

Impact of Multiple Sclerosis Symptoms (IMSS) in Poland

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.

Monika'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.



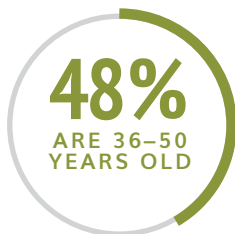
In Poland, 476¹ people with MS participated in the IMSS survey from May 5 to August 31, 2023.

A Life Changed by MS

Monika had always been full of energy — an accountant and a passionate reader in her free time. But at 30, 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 four long years, Monika lived with uncertainty, her daily life becoming a patchwork of pain, confusion, and questions without answers.



Participant demographics



AGE

Age Group	Percentage
<18 years	0.2%
18-35 years	23%
36-50 years	48%
51-65 years	25%
>65 years	4%

People between **18-35** reported the lowest across all symptoms.

Individuals aged **36-50** experienced the most speech difficulties, hearing problems and trouble swallowing.

Between **51-65**, the highest balance problems and mobility impairment.

GENDER

Gender	Percentage
Females	78%
Males	20%

Females reported significantly fewer sleep problems, bladder and bowel problems, mobility impairment, tremors and hearing problems but *more fatigue* and **cognitive impairment** compared to males.

Males reported significantly *more mobility impairment* than females.

WORKING STATUS

Working Status	Percentage
Part-time workers	13%
Full-time workers	51%
Not working due to MS	26%
Not working, not due to MS	7%
Student/training	4%

Part-time workers experienced more spasticity problems, vision problems, arm and hand problems and trouble swallowing.

Full-time workers reported less presence of symptoms.

People not working due to MS reported most muscle weakness, balance problems, spasticity problems, mobility impairment, tremors and hearing problems.

Understanding MS Across Europe

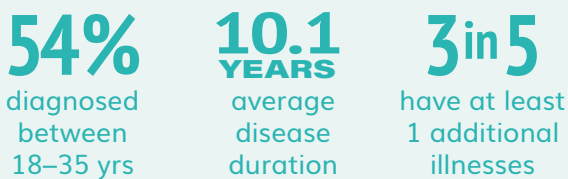
IMSS aims at uncovering the truths behind the symptoms, struggles, and stories of MS. How do people across Europe experience the condition? How do healthcare systems respond to their needs? And most importantly, where are they falling short?

For Monika, these questions resonate deeply. Her diagnosis eventually came at age 34, but the journey didn't end there. Her symptoms — fatigue, sensory problems, muscle weakness, 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.

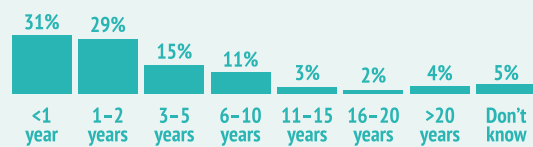
Monika's experience reflects a broader reality revealed through the IMSS survey. Thousands of respondents shared their stories, offering insight into the challenges of living with MS: delays in diagnosis, inconsistent care pathways, and limited support for symptom management. Despite these challenges,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

Clinical situation

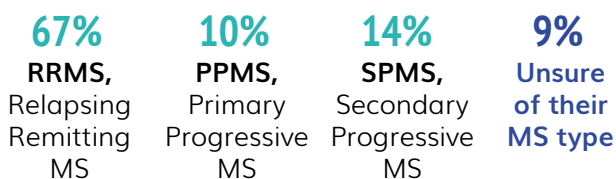
DIAGNOSIS AND SYMPTOM ONSET



Delay from symptom onset to diagnosis



TYPES OF MS



DISABILITY LEVELS

16% of the respondents had mild disability while 46% had moderate disability and 12% had severe disability. People living with PPMS reported more moderate (58%) and severe disability (29%) compared to RRMS. People with SPMS reported the most severe disability (53%)².

QUALITY OF LIFE

The majority of respondents had no or slight problems, while 7% were experiencing moderate or severe problems affecting their quality of life. The quality of life deteriorated more among people with PPMS (21%) and people with SPMS (22%) compared to RRMS³.

