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Pregnancy Outcome in Multiple Sclerosis Patients Exposed to Disease Modifying Therapies.

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Background: Multiple Sclerosis (MS) patients may be exposed to disease modifying therapies (DMTs) during the first trimester in unplanned pregnancies.

Objective(s): We aimed to evaluate pregnancy outcomes in MS patients exposed accidentally to DMTs.

Method(s): Data of MS pregnant women were extracted from the national MS registry. Details of drug exposure and pregnancy outcomes were collected. Pregnancy outcomes in women who were exposed to DMTs were compared to women who discontinued DMTs prior to conception.

Result(s): Outcomes of 142 pregnancies (120 women) were assessed; 80 (56.3%) of which were exposed to DMTs. There were no significant differences between DMT-exposed pregnancies and the non-exposed in terms of mean age ($p = 0.95$), age at onset ($p = 0.84$), age at pregnancy confirmation ($p = 0.37$) or disease duration ($p = 0.35$). In the exposed group, the most used DMTs were beta interferons ($n=50$; 35.2%), natalizumab ($n=28$; 19.7%), fingolimod ($n=24$; 16.9%), and dimethyl fumarate ($n=5$; 3.5%). In the non-exposed group, 53.2% ($n=33$) of patients were not on DMTs, while 21% ($n=13$) were on fingolimod, 19.4% ($n=12$) were on beta interferons and 4.8% ($n=3$) were on dimethylfumarate. Most pregnancies (~85%) resulted in full term births. There were no significant differences between the exposed and non-exposed in the rate of premature birth (5% versus 3.2%) and abortions (10% versus 11.3%) [$p = 0.47$]. No major fetal malformations were reported.

Conclusion: Most of the pregnancies in our cohort were exposed to disease modifying therapies. The pregnancy outcomes in patients exposed to DMTs is comparable to those were not exposed.