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Atypical haemolytic uremic syndrome as rare adverse event of Interferon beta treatment in Multiple Sclerosis: which is the most suitable therapeutic approach?

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Background and aims: Interferon beta (IFNBeta) is a consolidated 1st-line therapy for Relapsing-Remitting Multiple Sclerosis (RRMS) patients. We hereby present a case of a young MS patient, who experienced atypical haemolytic uremic syndrome (aHUS) during IFNβ therapy.
Methods: A 39-year-old Caucasian man was diagnosed with MS in 1997 and since 1999 he assumed IFNBeta-1a 44mcg, with good tolerability and optimal treatment-response. In July 2018 he came to our attention for sudden bilateral visual loss, after an episode of severe asthenia and fever, for which he had suspended IFN therapy. Laboratory tests were remarkable for anemia and positive hemolysis indices, thrombocytopenia and acute kidney injury. He underwent a brain magnetic resonance (MRI), and atypical posterior reversible encephalopathy syndrome (PRES) was detected, so he started an aggressive antihypertensive therapy. Clinical and radiological features progressively improved. Finally aHUS was diagnosed. After the failure of plasma exchange, he underwent Eculizumab 900mg (monoclonal antibody against C5 protein), with improvement of glomerular filtration rate and without new signs of MS activity. However, 3rd stage kidney impairment persisted. The patient is currently undergoing neurological follow-up and recently started Dimethyl-fumarate.
Results: In demyelinating diseases there is a possible involvement of the complement pathways. Therefore, Eculizumab, approved to treat HUS, may also have some beneficial effects on neuroinflammation, as proven by its recent approval for NMOSD-treatment in USA.
Conclusion: In this case, a clinical challenge can be the pharmacological decision to start a safe drug in a mild-disease activity, considering the impossibility to discontinue Eculizumab.
Disclosure: Nothing to disclose

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Emotional impact on relapsing remitting multiple sclerosis

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Background and aims: Multiple sclerosis (MS) is a chronic degenerative disease of the central nervous system that involves the functionality of the brain and spinal cord. Relapsing Remitting Multiple Sclerosis (RRMS) is the most common disease course and is characterized by cognitive deficits and clearly defined attacks of new or increasing neurological symptoms. The goal of our study was to investigate the psychological impact of RRMS (Multiple Sclerosis Relapsing Remitting) in terms of depression, anxiety and stress and to explore the role of matacognitions in relation to emotional variables
Methods: A cross-sectional study was conducted on sample composed of 102 RRMS patients aged 19-50 years (mean 36.3±8sd). The sample consist of 88 women (86.27%) and 14 men (13.73%). The patients were divided into 2 groups: a group consisting of patients diagnosed for more than 10 years and a group consisting of patients diagnosed for less than 10 years. The Expanded Disability Status Scale (EDSS) ranges from 3 to 8 (mean=3.34). Emotional variables have been measured through 2 self-report questionnaire: 1) Depression, Anxiety and Stress Scale (DASS-21), 2) Metacognition Questionnaire (MCQ-30).
Results: The analysis of variance showed significant differences between groups based on the time elapsed since the diagnosis. Data showed inverse correlations between emotional variables, such as depression and anxiety and the role of metacognitions, such as negative beliefs.
Conclusion: These results suggest that a metacognitive approach in psychological care can play an important role in preventing psychological distress in MS patients.
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