USE OF DMDs

84% of respondents have used **Disease Modifying Drugs** (DMDs), with 76% currently using them. 49% reported less than a 1-year delay to start DMDs, while 12% experienced delays of 6 years or more. Among non-users, the main reasons were:

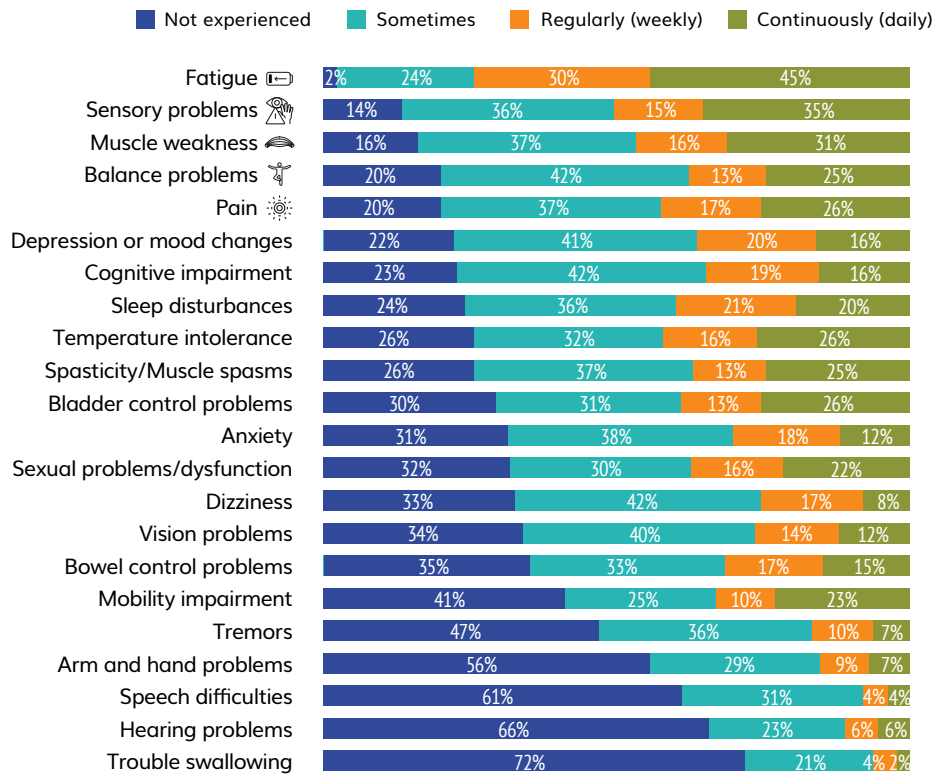
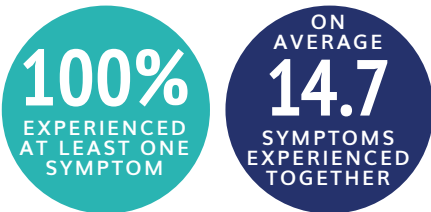
- 51% never being offered
- 18% physicians advising against them
- 15% cannot afford them.



Symptoms

PRESENCE AND PREVALENCE

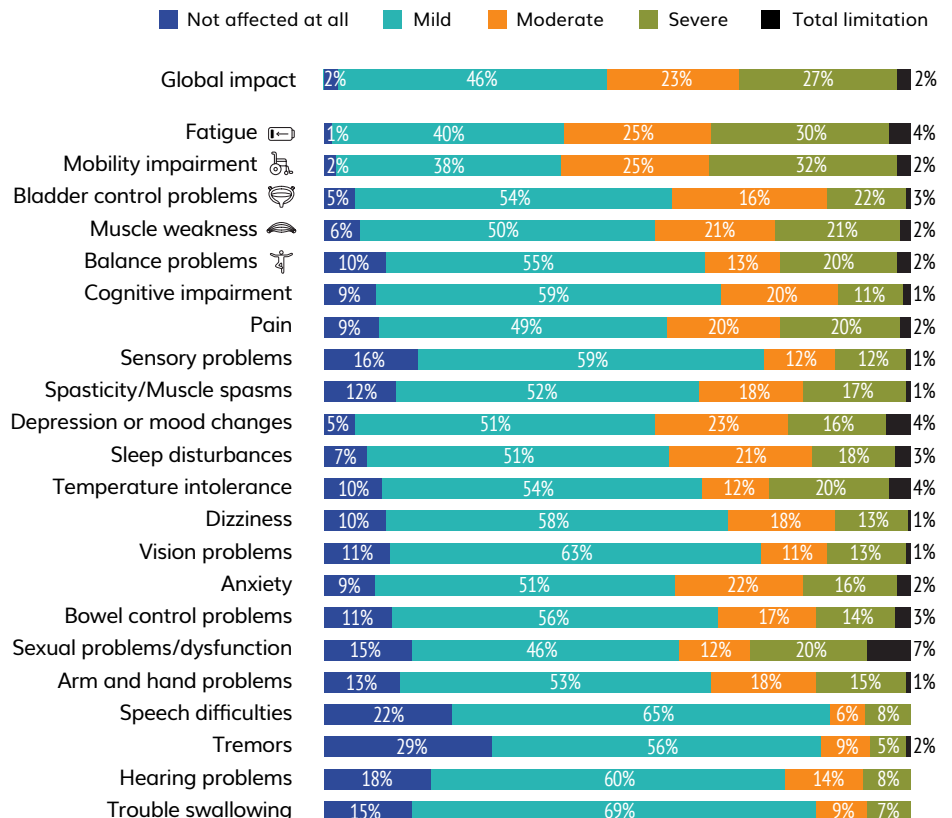
The symptoms reported the most were **fatigue, sensory problems, muscle weakness, balance problems** and **pain**.



