone. People can have different symptoms at different times.

MS was first recognised as a distinct condition in the middle of the 19th century³; the grandson of George III, Augustus d'Este, was thought to have developed the condition. However, it wasn't until the second half of 20th century with the introduction of CT scans and MRI scans that doctors gained a better understanding of the condition and could identify the damage caused by MS. The imaging process was improved further when doctors began using a marker that, when injected before a scan, allowed them to distinguish between active lesions and previous areas of scarring.

THE LOWDOWN

Incidence

There are an estimated 100,000 people living with MS in the UK⁴. On average, most people are diagnosed between the ages of 20-40. MS affects nearly three times as many women as men and while it is not fatal, some related complications, such as pneumonia, can be. The average life expectancy is some 10 years lower than the wider population⁵.

There are three main types of MS: relapsing remitting, secondary progressive, primary progressive.

The most prevalent form of the condition is relapsing remitting MS, which affects 8 out of 10 people with the condition. Patients with relapsing remitting MS have periods where their symptoms are mild or disappear altogether. Periods of remission last for days, weeks or even months.

This remission is followed by a period of relapse when patients face a sudden, aggressive flare-up of their symptoms. Relapses can last from several weeks to a few months. People with relapsing remitting MS normally have one or two attacks each year. Symptoms can worsen over time and recovery from a relapse may become less complete.

Within 10 years of first being diagnosed, around half of those with relapsing remitting MS develop secondary progressive MS. At this stage, their symptoms gradually worsen and there are fewer or no periods of remission.

The least common form of the condition is primary progressive MS, where symptoms steadily get worse over time and there are no periods of remission. Primary progressive MS affects about 10 to 15% of people diagnosed with MS⁶.

Two other forms of the condition are childhood and benign MS. In fact, MS is rarely seen in children. Only 5 to 10% of young people with MS will experience any symptoms before the age of 16. Benign MS sees patients suffer a small number of relapses followed by a complete recovery. However, this can only be diagnosed retrospectively normally after a period of at least 10 years.

THE LOWDOWN

Treatment

MS is managed through a combination of lifestyle changes, symptom management and disease modifying drugs (DMDs). Lifestyle changes involve diet and exercise programmes as well as the use of some complementary and alternative therapies.

While not a cure for MS, DMDs can reduce the number of relapses. One of the leading types of drug used is beta interferon and there are two types: beta interferon 1a (sold as Avonex and Rebif) and beta interferon 1b (sold as Betaferon and Extavia)⁷.

Another DMD is glatiramer acetate (known as Copaxone), which is used to treat relapsing remitting MS. It has been proven to reduce relapses by about 30%.

People who have more aggressive MS or for whom beta interferons do not work are prescribed natalizumab (Tysabri). However, this has to be delivered intravenously via an infusion on a monthly basis. Patients who have regular relapses or an increased relapse rate – despite taking beta interferon – may be given fingolimod (Gilenya).

Finally, teriflunomide (Aubagio) has been approved by NICE as a first line therapy for people with active relapsing remitting MS, in particular those who have experienced two clinically significant relapses in the past two years. As a once daily tablet, teriflunomide is an alternative to the beta interferons and glatiramer acetate, which are all administered by injection.

In addition, steroids are often used to help manage a relapse⁸. Patients are given a three to five-day course of a high-dose steroid to help speed up their recovery. This will be given either orally as tablets, or intravenously but will not affect the outcome of a relapse.

KEY FACTS AT A GLANCE

- MS was first recognised as a condition in the 19th century; the grandson of George III was thought to have MS
- Over 100,000 people in the UK have MS with more women than men being diagnosed
- While it is not inherited, family members do have a higher risk of developing MS
- MS tends to be diagnosed between the ages of 20 and 40
- 80% of people diagnosed have relapsing remitting MS
- 10 to 15% of people have primary progressive MS
- Around half of people with relapsing remitting MS develop secondary progressive MS within 10 years

THE GKA DIFFERENCE

Working in the world of medical market research, fieldwork agency GKA has long since developed an expertise in the area of MS. Since 1992 it has worked on some 100 MS-related projects and the team is constantly being asked to develop programmes.

The sheer number of projects undertaken means that everyone at GKA is well versed in the MS field. Not only are they always up to date with products and the ever-changing NHS but they also have extensive experience of patients and specific medications.

GKA has developed strong working relationships with a number of leading neurologists, MS specialists and key opinion leaders in the area. In fact, of the limited number of respondents who treat MS in the UK, many sit on the GKA panel.

Given the nature of managing the condition, GKA has recruited a significant number of MS nurses who also form part of the highly-responsive MS panel. More importantly, many of them also help the agency to source validated patients for patient-focused research. At the same time, GKA works alongside, and has built strong relationships with, many of the MS support groups who also help with patient recruitment.

As a result, one of GKA's biggest strengths is patient recruitment, which can be especially difficult in MS because there are different types as well as varying drugs. By harnessing this strong relationship with MS nurses and support groups, GKA can recruit large numbers of validated patients across many different methodologies.

GKA has over 350 respondents on its MS Panel comprising:

- **Over 250 Neurologists**
- **Over 100 MS Nurses**

THE GKA DIFFERENCE

GKA's heritage in working within the MS therapy area is unique. It regularly meets and overcomes the many challenges faced by fieldwork agencies and market researchers working in this area. The agency chooses to work alongside healthcare professionals and support groups that really understand the relapsing and remitting nature of MS and the challenges the condition entails from living with everyday symptoms to dealing with sudden flare-ups.

Call today to learn more

The GKA team is constantly developing and maintaining strong relationships within the MS community while building on its strengths in the therapy area. If you have been asked to run a research project in the MS field and would like to talk to someone who really understands the nature of this condition, why not give us a call today?

REFERENCES

1, 4, 6, 7: MS Society

2, 5, 8: NHS Choices

3: MS Trust