



New findings in multiple sclerosis: A message for primary care clinicians

Every once in a while, a new finding comes along that utterly transforms the diagnosis and treatment of a disease. One such discovery was the connection between *Helicobacter pylori* infection and ulcers.

In this issue, Fox and Cohen¹ outline how a similar transformation of our knowledge of the pathophysiology of multiple sclerosis (MS) is cause for a major, immediate change in how we approach its diagnosis and treatment.

Until now, it was thought that most MS was “relapsing-remitting.” It was thought that demyelination occurred during the flares, but that during the remissions the disease was quiescent.

Now we know both those beliefs were wrong. Damage to the nerve axons occurs along with demyelination, and it is this axonal damage that causes the permanent disability of MS. What’s more, during seemingly quiescent periods, tissue damage is progressing.

It is now clear that early, aggressive treatment of MS may delay disability. This discovery carries a profound message for primary care physicians: it is critical that the symptoms and signs of MS, which are easy to overlook or misinterpret, be recognized as early as possible.

We are proud to have this article in the *Journal*, and not just because some of the important research into MS was done at the Mellen Center for Multiple Sclerosis Treatment and Research here at the Cleveland Clinic.² We believe the article will help bridge the gap between groundbreaking subspecialty research and its application by primary care physicians everywhere, for the benefit of patients everywhere.

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REFERENCES

1. Fox RJ, Cohen JA. Multiple sclerosis: The importance of early recognition and treatment. *Cleve Clin J Med* 2001; 68:157–171.
2. Trapp BD, Peterson J, Ransohoff RM, et al. Axonal transection of the lesions of multiple sclerosis. *N Engl J Med* 1998; 338:278–285.