Limitations of the EDSS in the assessment of disability include: an emphasis on walking ability, which is essential for the assessment of patients in a state of severe disability, and that its measurement of cognitive function is subjective and lacks standardization.

Patients reported worse disability changes associated with MS care, but do not always lead to confirmed disability progression (CDP).

Relapses without CDP were associated with worse disability changes than CDP with prior relapses.

The majority of patients who reached 24-week CDP showed no relapses or CDP.

For combined treatment groups, generally, mean PRO scores worsened as severity of disease activity increased (Figure 2A). Trend tests demonstrated that results for the MSIS-29 PHYS and PSYCH (P = 0.04 for both) and the EQ-5D health utility index (P = 0.023) were significantly correlated with the disease activity groups (P < 0.001 for both) and the EQ-5D health utility index scores.

CONCLUSIONS

In summary, the study demonstrates that these PRO outcomes were sensitive to functional changes not detected by the clinical outcome measures.

Overall, MSIS-29 and EQ-5D outcomes generally worsened as severity of clinical disease activity increased.

For IM IFN beta-1a, trend tests demonstrate that results for the MSIS-29 PHYS and PSYCH and the EQ-5D health utility index scores were significantly correlated with the disease activity groups (P < 0.001 for both) and the EQ-5D health utility index scores.

In the current study, the PRO outcomes were sensitive to functional changes not detected by the clinical outcome measures.