





Impact of Multiple Sclerosis Symptoms (IMSS) in France

Despite progress in multiple sclerosis (MS) care, healthcare systems across Europe still lack a **coordinated and prioritised approach** to managing MS symptoms effectively. MS is a lifelong neurological condition affecting more than 1.2 million people in Europe, yet many continue to face gaps in care and support.

The European Multiple Sclerosis Platform (EMSP) is spearheading research to understand how people with MS experience and manage their symptoms across the continent. By **identifying disparities** EMSP aims to promote stronger collaboration among key stakeholders to effectively address unmet needs.

The Impact of Multiple Sclerosis Symptoms (IMSS) initiative seeks to drive policy change, improve care pathways, and enhance rehabilitation outcomes, ensuring that people with MS receive the **comprehensive support** they deserve.

Marie's story is just one example of how MS reshapes lives — and why understanding these experiences is crucial for improving care.



EMSP and 24 national MS societies across 22 European countries collected real-life evidence on MS symptoms and management. Behind these findings are real people, each with their own challenges, uncertainties, and hopes.



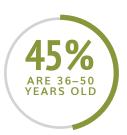
In France, 2,234<sup>1</sup> people with MS participated in the IMSS survey from May 5 to August 31, 2023.

# A Life Changed by MS

Marie had always been full of energy — a mother, a social worker, and a passionate cycler in her free time. But at 31, her life took an unexpected turn. She started noticing strange sensations in her legs, followed by bouts of overwhelming fatigue. Over time, these symptoms grew harder to ignore. Tasks she once did effortlessly became a struggle. Her doctor ran tests, but the results were inconclusive. For three long years, Marie lived with uncertainty, her daily life becoming a patchwork of pain, confusion, and questions without answers.

**Participant demographics** 













Individuals aged **18–35** report the highest anxiety but have fewer balance and functional issues.

Those aged **36–50** experience low anxiety and mobility impairment.

In the **51–65** age group, cognitive impairment and dizziness are low, but there is an increase in swallowing difficulties, arm/hand problems, and other functional challenges.

For those **over 65**, many issues persist, but they report the lowest levels of depression and anxiety.

### **GENDER**

Females 82%

Males 18%

Females reported fewer balance, bladder control, mobility, arm/hand problems, and tremors but more sensory issues, pain, anxiety, dizziness, and hearing problems compared to males.

Males reported fewer sensory issues, pain, anxiety, dizziness, and hearing problems, but more balance, bladder, mobility, arm and hand problems, and tremors than females.

### WORKING STATUS

Part-time workers

Full-time workers

A7%

Not working due to MS

Not working, not due to MS

Student/ training

25%

25%

47%

47%

25%

24%

**Part-time workers** reported more cognitive impairment, mood changes, anxiety, and temperature intolerance.

**Full-time workers** reported fewer symptoms overall.

**People not working due to MS** reported the most symptoms.

People not working, not due to MS had the least cognitive impairment.

# **Understanding MS Across Europe**

IMSS aims at uncovering the truths behind the symptoms, struggles, and stories of MS. How do people across Europe experience the condition? How do healthcare systems respond to their needs? And most importantly, where are they falling short?

For Marie, these questions resonate deeply. Her diagnosis eventually came at age 34, but the journey didn't end there. Her symptoms — fatigue, sensory problems, sleep disturbances, and balance problems — continued to affect her daily life. Navigating the healthcare system felt like an uphill battle, and she often wondered if there was more that could be done.

Marie's experience reflects a broader reality revealed through the IMSS survey. Thousands of respondents shared their stories, offering insight into the challenges of living with MS: delays in diagnosis, inconsistent care pathways, and limited support for symptom management. Despite these challenges, EMSP saw an opportunity to drive change. By amplifying these voices, EMSP could push for policies that prioritise comprehensive, equitable care for people like Marie across the continent.

