Boxes below from Multiple sclerosis in adults: management NICE guidelines Published: 8 October 2014 [6]

1.7 Relapse and exacerbation

Treating acute relapse of MS with steroids

1.7.1 Develop local guidance and pathways for timely treatment of relapses of MS. Ensure follow-up is included in the guidance and pathway.

1.7.2 Non-specialists should discuss a person's diagnosis of relapse and whether to offer steroids with a healthcare professional with expertise in MS because not all relapses need treating with steroids.

Recognizing a relapse

1.7.3 Diagnose a relapse of MS if the person:

- develops new symptoms or
- has worsening of existing symptoms and these last for more than 24 hours in the absence of infection or any other cause after a stable period of at least 1 month.

1.7.4 Before diagnosing a relapse of MS:

- rule out infection – particularly urinary tract and respiratory infections and
- discriminate between the relapse and fluctuations in disease or progression.

1.7.5 Assess and offer treatment for relapses of MS, that affect the person's ability to perform their usual tasks, as early as possible and within 14 days of onset of symptoms.

1.7.6 Do not routinely diagnose a relapse of MS if symptoms are present for more than 3 months.

Treating a relapse

1.7.7 Offer treatment for relapse of MS with oral methylprednisolone 0.5 g daily for 5 days.

1.7.8 Consider intravenous methylprednisolone 1 g daily for 3–5 days as an alternative for people with MS:

• in whom oral steroids have failed or not been tolerated or

• who need admitting to hospital for a severe relapse or monitoring of medical or psychological conditions such as diabetes or depression.

1.7.9 Do not prescribe steroids at lower doses than methylprednisolone 0.5 g daily for 5 days to treat an acute relapse of MS.

1.7.10 Do not give people with MS a supply of steroids to self-administer at home for future relapses.

Information about treating a relapse with steroids

1.7.11 Discuss the benefits and risks of steroids with the person with MS, taking into account the effect of the relapse on the person's ability to perform their usual tasks and their wellbeing.

1.7.12 Explain the potential complications of high-dose steroids, for example temporary effects on mental health (such as depression, confusion and agitation) and worsening of blood glucose control in people with diabetes.

1.7.13 Give the person with MS and their family members or carers (as appropriate) information that they can take away about side effects of high-dose steroids in a format that is appropriate for them.

1.7.14 Ensure that the MS multidisciplinary team is told that the person is having a relapse, because relapse frequency may influence which disease-modifying therapies are chosen and whether they need to be changed.

Medical, therapy and social care needs at time of relapse or exacerbation

1.7.15 Identify whether the person having a relapse of MS or their family members or carers have social care needs and if so refer them to social services for assessment.

1.7.16 Offer inpatient treatment to the person having a relapse of MS if their relapse is severe or if it is difficult to meet their medical and social care needs at home.

1.7.17 Explain that a relapse of MS may have short-term effects on cognitive function.

1.7.18 Identify whether the person with MS having a relapse or exacerbation needs additional symptom management or rehabilitation.