

Relapse

This resource is designed to help you navigate conversations with your healthcare team and better understand MS; from diagnosis, through to starting treatment, and beyond.

How to use this guide

Within this document, you will find:

- **Common misconceptions clarified**
- **Key terminology explained in plain language**

This document focuses on relapse; however, everyone's care pathway is different, so feel free to explore the different **myMS roadmap** documents, for different stages of MS, at your own pace, and in any order you like.

Relapse

Following an MS relapse, there may be a number of things you want to discuss with your doctor, MS nurse or other members of your healthcare team. What might this mean for your treatment? Or, what can you do to help your recovery? Read the content below for support with these conversations.

Common misconceptions

Relapse means treatment failure.

It is important to remember that new symptoms or relapses do not necessarily mean your treatment isn't working. Disease-modifying therapies are intended to change the course of your MS long-term, reducing the severity and number of relapses you experience, and slowing any accumulation of disability; however, they are unlikely to stop changes to your MS completely. You may be prescribed additional treatments to help you manage specific short-term symptoms or relapses.

Relapses are caused by infections.

Research shows that MS relapses occur more often around the time of infections. Urinary tract and upper respiratory infections (e.g. in your nose, sinuses, throat or voice box) are the infections that are most linked to relapses. Other causes of relapses include stress or heat exposure.

Showing progression is the same as a diagnosis of progressive MS.

You may hear your doctor talk about MS as a 'progressive disease'. This is not necessarily the same as being diagnosed with 'progressive MS', but refers to the fact that your MS is always changing.

my MS roadmap

There are no management or treatment options for secondary progressive MS

While some medications may not be appropriate if you have secondary progressive MS, there are now many complementary and alternative medicines, and other treatment options available. Your doctor will be able to provide more information about these.

Too much exercise or activity can cause relapses.

Physical activity may help people with MS improve their strength, balance, bowel and bladder control, as well as decrease spasticity; however, over-exertion can trigger relapses. Talk to your MS team to determine whether starting an exercise regime or taking up an activity is appropriate for you.

Useful terminology

Complementary and alternative medicines (CAMs)

Between 1 in 3 and 1 in 2 people with MS use at least one CAM regularly, such as aromatherapy, herbal medicine, or mindfulness and meditation. CAMs can offer direct medical benefits, alleviate stress, or offer psychological help. Always tell your doctor if you plan to use a CAM as some can interact negatively with your MS therapies.

Disease-modifying therapy (DMT)

A DMT may work to change the course of your MS over the long term, to reduce the severity and number of relapses you experience, and to slow accumulation of disability. There are a growing number of effective DMTs available, and a variety of other medicines and non-drug treatments can be used to treat or alleviate symptoms.

Progressive MS

Progressive MS is a type of MS where symptoms gradually worsen over time, without periods of remission in between. MS may be progressive from diagnosis (primary progressive MS) or may become progressive after a period of relapsing-remitting MS (secondary progressive MS).

Relapse

A relapse (also sometimes called an 'attack', 'exacerbation' or 'flare') is a short period of time (at least 24 hours) in which you experience new or worsened symptoms. These symptoms then get better or even disappear again. If symptoms get better but do not fully go away, the impact this has on you is called residual disability.

Secondary progressive MS (SPMS)

Some, but not all, people originally diagnosed with relapsing-remitting MS, may progress to SPMS. This means that their disease course has changed, and rather than experiencing relapses, their symptoms now gradually worsen over time, without periods of remission in between.

my MS roadmap

Spasticity

If you have MS, your muscles may sometimes feel stiff and heavy, or may be difficult to move; this is known as spasticity. This can be caused by damage to the nerves connecting your body and brain. Which muscle is affected will be dependent on where the damaged nerve is.

Urinary tract infection (UTI)

A UTI is an infection in your urinary system, which begins in your kidneys and ends in the urethra (the tube that you pass urine or 'pee' through). UTIs can worsen some MS symptoms and, if untreated, may trigger a relapse in your MS. If you suspect you have a UTI it is important to talk to your doctor.