

Types of MS and MS progression

Types of MS

In MS, it is important to check how symptoms evolve over time, and if something changes, or if new symptoms emerge, seek a conversation with a neurologist or healthcare professional to assess if the treatment plan should be adjusted. There are four main types of MS:

- clinically isolated syndrome (CIS),
- relapsing-remitting MS (RRMS),
- secondary progressive MS (SPMS) and
- primary progressive MS (PPMS)

Type of MS	Characterization
CIS	This is defined as a first episode of neurologic symptoms that lasts at least 24 hours and is caused by inflammation or demyelination in the CNS.
RRMS	Of people with MS, 85% have RRMS, characterized by clearly defined episodes of relapses and remission (periods of partial or complete recovery). Since every patient's journey is unique, the frequency, severity, and lasting impact of new symptoms from relapses may vary. Underlying progression can happen even if there are no signs of a relapse.
SPMS	Up to 80% of patients with RRMS will develop SPMS. Active SPMS is characterized by physical and cognitive changes over time, in the presence of relapses, leading to a progressive accumulation of neurologic disability. Non-active SPMS, however, is defined as progressive worsening without any occurrence of relapses.
PPMS	People with PPMS experience ongoing disease worsening from the start without any relapses. In the beginning, symptoms can be subtle but worsen slowly over time.

The various forms of MS can be distinguished based on whether a patient experiences relapses (clearly defined acute inflammatory attacks of worsening neurological function), and/or whether they experience progression of neurologic damage and disability from the onset of the disease.

MS Progression

Every person living with MS experiences it differently and the path it follows can be different too. Following an initial period of RRMS, symptoms can gradually worsen over time, with or without evidence of disease activity (with relapses and/or evidence of new MRI activity in the CNS), which can be difficult to notice. Cognitive changes can happen earlier than physical ones and therefore can be an early indicator of progression. Signs to look out for may include:

- Relapsing less often, where some symptoms may worsen over time, and there are also new emerging symptoms

- Activities such as reading a book or concentrating become harder
- Activities such as walking the dog, doing the weekly shopping or visiting family become harder
- Bladder dysfunction
- A need for enhanced walking aids
- A decreasing number of active lesions on an MRI scan

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