



Neurology latest

The 28th SCOR Global Life Medical Symposium was held in Paris on Thursday 25 June 2013.

To share with our clients the latest developments in medicine and their impact on the Life Insurance business.

Meeting devoted to

Neurological diseases that particularly affect young adults: epilepsy and multiple sclerosis.

With talks by two experts

Professor Patrick Vermersch and Docteur Bernard Gueguen.



Professor Patrick Vermersch, Neurologist, Head of the Neurology D department at CHRU Roger Salengro in Lille



Professor Patrick Vermersch

Is it possible to predict the prognosis for a patient with multiple sclerosis based on the results of the last MRI brain scan?

Yes and no. Yes, because MRI scanning has over time, thanks to the precision with which it can be used to identify lesions, come to play a more important role in the prognosis and in the monitoring of treatment. No, because the MRI scan is only one of the parameters we analyse: we also need to consider the patient's history, any sequelae and the way the disability has developed. What is essential is that we have to build up a global picture with the means to compare the course of the patient's disease clinically including based on MRI scans. We therefore need to observe changes in hyperintensity signals, but also areas of damage corresponding to atrophy. A good quality MRI scan is vital, which is why scans must be done with validated protocols.

Over the last 10 years a number of new drugs have been approved to treat MS. What effect do these treatments have on the disease?

The effect is indisputable, but modest. The biggest progress made in the treatment of patients is in the support and multi-disciplinary care provided. Nevertheless, these treatments have had the merit of

enabling patients to be monitored more closely. Their use at an early stage, before reaching EDSS1 step 3, has also had a positive effect. There is therefore a direct impact, on the measurement of disability, and an indirect impact, thanks to the care networks set up.

But we are only at the beginning of this adventure. The medications that are due to be approved next year will allow a more personalised approach to both benefit and risk. I think we can expect to see a 60 or 70% difference in terms of disability progression between treated and untreated patients in the next ten years, compared to 40% at the present time.

¹ EDSS : Expanded Disability Status Scale



Doctor Bernard Gueguen

There are 500,000 epileptics in France. Will telemedicine allow us to provide better monitoring and care for patients in the next few years?

In France, the HPST2 law officialised the possibility of developing telemedicine. We could hold e-consultations for patients with stable epilepsy who need to renew their prescription; this would avoid the need for them to make sometimes costly trips to see their physician. Similarly, e-consultations could also be useful for patients who

have had an attack and need an appointment to adapt their treatment. This would be a considerable «plus». Nevertheless, questions still remain, which are preventing us from progressing in this area: how to price telemedicine? How to practise it whilst guaranteeing patient confidentiality? Is there a need to have a professional with the patient or not? Telemedicine should also enable us to make EEG and video recordings of patients in their own homes.

New medicines have been added to the arsenal of treatments available for epilepsy over the last few years. What impact do they have on controlling epilepsy and on patients' quality of life?

New medications are always authorised initially as a supplement to a known treatment, if the latter is not sufficient to stop the attacks. Gradually though they are prescribed more and more often as a first line treatment. For new patients, efficacy is at least as good if not better than earlier treatments, with improved tolerance. There has therefore been some progress in terms of both efficacy and tolerance. There was a rash of new drugs in this field in the 90s until 2008. It looks likely that there will be fewer innovations in the next few years.

² Loi HPST "Hospital, Patient, Health and Territory"