

(W14) BEST PRACTICE FOR MS NURSES MANAGING INTRAMUSCULAR AVONEX (INTERFERON BETA – 1A)

In November 1996 the Australian Government approved subsidy for the use of disease modifying therapies (DMTs) in the treatment of relapsing remitting Multiple Sclerosis (MS).

The injectable immunomodulating medications available, in order of approval in Australia are Betaferon, Avonex, Copaxone and Rebif. Based on clinical experience along with the results of clinical studies, it is confirmed that early relapses can cause axonal damage as well as destruction of the myelin. This has led to a consensus among neurologists to support early initiation of therapy with an immunomodulatory medication, in those diagnosed with relapsing remitting MS.

This along with adherence to DMT has potential benefit in reducing the number of relapses an individual may experience.

Guidelines are available for best practice in MS disease management. In our search for guidelines on best practice for intramuscular (IM) therapy, it was established that current literature did not specifically relate to best practice in disease modifying medicines. We decided to develop our own best practice document in benchmarking our own clinical practice, to best support persons who have been prescribed treatment on interferon beta-1a and to optimize the individual's adherence and thus the best outcome.

The aim in developing this best practice document was to provide a framework for immunotherapy nurses that will enhance excellence in the provision of comprehensive immunotherapy training education, specific to IM therapy and support for patients prescribed Avonex.

This document is designed to compliment the "Multiple Sclerosis Best Practice Nursing Care" that is globally recognised.

Title: The Best Practice for MS Nurses Managing Intramuscular Immunotherapy

Avonex (interferon beta – 1a) Poster identifies the best practice elements in the process of supporting a person with MS who has been prescribed interferon-beta -1a, Avonex.

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