SEVERITY AND IMPACT

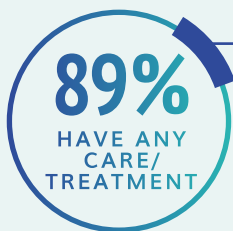
The symptoms that were affecting the daily lives of people with MS were **fatigue, mobility impairment, bladder control problems, depression or mood changes, and muscle weakness**⁴.

The top 3 most debilitating symptoms were **fatigue, mobility impairment, and bladder control problems**⁵.



Treatment and care

CARE FOR SYMPTOMS



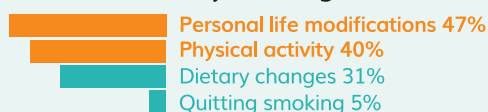
11% don't use any care /treatment. The top reasons for not using a specific treatment were having no need, they cannot afford this treatment, or treatment was not offered to them.



People with MS reported using 5.5 treatments or care on average for their symptoms.

The most used treatments were*: **prescription medication, personal life modifications, dietary supplements, and physical activity.**

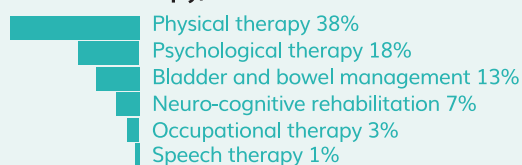
Lifestyle changes



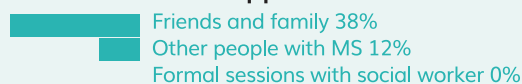
Medication for symptom management



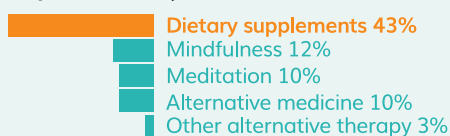
Therapy/treatments



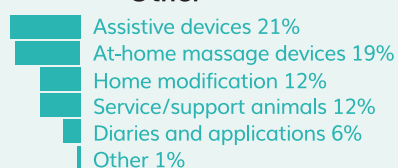
Social support



Complementary and alternative therapies



Other

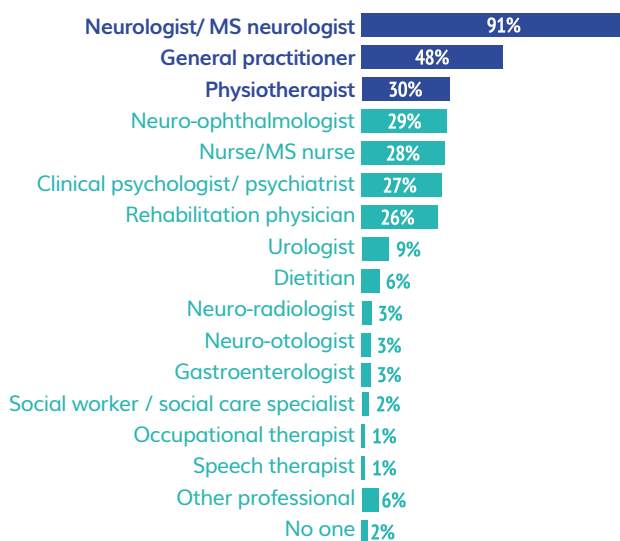


INVOLVEMENT OF PROFESSIONALS



People with MS had 3.2 healthcare professionals on average taking care of their MS. 27% reported that their healthcare professionals are coordinating together.

