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Selection of disease-modifying therapies in elderly MS patients: Data from a nationwide registry

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Introduction: In the last two decades, life expectancy in individuals with multiple sclerosis (MS) has risen, in line with that of the general population. However, clinical trials of existing disease-modifying therapies (DMTs) have systematically excluded older patients, limiting our knowledge on the safety and efficacy of these treatments in later adulthood.

Objective: To evaluate the types of DMTs prescribed in older patients with MS, compared to those recommended in younger patients.

Methods: Patients were recruited from the Argentine registry for MS and NMOSD (RelevarEM, NCT 03375177). Two different groups were selected: patients with relapsing remitting MS under 35 years of age and patients older than 50. Demographic, clinical, and radiological characteristics were assessed. Patients were classified as having a highly active disease (HAD) (one relapse in the last 6 months, and/or 2 relapses in the last year, and/or 2 or more new T2/Gd lesions on MRI) or no HAD. The type of DMT prescribed was classified as low efficacy (interferons, glatiramer acetate, teriflunomide, and dimethyl fumarate) or high efficacy (fingolimod, cladribine and monoclonal antibodies). Chi-square or Fisher's exact test was used to compare categorical variables, and Student t-test to compare continuous variables. STATA 13 statistical software was used for data analysis.

Results: A total of 1460 patients (65% females) were included. In the HAD group (241 patients), 198 were young (82.2%) and 43 elderly (17.8%). Median EDSS was 2.6 vs 3.9, respectively ($p < 0.01$). Elderly MS patients were mostly prescribed low efficacy DMTs (61%). Conversely, younger MS patients received high efficacy treatments in 71% of cases ($p = 0.01$). No HAD group included 1219 patients, 893 young (73%), and 326 elderly (27%). EDSS was 1.8 vs 3.4, respectively ($p < 0.01$). Most elderly patients received low efficacy DMTs compared to younger individuals with MS (66% versus 44%; $p < 0.01$).

Conclusion: Types of DMT prescribed in patients with MS seem to be influenced by age, regardless of levels of disease activity. It is essential to improve therapeutic risk/benefit ratios in the older population with MS, to better prevent disease progression in this age group.

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