

# Early treatment tied to less disability with pediatric-onset MS

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starting within two years of onset (hazard ratio [HR], 2.52). With each additional year from onset to start of first DMT, the risk for reaching sustained EDSS 4 increased (HR, 1.17). Later start of treatment was associated with a decreased chance of confirmed EDSS improvement versus earlier treatment (HR, 0.39). For each year of treatment delay, the risk for confirmed EDSS improvement decreased (HR, 0.90).

"In conclusion, our study supports early treatment start in patients with clinical onset before the age of 18 years to avoid accumulation of disability," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Timing of treatment start is an important predictor of disability accumulation in patients with pediatric-onset multiple sclerosis (MS), according to a study published online Jan. 17 in *Multiple Sclerosis and Related Disorders*.

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Tine Iskov Kopp, Ph.D., from Copenhagen University Hospital in Denmark, and colleagues used the Danish Multiple Sclerosis Registry to identify MS patients born in 1980 or later who had onset before 18 years of age and started treatment with a disease-modifying therapy (DMT) between 1998 and 2018. Patients were stratified according to whether treatment was started within two years of onset (140 patients) or later (151 patients).

During a median follow-up of 7.7 years, the researchers found no association between relapse risk and delayed treatment start versus earlier treatment start. Patients starting DMT treatment more than two years after onset had an [increased risk](#) for reaching a sustained Expanded Disability Status Scale (EDSS) score of 4 versus those

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