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| ***How to use this template***  *This template for information for patients has been produced by the MS Trust to accompany the Eight Steps to improving your Relapse Service published in 2016. The text can be adapted by the MS team to create an information sheet or leaflet which you can give to a person with MS if you are giving steroids for relapse.*  *Before sending it out, delete this box and add your own service name, logo and contact details. You may also wish to reformat the information as a leaflet in your own organisation’s style.* |

**[Service name and logo]**

**Information for people with MS about MS relapse**

Your neurologist / MS nurse feels that you are having a relapse of your MS and that treatment with a steroid, methylprednisolone (Medrone)would help. A relapse is an episode of new or worsening multiple sclerosis symptoms. It lasts at least 24 hours but more commonly for a number of weeks. To be considered a new relapse, it must occur at least 30 days after the start of a previous relapse and there must be no other explanation for the onset of symptoms such as an infection or a rise in body temperature.

The decision to take steroid treatment is one for you to make together with your MS nurse or neurologist. Steroids have been shown to help relapses settle more quickly but they do not alter the course of MS over the the long-term.  **Not all relapses require treatment** and steroids are usually reserved for when symptoms are distressing or having a significant effect on what you are able to do day to day.

**What happens before treatment?**

Factors such as heat, stress and infections can make MS symptoms worse and can be mistaken for the start of a relapse. It’s very important to rule out or treat any infection – such as a urine infection – before steroid treatment is given. If you haven’t already, you will therefore be asked to provide a urine sample for analysis prior to having steroid treatment. If you are found to have an infection, your treatment will be delayed until this has cleared.

**How is the treatment taken?**

Steroid treatment is usually given in tablet form at home, but can be given by an IV infusion (drip) in hospital. There is no evidence that one way is better than the other, so the decision will be made based on your individual situation.

Oral methylprednisolone is given as a course of tablets —500 mg daily for 5 days. Take your medication with food or milk all together in the morning.

Steroids may have side effects. *Generally though, these do not continue for long after treatment is complete.* The following side effects are commonly seen with steroid treatment. The Patient Leaflet which comes with the medicine has more information.

* Insomnia (difficulty sleeping)
* Altered mood (high/low)
* Anxiety
* Increased appetite
* Headache
* Myalgia (muscle pain)
* Acne
* Gastrointestinal distress/heartburn (indigestion)\*
* Flushing
* Palpitations (a faster than normal heart rate)
* Metallic taste
* Hyperglycaemia (high blood sugar) if you are diabetic
* Swelling of the ankles

*\*If you develop indigestion whilst taking the tablets you should inform your MS nurse or doctor as he/she may give you a drug called omeprazole to help protect the stomach lining. This should also be taken if you are taking regular anti-inflammatory drugs, e.g. aspirin, ibruprofen, if you are on warfarin or if you already suffer with frequent indigestion or have a history of stomach ulcers.*

Frequent courses of steroids can lead to a thinning of the bones (osteoporosis) and you should not be given more than three courses of steroids a year. If your doctor is concerned about your risk of osteoporosis he/she may arrange a bone (DEXA) scan or give you dietary supplements of vitamin D and calcium.

It is very important that you tell your MS nurse or doctor before treatment if you are diabetic (steroids will affect your sugar levels) or if there is a chance you may be pregnant. If you have to visit hospital, your GP or dentist for any treatment, you should tell them you are receiving or have just had steroid treatment.

**Follow up**

Following an MS relapse, your MS team will usually want to see you in clinic to review your response to treatment and talk about any ongoing problems you may be experiencing. The following appointment has been arranged:

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In the meantime, if you have any questions about your treatment or need any further assistance, please contact your MS nurse on the number below.

**Contact details for your MS team**

*Insert contact details here.*

**Further information**

There is more information for people with MS about relapse in MS and a wide variety of other topics is also available to download free of charge – [www.mstrust.org.uk](http://www.mstrust.org.uk)/relapse