My Medication Isn't Working. What Now?

CAN DO MULTIPLE SCLEROSIS

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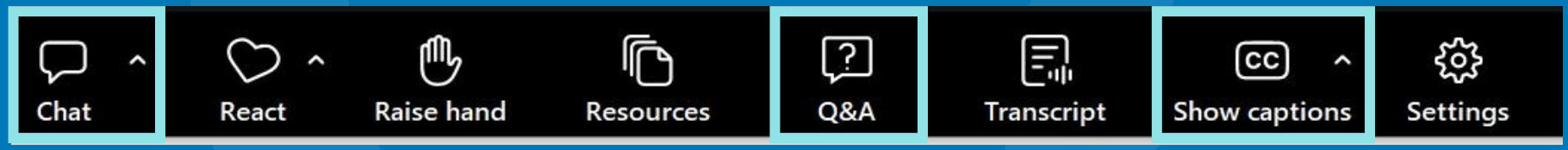

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YOUR SPEAKERS

Christine Boudet

Nurse Practitioner

Louisiana

Suma Shah

Neurologist

North Carolina

LEARNING OBJECTIVES

1. Understand the implications of polypharmacy and what to do about it
2. Recognize who needs to be at the table for effective shared-decision making
3. Understand why a medication change might be needed (Understand who's failing whom when treatment change is needed)

