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First Australia-New Zealand clinical guidance for people living with multiple sclerosis

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To address the unique challenges faced by people living with this chronic neurological condition



The first clinical consensus statement for managing multiple sclerosis (MS) in Australia and New Zealand has been released, and will help health professionals navigate a treatment landscape that has changed vastly in recent years due to numerous new therapies.

Published in the Medical Journal of Australia, the Monash University-led recommendations address the unique challenges faced by some 39,000 people living with this chronic neurological condition.

Senior author Associate Professor Mastura Monif, a neurologist and researcher from the Monash University School of Translational Medicine and head of Alfred Health's Neuroimmunology Service, said although Australia's Therapeutic Goods Administration (TGA) adopted an international MS guideline in 2009 (which was last updated in 2015), specific and recent consensus recommendations were needed to guide best practice on locally available therapies and local practices.

More than 30 collaborators were involved via MS working group of the Australian and New Zealand Association of Neurologists to develop the consensus guideline. These included MS specialist neurologists, people living with MS, nurses, a physiotherapist, a psychologist, an infectious diseases physician, an immunologist, general practitioner and MS support groups, MS Plus and MS Australia

The CEO of MS Australia, Rohan Greenland, said, "The new guidelines will be an invaluable resource, especially for generalist clinicians navigating this rapidly evolving field. They provide a clear and ready reference to best-practice evidence and expert consensus – an important milestone in MS care in Australia."

The statement, available in two parts, encompass pre-assessment, all aspects of disease-modifying therapy, monitoring, counselling, and switching and discontinuing treatments. Also covered are general lifestyle measures, acute MS relapses, and treatment risk mitigation strategies, individual symptom treatments and managing disease modifying therapies (DMT) in situations such as pregnancy, postpartum, breastfeeding and infections.