

Time off may be required from work, dysfunction in performance of activities of daily living

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Initial symptoms (include combination)
 • Fatigue
 • Numbness/loss of mobility
 • Pain
 • Weakness

PREDIAGNOSIS

Time off may be required from work, dysfunction in performance of activities of daily living

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Patient experiences accident caused by symptoms or impairment

Patient experiences accident caused by symptoms or impairment

Visit to primary care physician: no diagnosis based on medical history

DIAGNOSIS

Initial treatment started with steroids and disease-modifying therapy (DMT) (possibly with a specialist management of individual symptoms (until resolved))

ED-Copy

Visit to emergency reveals MS confirmed to spinal tap, laboratory tests, ophthalmologic testing, neurologic findings

REMISSION

Steroid dose tapered and discontinued

Symptoms go into remission, back to work/productive life

Patient receives steroids, periodic calls from specialty pharmacy/nurse case manager

RELAPSE

Additional copays needed for physician visits/testing

Time off may be required from work, dysfunction in performance of activities of daily living

RELAPSE

Additional time off may be required from work or permanent disability

Higher doses/longer duration of steroid treatment may be needed to alleviate symptoms

Side effects of steroid treatment

REMISSION

Visit to emergency department possible; further MRI testing, neurologic testing

Other muscle groups affected—difficulty swallowing, speaking may occur

PROGRESSION

Time off may be required from work, dysfunction in performance of activities of daily living

Worsening EDSS scores, greater dysfunction

DEATH

Death from comorbidities or complications of MS

Seeking copy assistance?

Treatment side effects?

Neurologist/MS specialist confirms diagnosis by cerebrospinal fluid sample, laboratory tests, ophthalmologic testing, neurologic findings

REMISSION

Patient enters case management program; receives specialty drug pharmacy

Periodic physician office visits, lab work to monitor therapy's effect on body and body's function

New disease-modifying therapy may be needed

RELAPSE

Reduced mobility possible, assistance maybe needed after multiple cycles of relapses/remission, progression

Increasing levels of disability, further reductions in mobility, cognitive impairment, fatigue

MS symptoms affecting other diseases present

PROGRESSION

Need for mobility assistance increases (e.g. cane, wheelchair, scooter)

Worsening EDSS scores, greater dysfunction

Death from comorbidities or complications of MS

Prior authorization needed?

Possible contact with physical/occupational therapist, social worker, psychiatrist, dietitian

Referral needed to see specialist?

DEATH

Symptoms recur once again; primary care physician refers patient to specialist or to additional tests

Prior authorization needed?

Symptoms recur once again; primary care physician refers patient to specialist or to additional tests

PROGRESSION

Symptoms possibly resolved by themselves over time

Initial symptoms resolve themselves within 6 weeks

MR scanning reveals multiple lesions; referral to specialist

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