Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · NEUROLOGY

Multiple sclerosis
early treatment changes the long-term picture

Multiple sclerosis is a condition in which the immune system damages the insulating sheath around nerves in the brain and spinal cord. The outlook has changed substantially: modern disease-modifying treatments started early reduce relapses and slow disability, which makes prompt diagnosis genuinely worth pursuing.

Seek urgent assessment if you have

- **sudden loss of vision in one eye**, or pain on moving the eye
- **rapidly progressive weakness** of the legs or arms
- **numbness around the genitals or back passage**, or bladder or bowel changes
- **severe unsteadiness, double vision or difficulty swallowing**
- a **relapse with fever** — infection can mimic and trigger relapses
- **new severe symptoms while on immunosuppressive treatment**

New spinal cord symptoms with bladder or bowel changes need same-day assessment, whatever the cause. Optic neuritis — painful visual loss in one eye — needs urgent ophthalmology and is a common first presentation of MS. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Common early symptoms

- **Optic neuritis** — blurred or lost vision in one eye with pain on eye movement, often with colours looking washed out
- **Numbness or tingling** in a limb, the trunk or the face, lasting days to weeks
- **Weakness or heaviness** of a limb
- **Unsteadiness, clumsiness or vertigo**
- **Double vision**
- **Lhermitte's sign** — an electric-shock sensation down the spine on bending the neck forward
- **Bladder urgency**, and profound fatigue
- Symptoms typically **develop over hours to days, persist for weeks, then improve** — that pattern is characteristic

What makes it MS rather than one episode

The diagnosis requires evidence of damage **separated in time and in place** — more than one episode, affecting more than one part of the central nervous system. MRI often demonstrates both at once, showing old and new lesions in different locations, which is why a single MRI can secure the diagnosis after a first attack. Lumbar puncture looking for oligoclonal bands supports it where the picture is unclear. A single episode with a normal MRI is called a clinically isolated syndrome and may never recur.

The types

- **Relapsing-remitting** — around 85% at diagnosis. Attacks followed by partial or complete recovery.
- **Secondary progressive** — gradual worsening developing after years of relapsing disease. Modern treatment appears to delay this.
- **Primary progressive** — around 10 to 15%. Gradual progression from the outset, without distinct relapses.

Treatment

- **Disease-modifying therapies** reduce relapse rate and new MRI lesions. There are now many, ranging from tablets to infusions, and current practice favours **starting effective treatment early** rather than escalating slowly.
- **Relapses** are treated with a short course of high-dose steroids, which speeds recovery but does not change the eventual outcome. Infection must be excluded first.
- **Symptom treatment** — for spasticity, bladder urgency, nerve pain, tremor and fatigue. Each has specific options and each is worth treating.
- **Physiotherapy and exercise**, which improve strength, balance, fatigue and mood, and are safe.
- **Vitamin D** supplementation is recommended.

Living with it

Helps

- Regular exercise — strong evidence, and it does not accelerate the condition
- Keeping cool; heat temporarily worsens symptoms (Uhthoff's phenomenon)
- Treating infections promptly — especially urine infections, which mimic relapses
- Stopping smoking, which accelerates progression
- Pacing, and treating fatigue as a symptom with specific management

Worth knowing

- Temporary worsening in heat or infection is not a relapse
- A relapse means new or worsening symptoms lasting over 24 hours, without infection
- You must tell the DVLA about an MS diagnosis
- Pregnancy is usually safe; relapse rate falls during it and rises briefly afterwards
- Several disease-modifying drugs must be changed before conceiving

Why come to us. The commonest problem is delay — symptoms that come and go get attributed to stress or a trapped nerve, and years pass. We can assess you within days, examine you neurologically, take **bloods in-house to exclude the conditions that mimic MS** — B12 deficiency, thyroid disease, lupus, Lyme disease — and arrange **MRI of the brain and spine through our CQC-registered partners** promptly. We then refer to neurology with the workup complete.

The mimics excluded, MRI arranged promptly

Neurological assessment within days. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **MRI Scan** · **Blood Tests** · **Physiotherapy** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG220 guidance on multiple sclerosis in adults. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.