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Treating progressive multiple sclerosis: Current strategies and perspectives

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Progressive multiple sclerosis (MS) is characterized by the accumulation of disability over time that may follow a period of clinical relapses (secondary progressive MS) or appear since onset (primary progressive MS). Current therapeutical strategies are based on immunotherapies that may delay disability progression. No approved treatment has clearly demonstrated efficacy on the neurodegenerative component of the disease. Future strategies are studying the possibility of enhancing endogenous or exogenous remyelination, and presumed neuroprotective properties of anti-epileptic, anti-arrhythmic and anti-glutamatergic drugs, among others. We recently demonstrated that MD1003 (high doses of biotin, MedDay Pharmaceuticals, Paris, France) was able to reverse disease progression in patients with progressive not active MS, with a maintained efficacy over 2 years, and a good tolerance of the treatment. MD1003 may act as a neuroprotective agent, increasing energy supply and thus reversing virtual hypoxia that is present in progressive MS. It may also promote remyelination by activating intra-oligodendroglial lipid synthesis. Thus, targeting neuronal and oligodendroglial metabolism represents a promising perspective in treating patients with progressive MS.

Biography

Ayman Tourbah, MD, PhD, is a Neurologist and Neuroscientist (Paris VI). A Professor of Neurology, he is responsible for the MS Center at the University Hospital of Rheims, France. His main areas of research are MS, neuro-ophthalmology, neuro-metabolic diseases and MRI. He published more than 100 original articles and participates in many phase II and III clinical and MRI studies in MS, and recently coordinated two phase III trials studying the effect of high doses of biotin in patients with MS. He is a Member of the MS Experts' Panel of the EAN, and the Coordinator of the LSN MS guidelines.

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