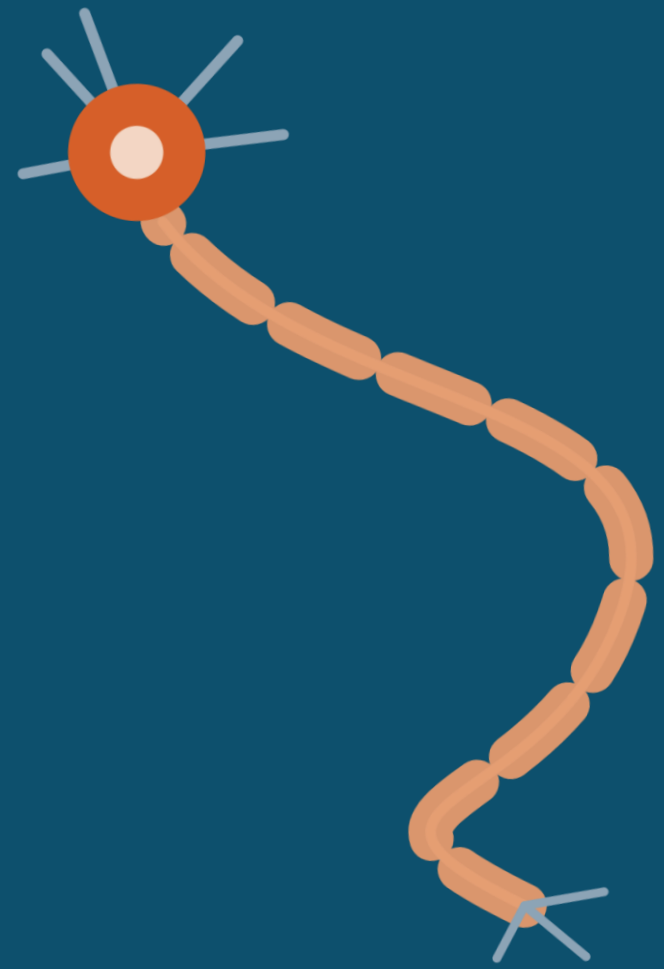
DMTs and Aging



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CAN DO
MULTIPLE SCLEROSIS

TODAY'S ROADMAP

Four questions we'll answer

1. How does aging change MS — and why does it matter for treatment?
2. Can I stop my DMT at a certain age?
3. How do I safely come off a stronger (higher-efficacy) DMT?
4. Why would I want to stop? Weighing risks, benefits and quality of life



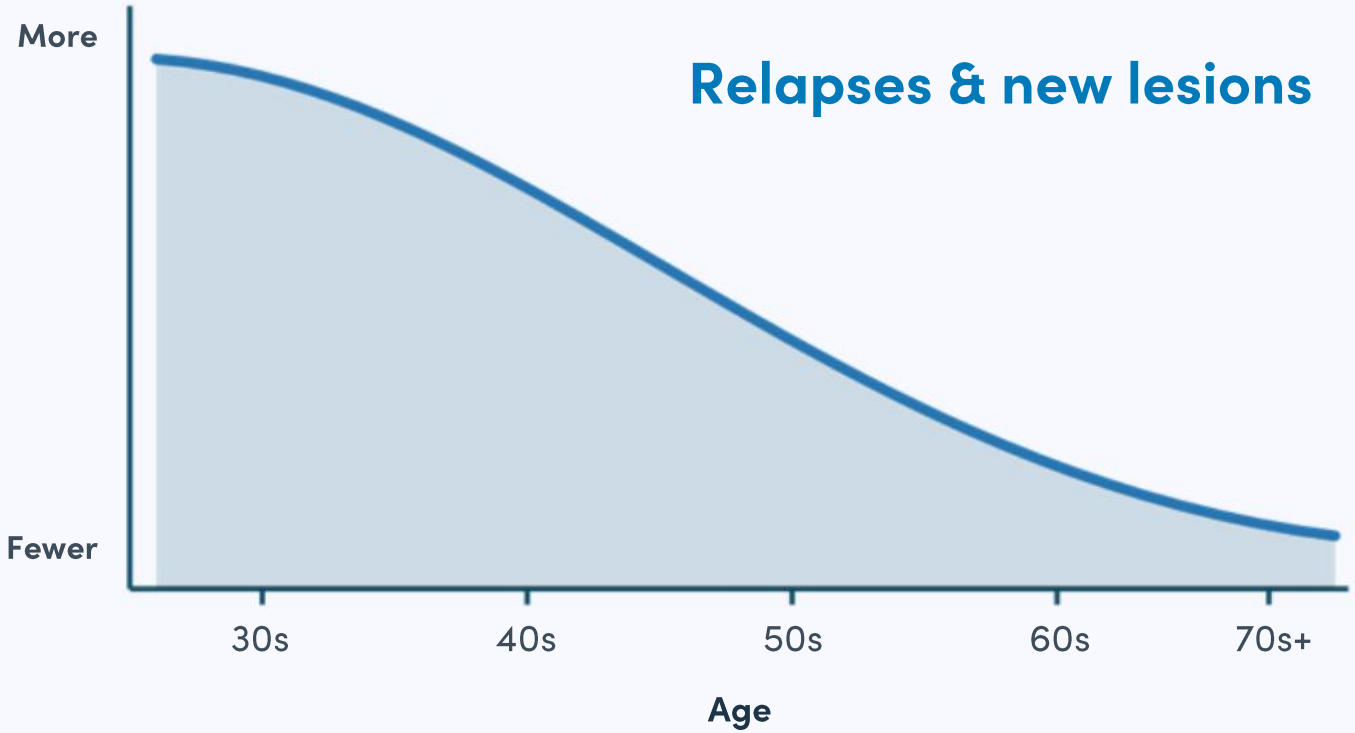
DMT = Disease Modifying Therapy
These are the long-term MS medicines that prevent relapses and new lesions on MRI.