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



CAREGIVER PRESENCE AND ASSISTANCE



80% have no need for assistance

11% do not have caregivers but need assistance

9% have caregivers

Of those caregivers, **91%** were a family, partner, or friend. **24%** were paid professionals*.



The caregivers supported people with MS for 20.9 hours per week on average. **79%** of respondents mentioned that the carer was of **great or good** help to them.

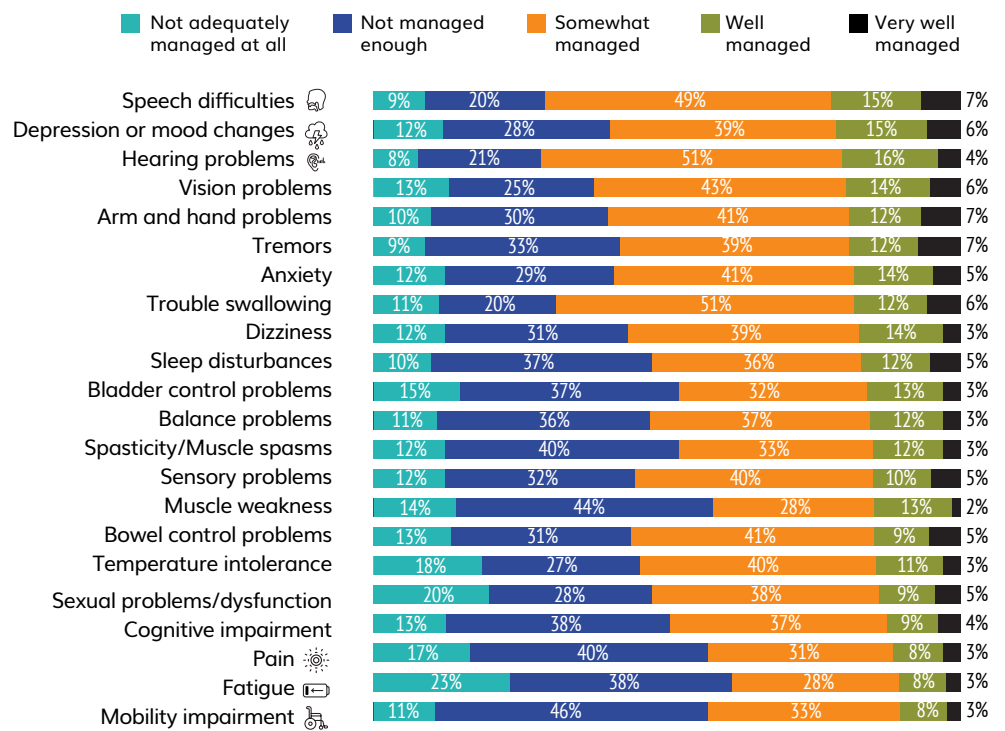
People living with SPMS reported having a caregiver (20%) similarly to people with PPMS (22%). People with SPMS reported needing caregiver the most (23%) while people with RRMS reported the most not having and not needing a caregiver (87%).

Satisfaction with management of symptoms

The most well managed symptoms were **speech difficulties, depression or mood changes, and hearing problems.**

The least well managed symptoms were **mobility impairment, fatigue, and pain.**

3 in 5
NOT SATISFIED
WITH THEIR
CARE



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 Monika, 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%.

‡Gender: Non-binary: 0.7%, prefer not to say: 0.4%

References: ¹Among respondents, 11% were MS society members, 30% were linked but not members, and 59% had no society affiliation. ²Measured 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. ⁴The 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.

Acknowledgement: EMSP thanks people with MS and their caregivers across Europe for participating in this IMSS survey experience. EMSP thanks the Scientific Working Group which included MS experts and the national MS societies for their support. EMSP thanks the young people with MS who supported the development of the survey part of the Young People's Network, the MS International Federation, and GfK Spain (expert in Healthcare Market Research).

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