

## Neuromyelitis Optica Diagnostic and Advisory Service

The Walton Centre is funded by NHS England as a National Referral Centre for NMO

**[www.nmouk.nhs.uk](http://www.nmouk.nhs.uk)**

### NMOSD – Relapses

**What is a relapse?** A relapse, or an ‘attack’ of NMOSD, occurs when there is inflammation within the nervous system. In NMOSD, this inflammation is usually within the optic nerve and the spinal cord. The inflammation causes people to experience new symptoms, or recurrence of symptoms that they have had previously.

**What symptoms do relapses cause?** In NMOSD, relapses usually affect either the optic nerve or the spinal cord. When relapses affect the optic nerves they cause problems with the vision. Symptoms normally come on over a period of hours or days, or people may wake up one morning with visual symptoms. Symptoms include:

- \* Pain behind the eye or on movement
- \* Colours appear faded or ‘washed out’

Vision may be blurred or lost completely

Brief ‘stabbing’ pain in and around the eye lasting only a few seconds or minutes is unlikely to be caused by a relapse. Many people with NMOSD find that their vision varies from day to day, for example if they are tired.

Spinal cord relapses can cause:

- \* Weakness in the arms and/or legs,
- \* Numbness or abnormal sensations in arms/legs/trunk
- \* A band like sensation around the trunk, like being squeezed
- \* Severe pain in the neck or between the shoulder blades
- \* Problems with the bladder such as difficulty or inability to pass urine
- \* Constipation or loss of control of bowel movement

## Neuromyelitis Optica Diagnostic and Advisory Service

The Walton Centre is funded by NHS England as a National Referral Centre for NMO

**[www.nmouk.nhs.uk](http://www.nmouk.nhs.uk)**

Each of these symptoms may occur individually, or people may experience a combination of symptoms. Usually symptoms develop over hours or days. **They are significant if they last for longer than 48 hours.**

**What should I do if I think I'm having a relapse?** If you feel that there is a sustained deterioration in your vision or experience any of the symptoms described above which lasts for longer than 48 hours, please contact your NMOSD Nurse Specialist.

**John Radcliffe Hospital, Oxford 01865 231 905**

**Walton Centre Foundation Trust 0151 529 8357**

If you have problems out of hours, contact on-call neurologist at either hospital for advice or attend your local accident and emergency department.

Your NMOSD nurse will take a history of your current symptoms, take into consideration current treatments, other illness (such as colds, infections) and how the symptoms are currently affecting you.

Following discussion with the medical team, a plan will be devised on how best to assess and treat your relapse. This may involve asking your local neurologist to see you, or if possible ask you to come to your nearest NMOSD centre. Every patient and every relapse will have different features and the treatment will depend upon your individual needs. It is important that you are assessed quickly during a relapse, as early treatment may prevent long term damage.

### **Information for your GP on relapse treatment**

Once infection has been ruled out relapses are usually treated with Methylprednisolone either 500mg orally for 7 days or 1gm intravenously for 5 days. Research has shown that both options are equally effective in treating relapses. Sometimes, particularly in the case of vision changes, we might treat with plasma exchange which is given intravenously once daily for five days.