Relapses become less common with age

As people with MS get older, **relapses** and **new lesions on MRI** generally happen less often.

This pattern has been seen in several large studies.

Chart shows the general trend only — not actual study data.

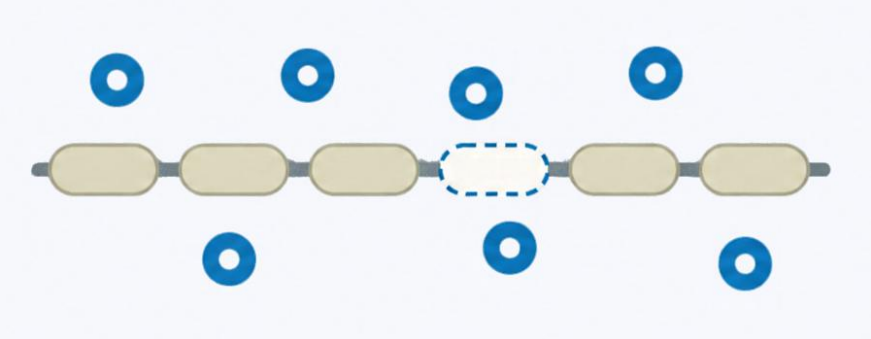


Schwehr et al., Mult Scler J, 2020 · Koch et al., Neurology, 2021 · Coerver et al., Mult Scler J, 2024

PART 1 · HOW AGING CHANGES MS

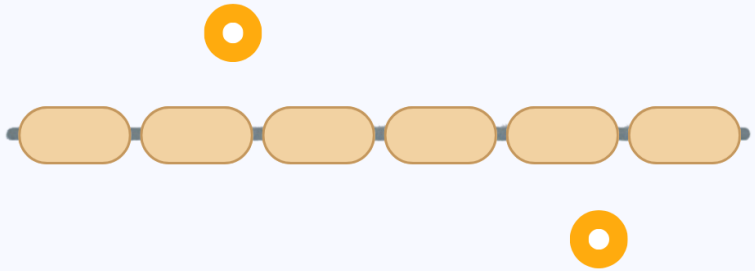
Why? The immune system ages, too

Younger immune system



More active. Immune cells (orange) are more likely to attack myelin, the nerve's protective coating (tan) — causing relapses and new lesions.

Older immune system



Quieter. Fewer immune attacks on myelin, so relapses and new lesions become less common.

Why this matters for treatment

Benefit of DMTs

DMTs prevent relapses and new lesions — which already become less common with age.

Risks of DMTs

Side effects can increase with age — mainly **infection** (the big one) and **cancer**, plus some others.



As we get older, the balance between benefit and risk can shift.

PART 1 · AN IMPORTANT CAVEAT

MS can change in two different ways

Relapses & new lesions

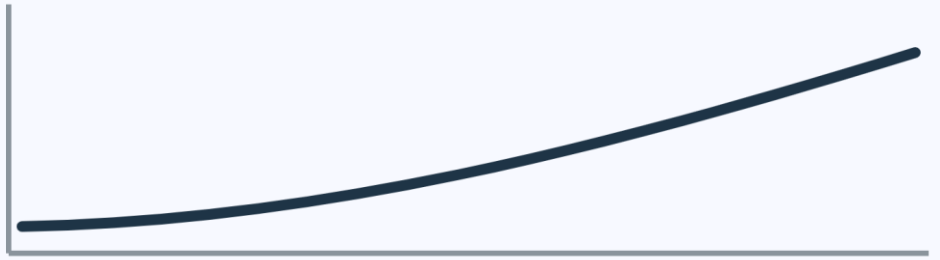


Symptoms over time →

Sudden flare-ups caused by inflammation. These become **less common** with age.

