

FINDING HOPE WITH OMS

Webinar series

Women's Health and Living Well with MS

Wednesday, October 20th at 8pm BST

Hosted by



*Professor Helen
Rees-Leahy*



*Dr Jonathan
White*

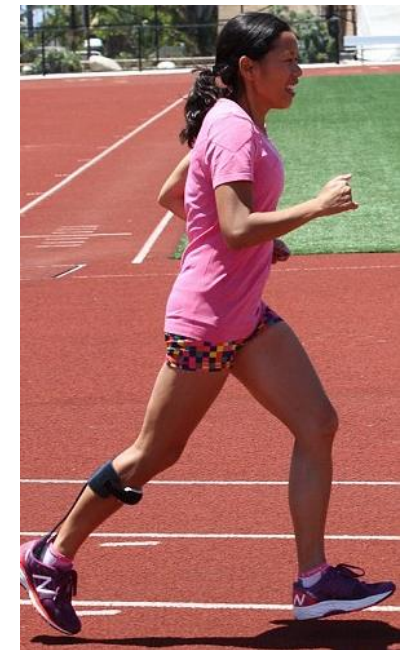
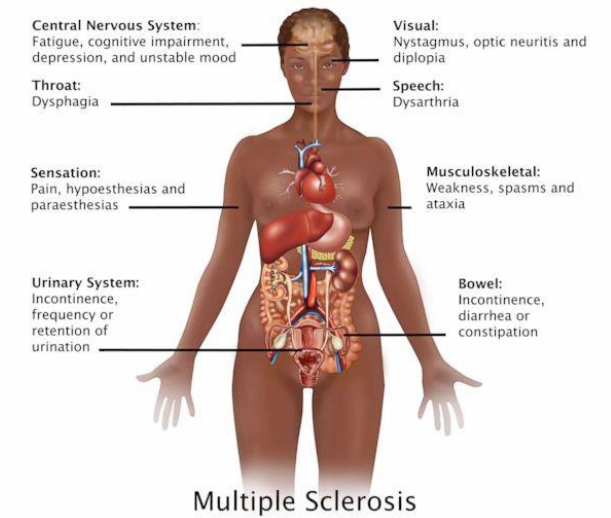


OVERCOMING
MULTIPLE
SCLEROSIS

Welcome

Women's Health and Living Well with MS

- Welcome and introductions
- Why are women more likely to have MS?
- Women's health: attitudes and experiences
- MS and women's fertility: pregnancy, breastfeeding, menopause
- Women Living well with OMS
- Q&A



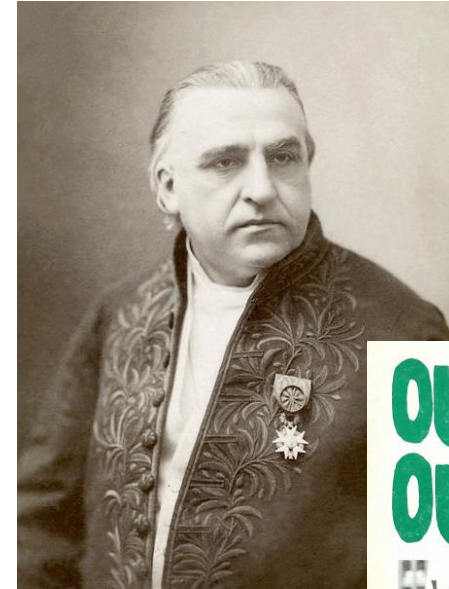
Why are women more likely to develop MS?

