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## Immune Therapy Appears To Reduce Risk Of Second Attack Of Multiple Sclerosis Symptoms

*Science Daily* — CHICAGO Intravenous immunoglobulin therapy may reduce the risk of a second attack of symptoms related to multiple sclerosis, according to an article in the October issue of *The Archives of Neurology*, one of the JAMA/Archives journals.

According to the article, multiple sclerosis (MS) is a chronic, inflammatory disease characterized by demyelination of the brain and spinal cord. Myelin is a material that covers and insulates nerve cells, and allows signals to travel from cell to cell. The onset of MS is defined by having neurological impairment related to motor, sensory, cerebellar, visual, brainstem or cognitive functioning, as well as having symptoms of urinary tract dysfunction, the article states. Intravenous immunoglobulin (IVIg) has been reported to diminish the symptoms of MS in patients with relapsing-remitting MS (where symptoms flare up and then disappear later). The progression of MS is affected by the time to occurrence of the second neurological event, as well as the number of events within the first year.

Anat Achiron, M.D., Ph.D., of Sheba Medical Center, Tel-Hashomer, Israel, and colleagues assessed the effect of IVIg treatment in patients after the first neurological event suggestive of MS and evaluated the occurrence of a second attack.

Ninety-one patients (average age, 33.9 years) who experienced neurological symptoms indicative of MS for the first time enrolled in the study within six weeks of their symptoms. Patients were randomly assigned to receive IVIg treatment, or placebo, given once every six weeks for one year. Neurological and clinical assessments were performed every three months, and brain magnetic resonance imaging (MRI) was performed at the beginning and end of the study.

The researchers found that the probability of developing clinically definite multiple sclerosis was significantly lower in the IVIg treated group compared with patients in the placebo group. Patients in the IVIg group also had fewer brain lesions as seen on MRIs.

"Intravenous immunoglobulin treatment for the first year from onset of the first neurological event suggestive of demyelinative disease significantly lowers the incidence of a second attack and reduces disease activity as measured by brain magnetic resonance imaging," the authors write.

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(Arch Neurol. 2004;61:1515-1520. Available post-embargo at [archneurology.com](http://archneurology.com))

Editor's Note: This study was supported by a research grant from Omrix Biopharmaceuticals, Tel-Aviv, Israel, which also supplied the study drugs (intravenous immunoglobulin and placebo). The authors have no financial relationship to Omrix Biopharmaceuticals.

Note: This story has been adapted from a news release issued by Journal Of The American Medical Association.

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