# **Clinical situation**

### **DIAGNOSIS AND SYMPTOM ONSET**

diaanosed

average between disease 18-35 yrs duration have at least 1 additional illnesses

### Delay from symptom onset to diagnosis



symptom onset age

**AVERAGE DELAY OF** 3.0 YEARS average

diagnosis age

### TYPES OF MS

71% RRMS, Relapsing Remitting MS

9%

PPMS, Primary MS

14%

SPMS, **Unsure** Secondary of their Progressive Progressive MS type MS

6%

### **DISABILITY LEVELS**

Overall 20% had mild disability, 43%

moderate, and 14% severe. By type of MS, people with PPMS reported more moderate (56%) and severe disability (36%) than RRMS. People with SPMS reported the highest severe disability (57%)<sup>2</sup>.

#### **QUALITY OF LIFE**

The majority had no or slight problems, while

10% were experiencing moderate or severe problems affecting their quality of life. The quality of life declined more for people with PPMS (23%) and SPMS  $(35\%)^3$ .

### **USE OF DMDs**

87% of respondents have used **Disease Modifying** 

**Drugs** (DMDs), with 75% currently using them. 55% reported less than a 1-year delay to start DMDs, while 13% experienced delays

of 6 years or more. Among non-users, the main reasons were:

- 39% never being offered
- 29% concerns about use
- 11% physicians advising against them

ON AVERAGE YEARS DELAY BETWEEN DIAGNOSIS AND **DMD START** 

## **Symptoms**

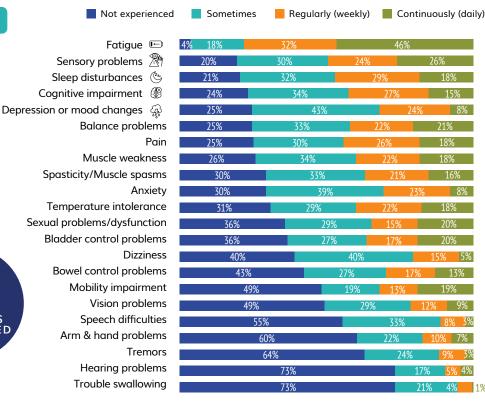
#### PRESENCE AND PREVALENCE

The symptoms reported the most were fatigue, sensory problems, sleep disturbances, cognitive impairment and depression/mood changes.

The symptoms *least* reported were **trouble swallowing**, hearing problems, tremors, arms and hand problems, and speech difficulties.



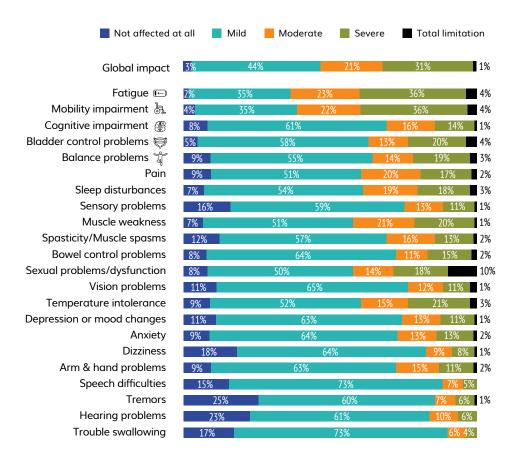




### **SEVERITY AND IMPACT**

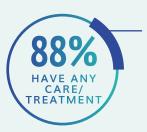
The symptoms that were affecting the daily lives of people with MS were fatigue, mobility impairment, bladder control problems, sleep disturbances and muscle weakness<sup>4</sup>.

The top 3 most debilitating symptoms were **fatigue**, **mobility impairment**, and **cognitive impairment**<sup>5</sup>.



### Treatment and care

#### **CARE FOR SYMPTOMS**



12% don't use any care /treatment. The top reasons for not using a specific treatment were having no need, treatment was not offered to them, or they cannot afford the treatment.



People with MS reported using 5.6 treatments or care on average for their symptoms.

The most used treatments were\*: **Prescription** medication, personal life modifications, physical activity, and physical therapy.

### Lifestyle changes



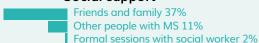
### Medication for symptom management

Prescription medication 64%
Non-prescription medication 21%

### Therapy/treatments



#### Social support



### Complementary and alternative therapies



#### Other



Surgery 2%

# INVOLVEMENT OF PROFESSIONALS

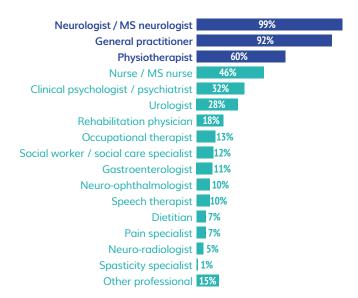
People with MS had 4.7 healthcare professionals on average taking care of their MS.

