Prognosis

One of the chief characteristics of MS is its unpredictability from one person to another, from one day to another, from one time of day to another. However, some prognostications can be made from the pattern of the disease over the first five years. For example, early problems with sensation and eyesight (as opposed to problems related to the cerebellum such as unsteadiness and clumsiness) usually indicate a more favorable form of MS. Younger age at onset is also a good prognostic sign.2

Factors that influence prognosis3

**Favourable**
- Female
- Low rate of relapses per year (1-5 in five years)
- Complete recovery from the first attack
- Long interval between first and second attack
- Symptoms predominantly sensory eg optic neuritis
- Younger age of onset - less than 35 years
- Low disability at five years from onset.

**Unfavourable**
- Male
- High rate of relapses per year (3 or more in first five years)
- Incomplete recovery from the first attack
- Short interval between first and second attack
- Symptoms predominantly of motor involvement eg balance, weakness, ataxia
- Older age of onset - over 35 years
- Significant disability at five years from onset

After 15 years with MS, about half of the population will still be independent in terms of walking and the remaining half will need help with mobility. When people reach the point of requiring help with walking (EDSS 6.0) they are likely to progress, irrespective of whether they are having relapses, or if they have primary or secondary MS.4

Long-term studies suggest that MS only has a small impact on life expectancy of five to ten years compared to the general population. One study found that people with more complex disability (EDSS greater than or equal to 7.5) were more at risk of potentially life threatening complications - such as respiratory or cardiovascular problems - that can result from reduced mobility, and this affected the overall life expectancy figures.5 Frequency of death by suicide has been found to be 7.5 times higher among patients with MS compared to the general population.6

The uncertainty of prognosis can be hard to deal with. Many people ask if there is any way of identifying ‘triggers’ which will cause the condition to worsen but there is very little proof that any particular event or circumstance can be identified. There is some evidence that stressful life events, such as a car accident or severe emotional stress, can make deterioration more likely. A meta-analysis concluded that there is a consistent association between stressful life events and subsequent exacerbation in multiple sclerosis. However even this is controversial and there is usually little that can be done to prevent such stresses occurring.

There is no known reason why someone with MS should avoid either immunisation or a necessary surgical operation. NICE guidance recommends people with MS should be offered immunisation against influenza and have any other immunisations and surgery that they need.

References
We hope you find the information in this book helpful. If you would like to speak with someone about any aspect of MS, contact the MS Trust information team and they will help find answers to your questions.

This book has been provided free by the Multiple Sclerosis Trust, a small UK charity which works to improve the lives of people affected by MS. We rely on donations, fundraising and gifts in wills to be able to fund our services and are extremely grateful for every donation received, no matter what size.

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