CONFERENCE COVERAGE

MS, DMTs, and pregnancy: Beware of over-caution regarding treatment

Randy Dotinga

MILAN—The news about multiple sclerosis (MS) and childbearing in women is largely good, a researcher told colleagues at the 9th Joint ECTRIMS-ACTRIMS Meeting. Evidence suggests that MS doesn't disrupt fertility, pregnancy, birth, or lactation. However, there are still uncertainties about the timing of medical treatment for MS before, during, and after pregnancy.

Epidemiologist Emmanuelle Leray, PhD, of French School of Public Health in Rennes, urged neurologists to not be too eager to take women off medication—or too slow to put them back on it. "MS should not be undertreated due to a desire for pregnancy, as there are several options that are possible and compatible with pregnancy," she said. As for after pregnancy, when women face a well-known high risk of MS rebound, "we can reasonably assume that women with active MS need to be advised to restart rapid, highly effective DMT [disease-modifying therapy] soon after delivery," she said.

Women are more likely than men to develop MS, and they often do so during child-bearing years. Pregnancy among women with MS has become more common over the years: A 2018 Neurology study examined U.S. data from 2006 to 2014 and reported that the annual adjusted proportion of women with MS and pregnancy increased from 7.91% to 9.47%.

While it appears that women with MS get pregnant less often than the age-matched general population, that "doesn't mean that fertility is impaired. It probably rather reflects the impact of an early diagnosis of MS on associated consequences regarding psychological and physical impact," Dr. Leray said. "Regarding pregnancy outcomes, there is no evidence of an increased risk of prematurity or adverse neonatal outcomes. That's why we can assume that multiple sclerosis will not impact the course of pregnancy and does not make a pregnancy at-risk."

FEATURE

Employment vs. private practice: Who's happier?

Amanda Loudin

Alexandra Kharazi, MD, a California-based cardiothoracic surgeon, previously worked as an employed physician and is now in private practice. Though she appreciates that there are some trade-offs to working with her small group of three surgeons, Dr. Kharazi has no qualms about her choice.

"For me, it's an issue of autonomy," she said. "While I have to work a lot of hours, I don't have to adhere to a strict schedule. I also don't have to follow specific policies and rules."

In contrast, Cassandra Boduch, MD, an employed psychiatrist with PsychPlus in Houston, is very satisfied with working as an employee. "I looked into private practice, but no one really prepares you for the complications that come with it," she said. "There's a lot more that goes into it than people realize."

By hanging up her own shingle, Dr. Kharazi may be living a rapidly shrinking dream. According to the American Medical Association, between 2012 and 2022, the share of physicians working in private practice fell from 60% to 47%. The share of physicians working in hospitals as direct employees or contractors increased from about 6% to about 10% during the same time period.

Many factors contribute to these shifting trends, a major factor being economic stress stemming from payment cuts in Medicare. Add in rising practice costs and administrative burdens, and more doctors than ever are seeking employment, according to the AMA.

Though the traditional dream of owning your own practice may be slipping away, are employed physicians less happy than are their self-employed peers? By many measures, the answer is no.

In Medscape's Employed Physicians Report 2023, doctors weighed in on the pros and cons of their jobs.

When asked what they like most about their jobs, employed physician respondents reported "not having to run a business" as their number-one benefit, followed closely by a stable income. The fact that employers pay for malpractice insurance ranked third, followed by work-life balance.

"We get no business classes in medical school or residency," said one employed physician. "Having a good salary feels good," said another. Yet another respondent chimed in: "Running a practice as a small business has become undoable over the past 10-12 years."

And 50% of employed physicians said that they were "very satisfied/satisfied" with their degree of autonomy.

LATEST NEWS

Three-quarters of menopausal women report unexpected symptoms

Becky McCall

GLASGOW—Three-quarters of women going through perimenopause and

menopause experience unexpected distressing, debilitating, and embarrassing symptoms but often fail to receive appropriate treatment, a large U.K.-based survey found.

"For too long, many people have thought of menopause as just hot flashes and vaginal dryness. But we know hormones work all over our body, so there are many symptoms beyond that," said Daniel Reisel, MBBS, PhD, a gynecologist at University College London, who presented the survey findings at the 2023 annual meeting of the Royal College of General Practitioners.

Primary care physicians in the United Kingdom have seen an increase in cases of women presenting with symptoms associated with menopause at a time when the country's Parliament is debating whether all women should have a menopause check-up in their early 40s, he said.

Still, only around 14% of menopausal women in the United Kingdom are prescribed hormone replacement therapy (HRT), despite national and international guidelines clearly stating the benefits of the treatment generally outweigh the risks.

Louise Newson, MBChB, who runs the U.K.'s largest menopause clinic, said many women with symptoms of menopause feel the medical system "gaslights" them—dismissing their concerns as trivial or even fabricated.

In her clinic, she typically sees many women with poor sleep, as well as muscle and joint pains. "Yet [when they visit their GPs], they are incorrectly told that it can't be hormones because they're still having periods," she said.

Prescribed antidepressants often precede HRT

The new study sought to learn what women knew and experienced with respect to menopause symptoms and what they thought was important. Of the 5,744 women who responded to the survey, 79.4% were aged 40-60 years and 84.6% were White. "The survey respondents were not different from the distribution of ethnicities we see in NHS menopause care," said Dr. Reisel, adding that "the barriers are greater for women in poorer areas and for those who are non-White."

A total of 30.4% had two to five hospital consultations before the health care professional considered that symptoms were related to changing hormone levels; 38.5% were offered antidepressants before HRT. Nearly all (94.6%) said they had experienced negative mood changes and emotions since becoming perimenopausal or menopausal; of these, 19.1% were formally diagnosed with depression or a mood disorder.

"This all just highlights the frustrations I feel around menopause care," Dr. Newson said. "Women are often not given the tools to properly understand what's going on and then they don't ask for the right treatment, and many are given antidepressants. It's still medicalizing the menopause but in a different way." ●