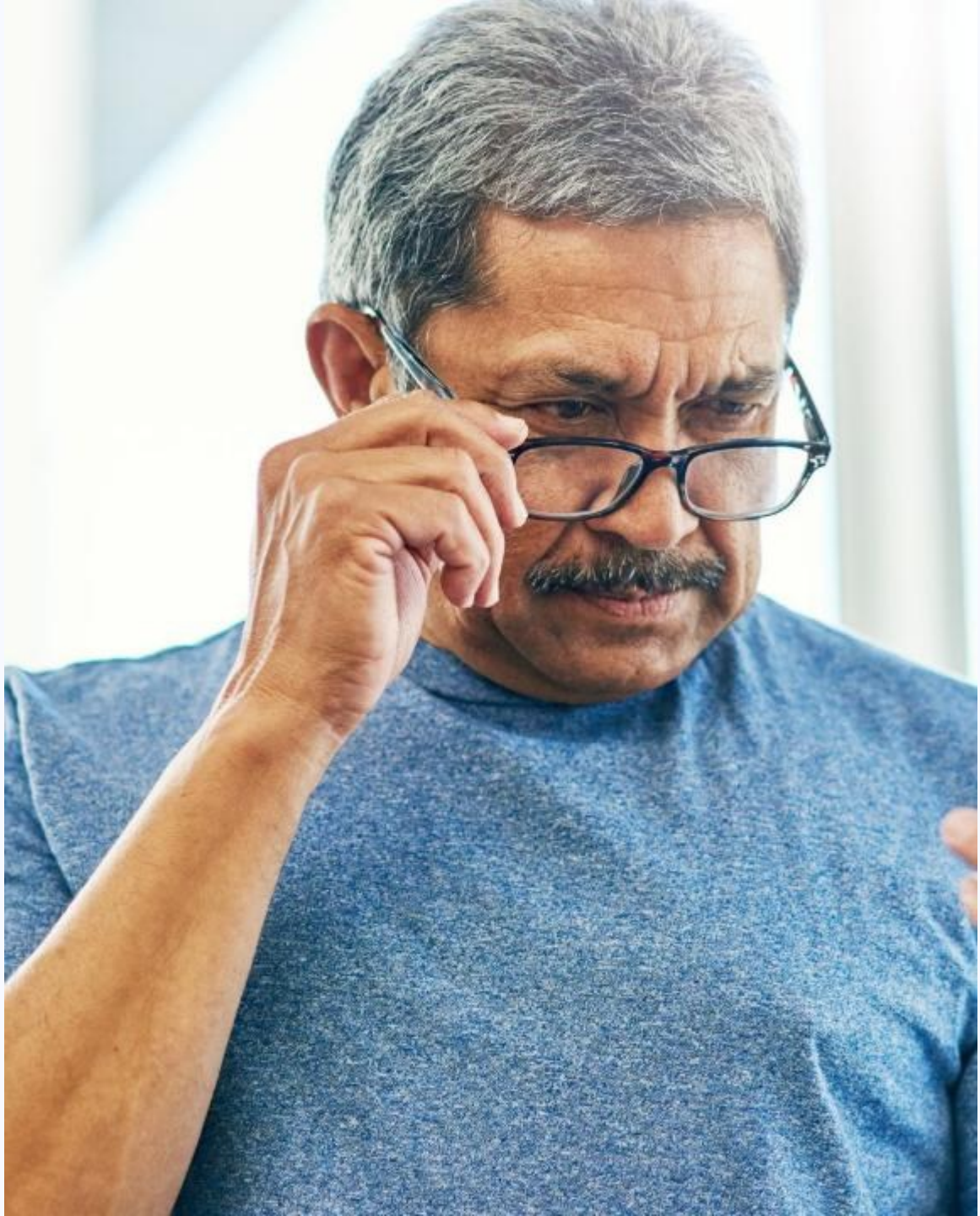
Polypharmacy

Definition-

- The routine use of five or more medications daily by a single individual

Need to know a few things for each medication being started:

- What it is being used for
- Potential interactions with other meds
- Side effects and safety labs that may need to be watched out for



Polypharmacy Risks

What do we worry about?

- Increased risk of hospitalization
- Side effects being compounded
  - ❖Increased falls
  - ❖Cognitive problems
  - ❖Fatigue

Who is at risk?

- Women
- Older adults
- Multiple other medical diagnoses
- Lower income neighborhoods

How To Address

- Intentional prescribing
- Evaluating for efficacy at each visit
- Try non medication approaches when possible

Before Changing Medication, Start With The Right Question

- Who needs to help answer that question?
- What problem are we trying to solve?
- What does “working” mean for this person?
- Is the current plan still medically appropriate and realistic?
- **The goal is a plan that supports health, function, and quality of life.**

Who Needs To Be At The Table?

Patient: lived experience, goals, concerns, priorities

MS provider/team: disease activity, treatment options, safety

Care partner or support person, when the patient wants one

Primary care provider: whole-health picture and preventive care

Pharmacist: interactions, side effects, medication burden

Insurance/specialty pharmacy team: access and affordability

Other specialists when needed

What The Patient Brings: Lived Experience

What has changed since the last visit?
How symptoms affect work, family, independence, and daily life?
Side effects, treatment fatigue, or fear about risks?
Missed doses, delays, cost, or access barriers?
Personal goals: family planning, travel, fewer appointments, comfort level?
What feels sustainable long term?

What The Care Team Brings: The Medical Picture

- Relapses or new neurologic symptoms
- MRI activity and changes over time
- Neurologic exam and function changes
- Lab monitoring and safety concerns
- Other diagnoses, infections, vaccines, and preventive care needs
- Risk of staying on therapy vs. risk of switching
- Knowledge of recently approved DMT and what is in the pipeline

What Shared Decision-Making Looks Like In Practice?

The patient explains concerns and priorities

The provider explains the medical findings and treatment options

Risks and benefits are discussed in plain language

Options are compared with the patient's health history and lifestyle

The plan includes next steps, monitoring, and when to reassess

The patient is supported, not left to decide alone

First, Clarify The Patient's "Why"

- What are you noticing?
- When did it start?
- Is it new, or has it happened before?
- Is it constant, or does it come and go?
- What makes it better or worse?
- How is it affecting your daily life?
- What are you hoping a medication change will improve?

When A Patient Says, “My Medication Is Not Working”

They may mean:
I had a relapse or new symptoms
My MRI changed
I feel worse day to day
I am having side effects or infections
I am worried about long-term risk
The treatment burden, cost, or access is too much
This medication no longer fits my life

Not Every Change Means The Medication Failed

Possible explanations include:

- Gradual progression over time
- Old symptoms resurfacing with heat, illness, stress, or poor sleep
- Medication side effects or total medication burden
- Infection, hormones, mood, sleep, pain, or another health condition
- Access or adherence barriers

Reframe: A Medication Change Is Not A Failure

Instead of asking "who failed?" ask:

- Has my health or safety risk changed?
- Have my goals, priorities, or life circumstances changed?
- Is the current plan still realistic and sustainable?
- Do we need a better-fitting plan?
- Have we tried adequate symptom/co-morbidity management

Next: compare the patient's experience with the objective data

Med Change Needed

Objective data:

- MRI
- Clinical Examination
- Reported Symptoms
- Falls Rates
- Hospitalizations (UTIs, Etc)
- Lab Abnormalities (Hypogammaglobulinemia, Hyponatremia, Etc)
- Logistical Challenges (IV access, Getting to infusion, Needle Fatigue)
- Starting A Family (pregnancy has implications on meds)

Q+A

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08.12.2026

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