

Multiple sclerosis for the general neurologist

5th May 2026, Birmingham

Tuesday, 5th May 2026

12:00 Registration

12:15 Networking lunch

13:00 Chairs welcome and introductions

Dr Wallace Brownlee, consultant neurologist, University College London Hospitals NHS Foundation Trust & honorary academic director, MS Academy & Dr David Paling, consultant neurologist, Sheffield Teaching Hospitals NHS Foundation Trust

13:10 Changing MS diagnostic criteria: implications for your practice

Dr Wallace Brownlee

A 34 year old woman attends SDEC with a 5 day history of ascending numbness up to the waist. Her MRI scan shows a lesion in the thoracic spinal cord and a periventricular lesion in the brain

- How should this patient be investigated further?
- How and when to apply to McDonald criteria to make a diagnosis of MS
- What is the role of contrast-enhanced MRI, spinal MRI and lumbar puncture in patients with suspected MS

13:50 Sorting out white matter lesions in the general neurology clinic

Dr David Paling

A 47 year woman is referred following an MRI done in primary care to investigate headache shows abnormal white matter lesions in the brain. The radiologist cannot exclude demyelination and referral to a neurologist is suggested.

- Causes of brain white matter lesions
- Differentiating non-specific/vascular and inflammatory white matter lesions
- Misdiagnosis of MS in patients with white matter lesions

14:10 When should I consider antibody-mediated disorders?

Dr Saif Huda, consultant neurologist, The Walton Centre NHS Foundation Trust

A 28 year old man presents with numbness up to the waist and urinary retention. MRI shows patchy lesions in the lower thoracic cord/conus and normal brain MRI.

- The expanding spectrum of NMOSD and MOGAD
- Clinical, MRI and laboratory red flags for antibody-mediated disorders
- Pearls and pitfalls with antibody testing

14:30 Coffee break

Multiple sclerosis for the general neurologist

5th May 2026, Birmingham

14:50 MS in the acute setting

Managing relapses

A 35 year old man with RRMS presents with a five day history of weakness in the left leg. He is unable to walk without assistance.

- Approach to managing MS relapses
- Should the patient have oral or intravenous steroids?
- Role of plasma exchange in steroid-refractory relapses

Managing patients with complications of immunosuppression

Three case histories will be presented highlighting infectious complications of MS therapies – Herpes Zoster, cryptococcal meningitis and progressive multifocal leukoencephalopathy

15:20 Treating MS in 2026

Dr Kate Petheram, consultant neurologist, South Tyneside And Sunderland NHS Foundation Trust

A 37 year old woman is newly diagnosed with MS. The regional MDT meeting has recommended she start treatment with an antiCD20 therapy.

- Initial treatment of relapsing MS escalation vs early, intensive treatment?
- Monitoring response to treatment
- Long term management issues in patients treated with antiCD20 drugs – infections, family planning, cancer

A 66 year old man is seen for annual review. He was diagnosed with MS in 2001 and has received treatment with beta interferon and natalizumab but was switched to fingolimod in 2016 because of JCV positivity.

- Managing older patients with MS
- Treatment de-escalation and discontinuation
- Healthcare maintenance in older patients

16:00 Coffee break

16:20 Managing common MS symptoms

Dr Ghaniah Hassan-Smith, consultant neurologist, University Hospitals Birmingham NHS Foundation Trust

Three case studies covering topics related to symptom management:

A 53 year old man with progressive MS reports increasing problems with stiffness and spasms in his legs. He is unable to tolerate baclofen and is taking the maximum tolerated dose of gabapentin. He can walk 50m with a rollator but is

Multiple sclerosis for the general neurologist

5th May 2026, Birmingham

limited by a foot drop in the right leg managed with a Boxia splint.

A 37 year old woman with relapsing MS complains of overactive bladder symptoms with urinary incontinence. The symptoms have not improved with solifenacin.

A 43 year old woman has been stable on treatment for MS for the last 6 years but reports disabling fatigue. She is considering leaving her job as a teacher.

16:40 **Hot topics in MS and related disorders**

Associate Prof Tarunya Arun, consultant neurologist, University Hospitals Coventry and Warwickshire NHS Trust

A 44 year old woman with secondary progressive MS attends for her annual review. Her disability has worsened in the last year and she asks if there are any new treatments for MS on the horizon to stop progression. She also mentioned that her 15 year old daughter is complaining of feeling tired all the time and she is worried about MS.

- BTK inhibition
- Recently completed trials of neuroprotection and remyelination
- Cell-based therapies – HSCT and CAR-T
- EBV and primary prevention of MS

17:10 **Final remarks and meeting close**

Dr David Paling