✓ DMTs help prevent this

Slow, gradual worsening



Symptoms over time →

Called **progression**. It can happen even without relapses or new lesions and can be hard to separate from normal aging.

⚠ Current DMTs do NOT prevent this

PART 1 · MORE CAVEATS

Every person — and every DMT — is different

Big differences between people

Most people have fewer relapses with age, but **some still have relapses in their 60s and 70s.**

Not all DMTs are riskier with age

Some become riskier as we get older. Others stay quite safe.

Risk in older adults — a general guide



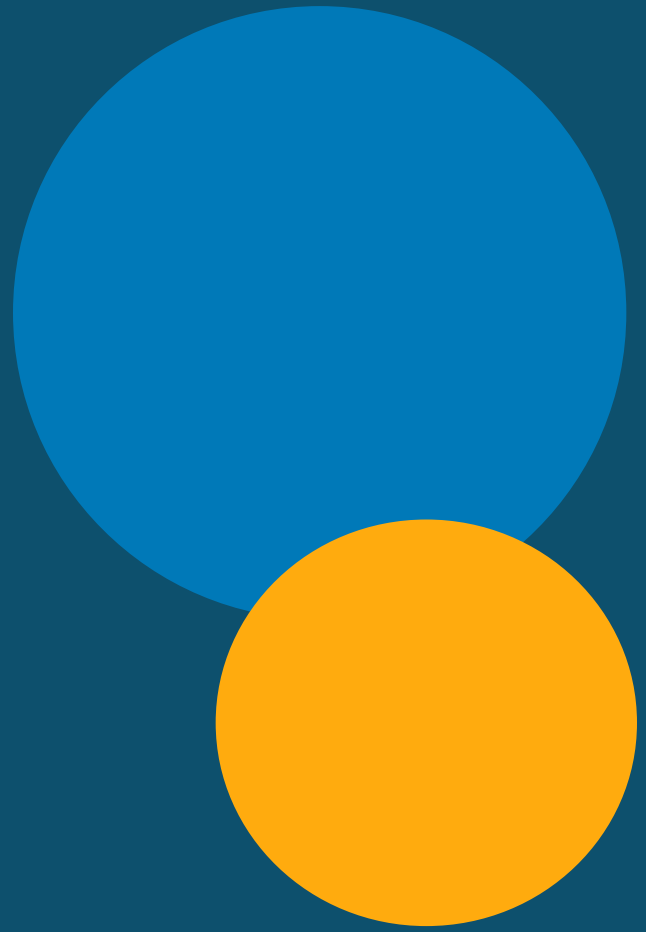
Lower risk: glatiramer acetate (quite safe)

Higher risk: B-cell depleting therapies

PART 2

Can I stop my DMT at a certain age?

What the research shows — and what it depends on.



PART 2 · STOPPING A DMT

What the research shows

In general, the risk of MS reactivating after stopping a DMT is **low** for people who meet **both**:

55–60+
years of age or older

+

5+ years
with no relapses and no new MRI lesions

→

Low risk
of MS reactivating after stopping

But: low risk is never zero risk — and it also depends on which DMT you take now.

Roos et al., Neurology, 2022 · Corboy et al., Lancet Neurol, 2023 · Coerver et al., JAMA Neurol, 2025 · Van der Walt et al., Nat Rev Neurol, 2025

PART 2 · STOPPING A DMT

Which DMT you take matters

LOWER CONCERN

Stable on a lower-efficacy DMT

For example:

- Glatiramer acetate
- Interferon-beta

Stopping these carries a lower risk of MS coming back.

GREATER CONCERN

DMTs with “rebound” risk

For example:

- Natalizumab
- S1P receptor drugs (e.g., fingolimod)

Rebound: after stopping, MS activity can return — sometimes stronger than before treatment.

A HELPFUL RULE OF THUMB

When is the risk of stopping quite low?

