Chapter 2
What is an MS Attack?

MS attacks go by several names. Called exacerbations, flare-ups, episodes, or relapses, an MS attack is a periodic fluctuation in the disease that most people encounter early in its course. According to natural history research, a person with an active form of relapsing-remitting MS may experience one clinical attack of MS about every 14 months. Some people have much more frequent or much rarer attack schedules, but it isn’t always easy to tell if one is in the midst of an attack. Some of the hallmarks include:

- A sudden onset of new symptoms, or
- A dramatic increase in existing symptoms
- A loss of function such as vision, balance, strength, coordination or sensation
- A duration of these symptoms lasting at least 24 to 48 hours without improvement

Please note that the above listed symptoms do not constitute an attack if the individual is experiencing elevated body temperature due to heat, exercise or infection. MS attacks usually come on faster than they recede, taking around 7 to 10 days to peak and then up to three months to completely recover. After an MS attack, many people experience a complete recovery to their previous status, but sometimes patients are left with residual symptoms that then make up a new baseline of function.

Currently accepted treatment for attacks includes the use of steroids to shorten and blunt the attack. Most often, a course of IV steroids (Solu-medrol®) will be prescribed, frequently followed by a tapering oral regimen of steroids. Sometimes a doctor will only prescribe an oral course of steroids (prednisone or dexamethasone), or no steroids at all, but instead will encourage rest to help speed the recovery.

Some additional considerations about MS attacks:
Fever from infections (colds, flu, bladder infections, etc.) may increase symptoms. Often these are not attacks, and treating the infection and fever will improve the situation and confirm that this was not a true MS attack. It is important to treat infections when they occur and not ignore them.

Immunomodulating therapies (AVONEX®, Betaseron®, Copaxone®, and the like) are designed to decrease the number and severity of MS attacks in people with relapsing-remitting MS. Since it isn’t known whether the next attack will be one with lingering residual disabilities, current philosophy advocates preventing, rather than just treating, MS attacks when they occur.

When treating an attack, the best response usually occurs when the attack is relatively new, rather than when it has dragged on for a long time. It is therefore helpful to contact your MS health care provider soon after the attack starts (24-48 hours) to get the best response from treatment.

Some people with MS (or their supporters) worry that they may cause an attack by working, exercising, or pushing themselves too hard. These activities do not trigger attacks. It is still important however to pay attention to nutrition, exercise, lifestyle choices, and stress to minimize the impact of attacks that occur and to enhance quality of life.