

Treating multiple sclerosis



You will be starting treatment or changing medications to treat multiple sclerosis. This health sheet outlines the different treatments to help you choose one with your doctor.

What are the treatments for?

There is no cure for multiple sclerosis.

However, some medications can make the disease more stable.

They help prevent relapses, that is, symptoms that develop quickly and intensely.

These medications also prevent new “lesions” or “plaques” from forming on the nervous system.

In this way, the medications help to stabilize the nerve signal pathways.

How can I know which medication is right for me?

You'll choose the one you'll take with your neurologist.



These medications can help you maintain your abilities. They allow you to live an active life for longer.

This choice depends on several things. For example, it will vary depending on the form of your disease or if you want to become pregnant. The medication can also be chosen based on how you want to take it. See the information on each medication on pages 4 to 11. This will help you make your choice.



Are there any side effects?

Yes. They're different depending on the medication and the person.

Read the most common side effects of each medication on pages 4 to 11.

Some effects are obvious, such as headaches or diarrhea. Others are not noticeable. For example, many of the drugs have an effect on the body's defense system (immune system). This increases the risk of catching a disease caused by bacteria or a virus (infection).

In rare cases, this effect on the immune system can increase the risk of cancer. However, there is no direct link between the treatments and cancer. This risk is so low that you don't need to have more tests to screen for cancer.

Blood tests are taken during treatments. This is done to monitor for side effects, so that action can be taken before you start to feel any serious symptoms.

How will I know if the treatment is working?

In general, you have to take a medication for 6 to 12 months to find out. You'll have tests to check if it's working well for you.

Can I breastfeed during my treatment?

That depends on the treatment. Read the tables on pages 4 to 11. Even when the answer is yes, it's usually necessary to wait a few weeks after giving birth before resuming treatment. You should talk to your healthcare team before doing it.



What symptoms should I watch out for?

Let your care team know if:

- the medication causes serious side effects
- you have relapses

Your care team will see if you can take a different medication.

Who can I contact if I have questions?

Ask your care team or call the Multiple Sclerosis Clinic at **514 890-8212**, from 8:00 a.m. to 4:00 p.m.

✉ neuro.sep.chum@ssss.gouv.qc.ca

If you have any urgent questions about your treatment outside of these hours, you can call a nurse at the **CHUM Patient Health Line**, at **514 890-8086**.



CHUM PATIENT HEALTH LINE

514 890-8086

24 hours a day, 7 days a week

You're a CHUM patient? You have questions about your health status? A nurse can help you.



USEFUL RESOURCES

MS Canada

mscanada.ca

Click on Intro to MS → Treatments

Other CHUM health fact sheets are available. Ask your care team which fact sheets can help you.



You can also read them online.
chumontreal.qc.ca/fiches-sante

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APPENDIX 1: MEDICATIONS LIST

In the following pages, you'll find information on each medication.

Your doctor will check the white circles above those medications that could serve your needs.

For each question on the left of the table, you'll find the answers for each medication on the same row. You can compare them to make your choice.

Medications to be self-injected at home	Interferons
For what form of the disease?	There are several. They are injected under the skin or into a muscle, depending on the type of interferon.
How do I take them?	Relapsing-remitting
How effective are they?	<div> <input type="radio"/> Avonex: Once a week, in a muscle. <input type="radio"/> Rebif: 3 times a week, under the skin. <input type="radio"/> Plegridy: Once every 2 weeks, under the skin. </div>
Do they weaken the immune system?	★
What are the side effects?	A little <ul style="list-style-type: none"> • Redness, bump, or pain at the injection site. • Flu symptoms (fever, muscle pain, headache). • Liver problems.
When will I need to have blood tests?	Once a month for the first 6 months, then once every 6 months.
Can I take them during pregnancy?	No. If you're planning to have a child, tell your care team.
Can I breastfeed?	Yes

For the question on how effective the medication is, the answer is given in stars.

Here's what the stars mean:

- ★ Basic effectiveness
- ★★ Moderate effectiveness
- ★★★ High effectiveness
- ★★★★ Very high effectiveness

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Medications to be self-injected at home

For what form of the disease?

How do I take them?

How effective are they?

Do they weaken the immune system?

What are the side effects?

When will I need to have blood tests?

Can I take them during pregnancy?

Can I breastfeed?

Interferons

There are several. They are injected under the skin or into a muscle, depending on the type of interferon.

Relapsing-remitting

Avonex: Once a week, in a muscle.
Rebif: 3 times a week, under the skin.
Plegridy: Once every 2 weeks, under the skin.



A little

- Redness, bump, or pain at the injection site.
- Flu symptoms (fever, muscle pain, headache).
- Liver problems.

Once a month for the first 6 months, then once every 6 months.

No. If you're planning to have a child, tell your care team.

Yes

Glatiramer Acetate (Glatect)

Relapsing-remitting

Once a day.



No

- Small bumps under the skin.
- Shortness of breath and a feeling of heat right after the injection.
- Allergic reactions.

Once every 6 months.

Yes, unless your care team tells you otherwise.

Yes

Ofatumumab (Kesimpta)

Relapsing-remitting

Once a week for the first 3 weeks. Then skip a week, and then take it once a month.



Yes

- Headaches.
- Allergic reactions.
- Respiratory illnesses caused by bacteria or viruses (coughs, colds).
- In rare cases, other illnesses caused by viruses, such as shingles.

You could also have flu-like symptoms after the first injection.

Once every 6 months.

No. If you want to try to get pregnant, tell your care team. You'll need to take a pregnancy test before each injection. If you're pregnant, you should stop the medication immediately.