- Approximately 3 million people with MS worldwide
 - Overall incidence 1/1000, but varies considerably by country
 - Most common disabling neurological disorder of young adults
 - Most diagnosed in their 20s and 30s
- **MS is three times more common in females – Why?!**
 - *Hormones?*
 - Similar incidence pre-puberty, oestrogen related
 - *Genetics?*
 - S1PR2 gene, controlling blood brain barrier permeability
 - *Environment?*
 - Female obesity rates, vitamin D



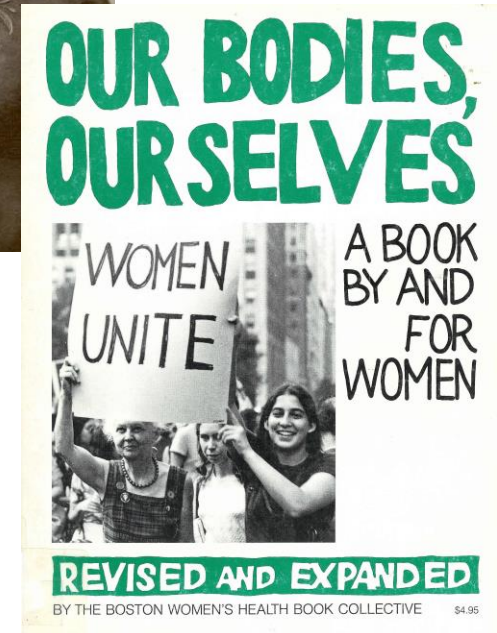
Women's Health: Attitudes and Experiences

- Do we experience MS differently?
- Is our experience of healthcare different?
- #MSexism?
- Outcomes for women with MS?



Jean Martin Charcot first described MS in 1868

Our Bodies, Ourselves published 1970



MS and Women's Health - Fertility:

- **MS has no direct effect on female fertility**
 - no need to change contraceptive
- **BUT** it can cause sexual dysfunction:
 - loss of libido
 - vaginal dryness
 - inability to achieve orgasm
 - bladder symptoms
 - fatigue
 - spasticity
 - depression
- No evidence for increased risk of miscarriage
- **In IVF: SHORT (antagonist) protocol is preferred**



MS and Women's Health - Pregnancy and Breastfeeding:

Pre-pregnancy counselling

- No effect of MS on fertility
- Don't routinely defer DMT
- Consider effect of exposure in males
- Pregnancy does not affect long-term disability outcomes
- Relapse risk during and after pregnancy



Obstetric management and delivery

- Not automatically a high-risk pregnancy
- Can receive methylprednisolone for relapse management
- Vitamin D
- MS should not influence delivery or analgesia outside disability considerations
- Epidural or diazepam for troublesome spasticity during labour

Post-partum considerations

- Support breastfeeding alongside treatment considerations
- Methylprednisolone not contraindicated in breastfeeding
- Increased risk of post-natal depression



Symptomatic treatments

- Varying data available
- Not all need to be stopped
- Risk/benefit balance on an individual basis