60+
years of age or older

\+

5+
years stable on a lower-efficacy DMT

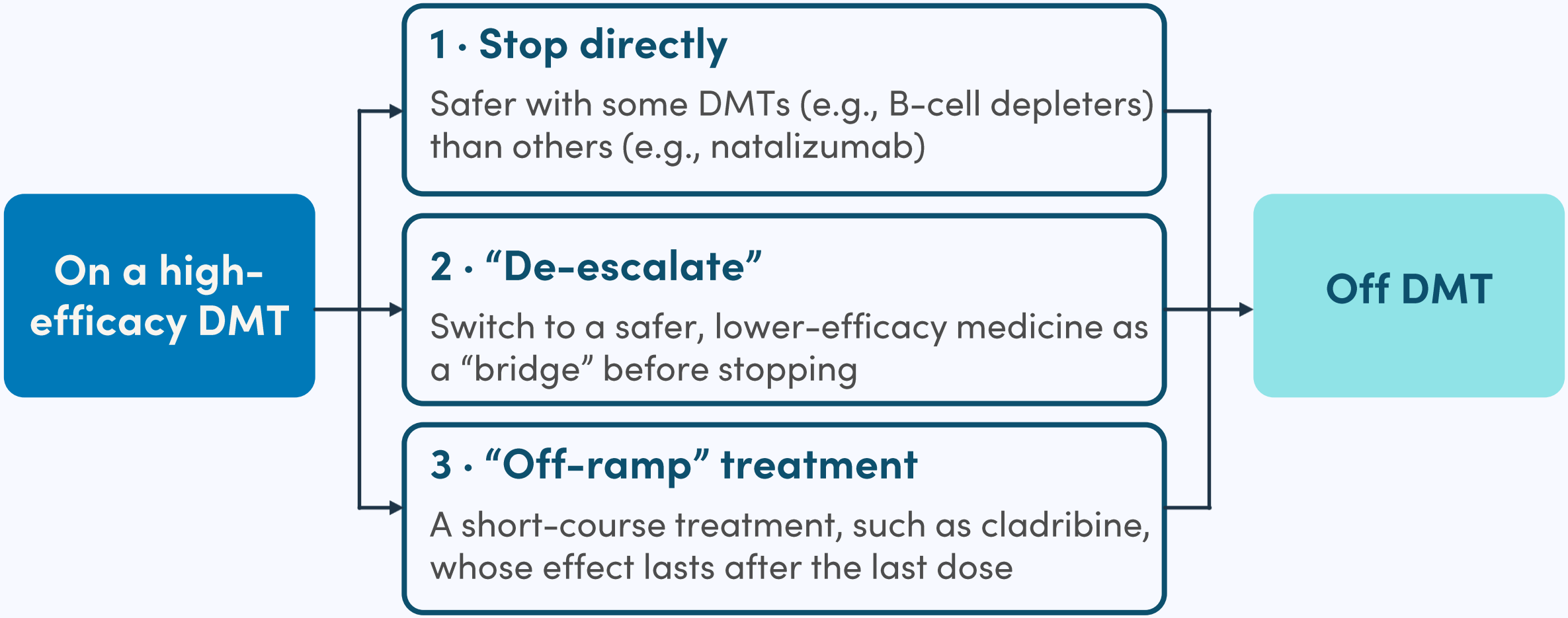
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Low
risk of MS reactivating after stopping — in the **single-digit percentages**

Roos et al., Neurology, 2022 · Corboy et al., Lancet Neurol, 2023 · Coerver et al., JAMA Neurol, 2025 · Van der Walt et al., Nat Rev Neurol, 2025

PART 3 · COMING OFF A STRONGER DMT

Three routes off a higher-efficacy DMT



PART 4 · WEIGHING RISK VS. BENEFIT

Why stop? The medical risks of staying on

⚠ Infection

The biggest concern

- The risk of serious infection rises with age — especially above 60–65.
- Most relevant to B-cell depleting drugs and other high-efficacy DMTs that **suppress** the immune system.
- Less concerning for "immunomodulators" like glatiramer acetate and teriflunomide.

🔍 Cancer

- There is a **theoretical** risk — with some supporting data — that high-efficacy therapies could increase cancer risk.

***Still being studied.*

PART 4 · WEIGHING RISK VS. BENEFIT

Quality of life matters, too

Years of treatment can bring burdens of their own:



Treatment burnout

"Needle fatigue" from years of injections or infusions.



Financial burden

High drug costs can be hard to manage on a fixed income.

Safety monitoring

Getting to regular blood tests and MRIs can be difficult — especially without easy transportation.

PART 4 · WEIGHING RISK VS. BENEFIT

Other health conditions can shape the choice

If you have...	Why it matters
A past cancer diagnosis, or hospital stays for infection	May tip the balance toward lower-risk options — or stopping
High blood pressure	Teriflunomide can raise blood pressure
Depression	Interferons can worsen depression

Share your full health history with your MS team — not just your MS.

WRAPPING UP

Key takeaways

As we age, the risk of relapses goes **down** — while possible treatment complications go **up**.

1. There's **no "one size fits all"** answer to whether or when to stop a DMT.
2. The key questions are **risk vs. benefit** and your **quality of life**.
3. Your risk depends on your **age**, your **MS history**, and your **other health conditions**.

Always talk with your neurologist before stopping or changing a DMT.

Q & A

