Podľa výsledkov observačných štúdií so všetkými ich limitáciami a ojedinelých randomizovaných štúdií sú klinické údaje ohľadom vysadenia DMT u starších pacientov s RS rozporuplné. Faktory asociované s vyšším rizikom rekurencie zápalovej aktivity RS sú nižší vek, kratšie obdobie stability choroby na liečbe DMT a vyšší počet gadolínium enhancujúcich lézií na MR v čase vysadenia DMT (nežiaduce udalosti, rozhodnutie pacienta) (Bsteh et al., 2021). Potrebné sú spoľahlivejšie dáta jednak zo štúdií, ako aj z reálnej klinickej praxe, registrov, napomáhajúce v rozhodovaní o vysadení DMT vo vyššom veku. Klinickým výsledkom môžu pridať na hodnote faktory ako optimálne stanovené cieľové hodnotené ukazovatele, dostatočne veľké súbory pacientov, prísnejšie zaraďovacie kritériá, dlhší čas hodnotenia a tiež zaradenie analýzy biologických markerov, ako napríklad neurofilamentov a koncentrácií GFAP.

Záver

Je nesporné, že vek pacienta má byť dôležitým aspektom pri manažmente liečby roztrúsenej sklerózy. Ochorenie je celoživotné a stále naliehavejšie potrebujeme presvedčivé dáta, na základe ktorých by sme mohli podávať liečbu DMT u starších pacientov s RS, nakoľko v tejto vekovej kategórii je potrebné starostlivo zvážiť pomer rizika a prínosu pre pacienta.

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