



Your Questions Answered

MULTIPLE SCLEROSIS THERAPIES

Q Why are glatiramer acetate therapies prescribed for multiple sclerosis (MS)? According to the Cochrane Collaboration, the evidence does not support use of these therapies.



DR. DANIEL KANTOR RESPONDS:

A Glatiramer acetate (Copaxone) is one of four FDA-approved injectable medications for relapsing-remitting MS. An assortment of four amino acids (the building blocks of our bodies), glatiramer acetate was originally developed to give laboratory animals a disease similar to MS called experimental autoimmune encephalomyelitis (EAE). When glatiramer acetate failed to cause EAE in the mice, investigators gave it to mice that already had the disease, and it helped improve their symptoms. After much laboratory and animal research, clinical trials were started in human MS patients. There were some flaws in the statistical methods used in these trials, and so the Cochrane Collaboration—an international non-profit organization that reviews trials (Cochrane.org)—decided that these were not the best trials to support its use.

However, since the Cochrane Review was published, we have learned much more about glatiramer acetate, including how it works, the long-term benefits of staying on therapy, and even how it compares to beta interferons, the other class of injectable medications for MS. This also highlights how far we have come with MS medications; before 1993 there were no medicines for the condition, and now we have four injectable medications, two intravenous (IV) medicines, and dozens of ongoing clinical trials of IV and oral medicines. We have also come a long way in the methods we use to design clinical trials, which only give us a hint as to the full power of these medications.

Daniel Kantor, M.D., is assistant professor of neurology and director of the Comprehensive Multiple Sclerosis Center at the University of Florida in Jacksonville, FL.

DO YOU HAVE A QUESTION TO ASK THE EXPERTS?
Send it to neurologynow@lwwny.com.

MENIERE'S DISEASE

Q What treatments are available for Meniere's disease?

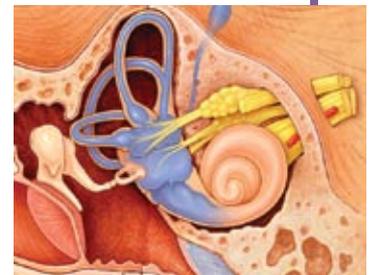


DR. TIMOTHY E. HULLAR RESPONDS:

A Meniere's disease, which typically begins in one's 20s, consists of sudden attacks of hearing loss, tinnitus (roaring or ringing in the ears), and fullness in one ear accompanied by vertigo (severe dizziness). (See illustration; the blue areas are filled with too much fluid.)

Sometimes, symptoms affect both ears and severe deafness may eventually develop. Attacks of vertigo may last for hours and usually are the most debilitating of the syndrome's effects. Its cause is unknown, although sometimes it runs in families. Patients may notice that eating a large amount of salty food or suffering from stress or lack of sleep can trigger an attack.

Symptoms can often be controlled well by a low-salt diet. This has the added benefit of encouraging patients to eat healthier, fresher foods and avoid pre-packaged items, which are often highly salted. In more serious cases, a diuretic pill can decrease the number and severity of attacks. Another well-accepted treatment includes injection of drugs through the eardrum into the middle ear space. In serious cases, surgical intervention can prevent dizziness, but sometimes hearing must be sacrificed. Before receiving treatment of any kind, it is important to confirm that the diagnosis is correct. Some other conditions, including a variant of migraines, can cause similar symptoms but are treated very differently.



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