

Table 1 Primary treatment of multiple sclerosis²¹⁻²⁴

Medication	Role	Secondary effects	Precautions
Steroids	<ul style="list-style-type: none">• Prevent and control acute attacks	<ul style="list-style-type: none">• Adrenal atrophy• Heightened risk of infection• Gastro-intestinal problems• Candidiasis	<ul style="list-style-type: none">• Prophylactic antibiotics where indicated• Possible adjustment of corticotherapy
ACTH	<ul style="list-style-type: none">• Prevent and control acute attacks	<ul style="list-style-type: none">• Same as steroids• Limited to the treatment period, usually a few days	<ul style="list-style-type: none">• Same as steroids
Interferons	<ul style="list-style-type: none">• Prevent and control acute attacks	<ul style="list-style-type: none">• Cheilitis• Glossitis• Gingivitis• Stomatitis• Candidiasis• Xerostomia• Dysgeusia• Neutropenia• Thrombocytopenia	<ul style="list-style-type: none">• Anti-hemorrhagic formula before invasive treatment• Prophylactic antibiotics when necessary
Immunosuppressors	<ul style="list-style-type: none">• Prevent and control acute attacks	<ul style="list-style-type: none">• Stomatitis• Ulcers• Gingivitis• Candidiasis• Thrombocytopenia• Neutropenia• Anemia• Cancer• Opportunistic infection	<ul style="list-style-type: none">• Same as interferons