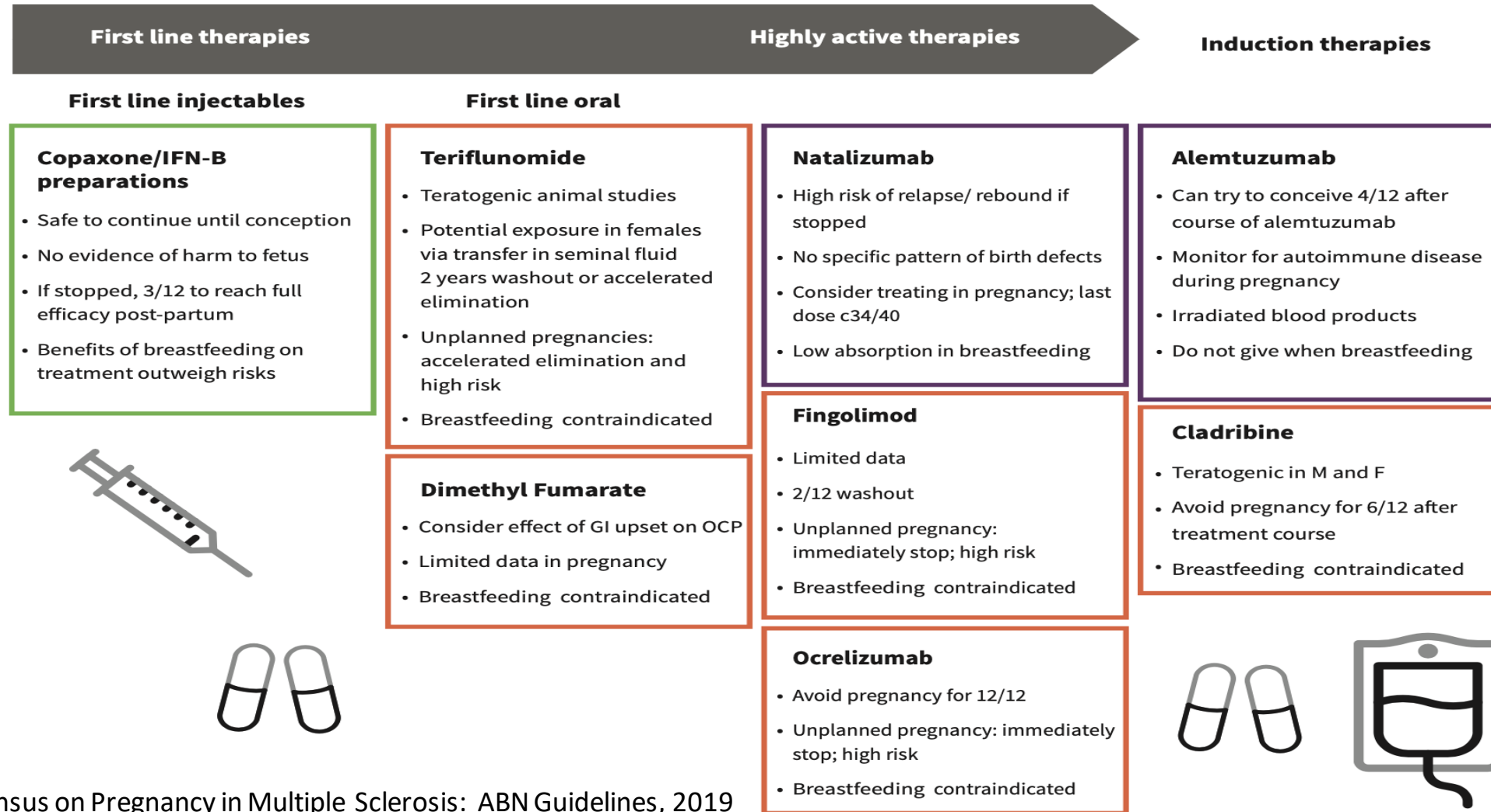


Disease modifying drugs (DMDs)

- More details in figure 2
- Do not interact with OCP
- Some require washout pre-conception
- Consider additional obstetric monitoring

UK Consensus on Pregnancy in Multiple Sclerosis: ABN Guidelines, 2019

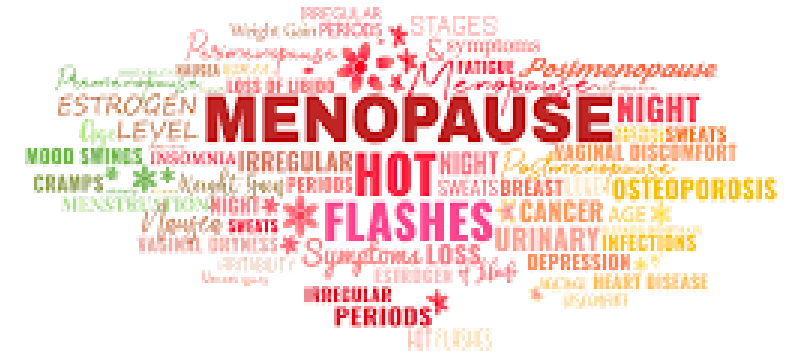
MS and Women's Health - Pregnancy and DMDs:



UK Consensus on Pregnancy in Multiple Sclerosis: ABN Guidelines, 2019

MS and Women's Health - Menopause:

- Average age is 51: “absence of periods for > 1 year”
 - Symptoms last ~4 years, (10 years in 10%)
- Significant cross-over of MS and menopausal symptoms
 - Sleep, mood, cognition, bladder function
- Conflicting evidence for reduced RR and MS disability progression
“Inflamm-aging”, oestrogen deficiency



Notices / Blog

Does menopause influence the course of MS?