Yes



Medications to be taken by mouth

For what form of the disease?

How do I take them?

How effective are they?

Do they weaken the immune system?

What are the side effects?

When will I need to have blood tests?

Can I take them during pregnancy?

Can I breastfeed?

Fingolimod (Gilenya and other trade names)

You need to have tried other medications before taking fingolimod. Otherwise it will not be reimbursed by insurance companies.

Relapsing-remitting

1 tablet a day.

★ ★ ★

Yes

- Headaches.
- Poor liver function.
- Increased blood pressure.
- Blurred vision due to fluid buildup in the back of the eye (macular edema).
- Heart beating slower than usual.
- In rare cases, diseases caused by viruses, such as shingles.
- In rare cases, increased risk of skin cancer.
- Risk of relapses when the medication is stopped abruptly.

Once every 3 months for a year.
Then, once every 6 months.

No. You need to stop taking this medication 2 months before trying to get pregnant. However, you should talk with your doctor before stopping.

No

Cladribine (Mavenclad)

Relapsing-remitting

It should be taken 2 weeks per year, for 2 years: once a day, for 4 to 5 days. Then 5 weeks later, again once a day for 4 to 5 days. The same process is then repeated one year later. The number of tablets to take will depend on your weight.



Yes, for a little while.

- Headaches.
- Weakness.
- Slightly higher risk of catching diseases caused by viruses, such as shingles.

Once every 3 months for 2 years.

No. Use an effective birth control method.

No

Teriflunomide (Aubagio and other trade names)

Relapsing-remitting

1 tablet per day.



Yes

- Hair loss or hair thinning.
- Increased blood pressure.
- Diarrhea.
- Poor liver function.
- Slightly higher risk of catching diseases caused by viruses, such as shingles.

Once a month for 6 months,
then once every 6 months.

No. If you want to try to get pregnant, you need to stop the treatment. You'll need to take another medication to remove the teriflunomide from your body. You'll also need to have blood tests.

No



Medications to be taken by mouth

For what form of the disease?

How do I take them?

How effective are they?

Do they weaken the immune system?

What are the side effects?

When will I need to have blood tests?

Can I take them during pregnancy?

Can I breastfeed?

Dimethyl fumarate (Tecfidera and other trade names)

Relapsing-remitting

1 tablet, 2 times per day.



It varies from one person to another

- Redness of the face and neck.
- Digestion problems and diarrhea.
- Poor liver function.
- Slightly higher risk of catching diseases caused by viruses.
- Relapses when the medication is stopped abruptly.

Once every 6 months.

No. If a test says you're pregnant, you should stop this treatment. Talk to your care team as soon as you find out you're pregnant.

No

Siponimod (Mayzent)

Secondary progressive

1 tablet per day.

It varies from one person to another

Yes

- Headaches.
- Poor liver function.
- Increased blood pressure.
- Blurred vision caused by fluid buildup in the back of the eye (macular edema).
- Heart beating slower than usual.
- In rare cases, other diseases caused by viruses, such as shingles.
- Increased risk of skin cancer.
- Risk of relapses when the medication is stopped abruptly.

Once every 3 months for 1 year,
then once every 6 months.

No. You'll need to wait 10 days after stopping before you try to get pregnant.

No



NOTEPAD



Questions



Resource people and contacts



Upcoming appointments

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Medications injected through the veins in the clinic

For what form of the disease?

How do I take them?

How effective are they?

Do they weaken the immune system?

What are the side effects?

When will I need to have blood tests?

Can I take them during pregnancy?

Can I breastfeed?

Alemtuzumab (Lemtrada)

You need to have tried other medications before taking alemtuzumab. Otherwise it will not be reimbursed by the insurance companies.

Relapsing-remitting

To be taken 5 days in a row, then 2 months later, 3 days in a row. You'll need to take medications before the treatment to avoid allergic reactions to the injection.

★★★★

Yes

Among the most common are:

- illnesses caused by microbes (infections).
- thyroid gland problems, which can cause mood disorders, fatigue, or a change in weight.
- increased risk of developing cervical cancer.

This medication can cause several other side effects, some of which are serious. Take the time to discuss it with your doctor.

Once a month for 4 years.

No. After the end of the treatment, you'll need to wait 4 months before trying to get pregnant.

No. After the last injection, you'll need to wait more than 4 months before breastfeeding.

Ocrelizumab (Ocrevus)

Relapsing-remitting or primary progressive

The first 2 injections are given 2 weeks apart. After that, they're given once every 6 months. Before each treatment, you'll need to take medication to avoid allergic reactions to the injection.



Yes

- Redness, pain, fluid buildup at the injection site.
- Allergic reactions.
- Increased risk of having illnesses caused by microbes (infection).
- In rare cases, other diseases caused by viruses, such as shingles.
- Headache and fatigue in the days following the injection.

Once every 6 months, before each injection.

No. You'll need to wait 3 months after the last injection before trying to get pregnant. If a test says you're pregnant, you'll need to stop this treatment for at least 9 months. Talk it over with your doctor.

Yes. However, you should wait 4 hours after taking the medication for allergic reactions. If necessary, express and discard milk before breastfeeding.

Natalizumab (Tysabri)

Relapsing-remitting

Once every 4 weeks.



A little

- In very rare cases, a brain disease caused by a virus. You'll be tested every 6 months to make sure you don't have it.
- In rare cases, other illnesses caused by viruses.
- Risk of relapses when the medication is stopped abruptly.

Once every 6 months.

Yes, unless your doctor says otherwise. If you're trying to get pregnant, be sure to tell your care team in any case.

Yes