Background: Oral disease modifying therapies (DMT) have become more available in recent years. Some patients have been on an injectable therapy for many years and then switch to an oral therapy, only to switch back to their original injectable therapy. It is important to know how frequently this is occurring and for what reasons.

Objective: The goal of the analysis is to review data that compares patients who switch from an injectable DMT to an oral DMT and stay on the oral DMT vs those who are on an injectable DMT and switch to an oral DMT, only to switch back later to their original injectable DMT.

Method: A retrospective review of our clinic’s patients DMT history was done. Our MS clinic has 1040 patients currently on a DMT. The time period January 1, 2010 to February 29, 2016 was examined. The first oral medication, Gilenya became available in Canada on March 9, 2011. Patients who have stopped DMT completely were not included in the analysis. As well, patients who have been on Tysabri or Lemtrada were excluded.

Results: Of the 1040 patients, 414 patients or 39.8% have been on an oral medication at some point in their DMT history. Of the 414 patients, 382 patients or 92.3% are still on an oral DMT. 363 patients have been on one oral DMT only while 16 have been on 2 oral DMTs and 5 patients have been on 3 oral DMTs. Thirty-two (32) patients or 7.7% of the 414 patients were on an injectable DMT, switched to an oral DMT, and then switched back to their original injectable DMT. Reasons for switching to an oral DMT included tired of injecting, lipoatrophy, and injection site reactions. Reasons for returning back to the injectable therapies included intolerance of the side effects of the oral medications, and a desire to return to a “known” medication.

Conclusions: While a large number of patients have been on an oral disease modifying therapy (nearly 40%), most have remained on their original oral DMT choice. A small number, 21 patients have tried 2 or 3 oral DMTs. The group of patients who were on an injectable therapy but tried an oral DMT but returned to the injectable therapies is only 7.7%.

Future questions: Oral DMTs are often considered easier to take, and compliance may be considered more achievable. Is this really the case? Do patients actually take the oral DMTs when they are supposed to? Do patients who take oral DMTs perceive them as more or less risky than injectable DMTs?