By Dr Jonathan White MBChB MRCOG
08 Jan 2020

<https://doi.org/10.3389/fneur.2021.554375>

Effects of Menopause in Women With Multiple Sclerosis: An Evidence-Based Review

MS and Women's Health - HRT:

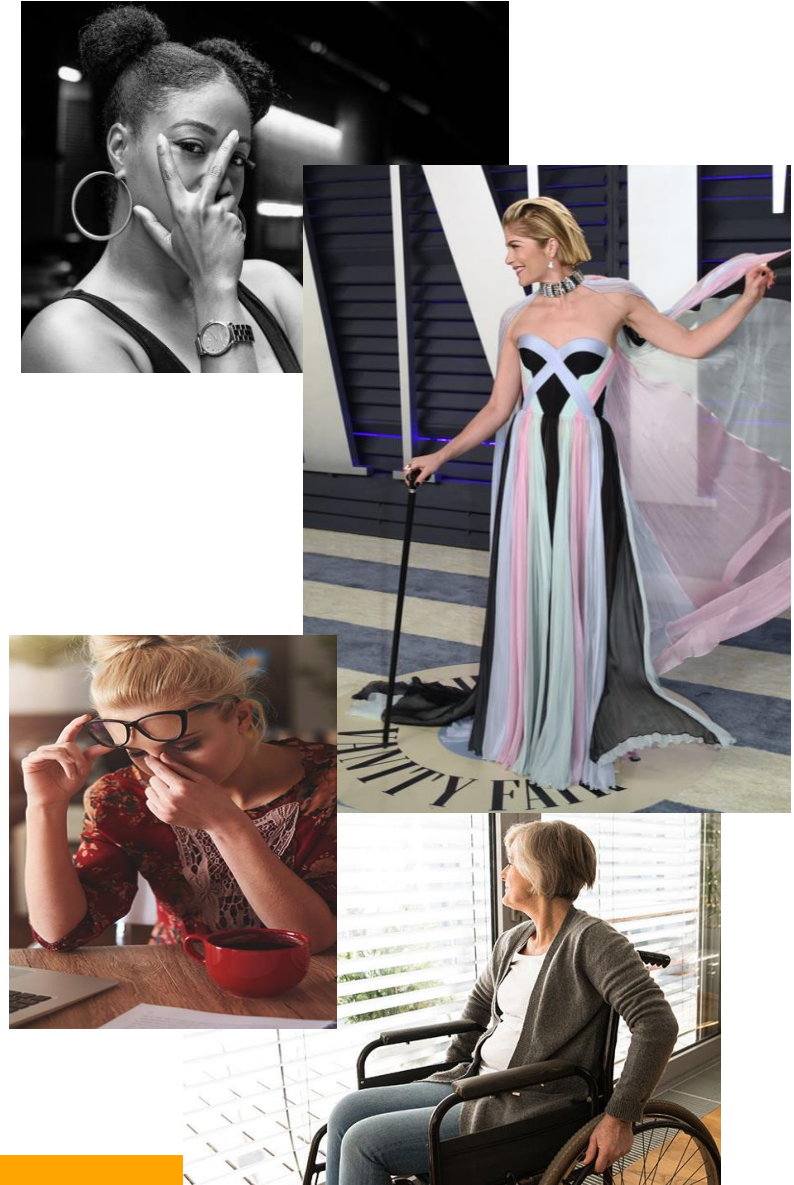
- **HRT:** very effective at treating vasomotor and GU symptoms
 - Generally safe – small increased risk of breast & ovarian cancers, blood clots
 - Beneficial in MS?
 - Anti-depressants, clonidine, topical oestrogens
- **Natural HRT:** soy, black cohosh, red clover, evening primrose (limited evidence)



Cancer Research UK

Women Living Well with OMS

- Women = 80% of responders to OMS Community Engagement Survey
- OMS program: 'Pleasure, Purpose, Practice' (Rachael Hunter)
- Challenges for women in following OMS program
- OMS supports all women with MS



Q & A