Only 62% reported that their healthcare professionals are coordinating together.

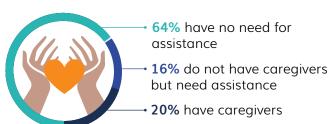
The most involved professionals were neurologist, general practitioner, and physiotherapist\*.

ON

**AVERAGE** 



### **CAREGIVER PRESENCE AND ASSISTANCE**



Of those caregivers, **80%** were a family, partner, or friend. **30%** were paid professionals\*.



AVERAGE 13.8
HOURS/WEEK

The caregivers supported people with MS for 13.8 hours per week on average. **72%** of respondents mentioned that the carer was of **great or good** help to them.

45% of people living with SPMS had caregivers, while 20% didn't — but needed one. 72% of people living with RRMS reported not needing caregiver.

## Satisfaction with management of symptoms

The most well managed symptoms were mobility impairment, bladder control problems, and vision problems.

The *least* well managed symptoms were **fatigue**, heat and/or cold sensitivity or intolerance, and sexual problems/ dysfunction.



Not adequately managed at all	Not managed enough	Somewho managed		ll naged	Very well managed
Mobility impairment 🖣	9% 15%	30%		39%	8%
Bladder control problems 🦃	14% 13	27%		35%	11%
Vision problems 💿	21%	19%	22%	30%	8%
Muscle weakness	16%	17%	31%	31%	5%
Balance problems	18%	17%	29%	29%	7%
Tremors	24%	14%	28%	27%	7%
Spasticity/Muscle spasms	17%	19%	31%	28%	5%
Arm & hand problems	21%	17%	30%	28%	5%
Bowel control problems	19%	17%	32%	27%	6%
Pain	17%	21%	30%	289	6 5%
Depression or mood changes	23%	19%	26%	269	6 5%
Speech difficulties	29%	17%	23%	24%	7%
Trouble swallowing	30%	16%	23%	23%	7%
Anxiety	23%	20%	28%	259	<sub>6</sub> 4%
Hearing problems	31%	18%	23%	24'	% 4%
Dizziness	27%	17%	28%	225	<b>6%</b>
Sensory problems	25%	21%	28%	22	2% 4%
Sleep disturbances	25%	22%	27%	2	1% 4%
Cognitive impairment	28%	22%	26	%	20% 4%
Sexual problems/dysfunction 💠	4	13%	17%	19%	18% 4%
Temperature intolerance 🧩	33%	219	%	24%	18% 4%
Fatigue 🕞	29%	27%		25%	16% 3%

# The promise of change

As the IMSS initiative brings together people with MS, researchers, policymakers, and healthcare providers, we hope to have a future where no one has to face their symptoms alone. A future where MS care isn't just about managing symptoms but empowering people to lead fulfilling lives.

The story of MS isn't just about the condition; it's about the people living with it. And for Marie, it's a story that continues, now with **the promise of a brighter tomorrow.** 



**Note:** Percentages are rounded for simplicity and may not sum to 100% or match exactly.

\*Participants were allowed to give more than one answer (multiple choice), hence the total can be more than 100%.

References: ¹Among respondents, 26% were MS society members, 20% were linked but not members, and 54% had no society affiliation. ¹Measured by the PDDS: Patient-Determined Disease Steps, provided for use by the NARCOMS Registry: www.narcoms.org/pdds. NARCOMS is supported in part by the Consortium of Multiple Sclerosis Centres (CMSC) and the CMSC Foundation), ³Measured by EuroQOL Research Foundation: EQ-5D-5L, ⁴Measured by SymptoMScreen: www.symptomscreen.org, categorised into 5 groups. ³The tool used to measure the severity of symptoms is SymptoMScreen: https://www.symptomscreen.org, categorised into 5 groups: Not affected at all (0); Mild (1 and 2), Moderate (3), Severe (4 and 5), Total limitation (6). ⁵The 'Severity and Impact' chart is organized from the most to the least debilitating symptoms.

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