

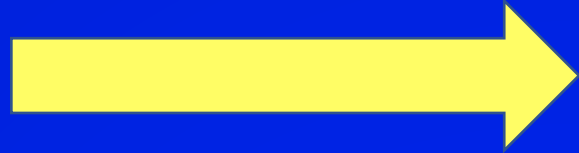


How Do I Know If I am Having a Relapse!

Benjamin M. Greenberg, MD, MHS
Professor, Neurology
University of Texas Southwestern

Definitions!!!

- Relapse
- Exacerbation
- Attack
- Event



All are meant to name a
NEW INFLAMMATORY EVENT

Differentiating Recurrent Symptoms From Relapses is Difficult....

- Once a neural pathway is damaged, a person may RE-experience old symptoms WITHOUT new damage occurring...
- Wilhelm Uthoff (1853-1927), German ophthalmologist



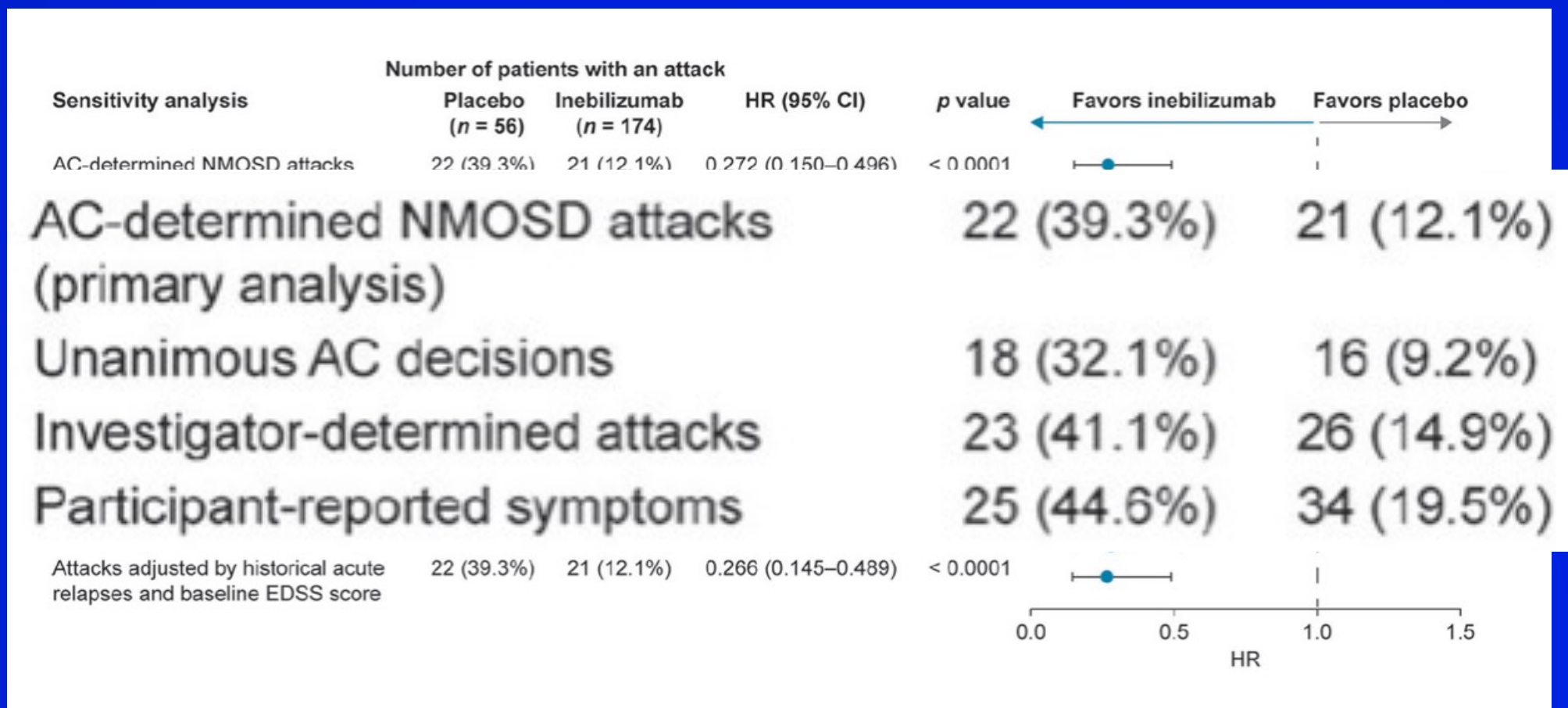
Differentiating Relapse from Pseudorelapse is Important

- Relapses require treatment to limit disability
- Relapses are an indication of prevention failure (need to change therapy)
- Pseudoexacerbations can be managed/prevented improving QOL
- Confirming a pseudoexacerbation helps to avoid unnecessary treatments
- Pseudoexacerbations often have underlying triggers that may need to be addressed

Triggers of Pseudoexacerbations

- Increased body temperature
- Infections
- Lack of sleep
- Stress/arguments
- Nutrition?

Even in clinical trials it is difficult...

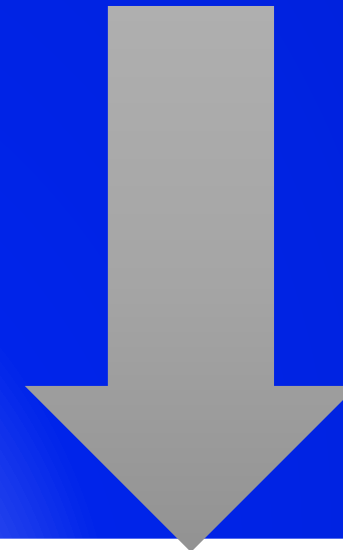


General Guidelines...

- New symptom, in a new distribution, consistent with an event, lasting 24 hours or more
- New symptom, in a new distribution, lasting 24 hours or more
- New symptom, lasting 24 hours or more
- Old symptom worsening, lasting 24 hours or more
- Old symptom worsening, resolving in under 24 hours.



More
likely



Less
likely

General Guidelines...

- Treat empirically while confirming
- Treat empirically while confirming and exploring
- Exploring with imaging and lab tests
- Pursuing lab tests first



More
likely



Less
likely

