

## → Abstracts

Articles appearing in the August 2018 issue

### Discontinuation and comparative effectiveness of dimethyl fumarate and fingolimod in 2 centers

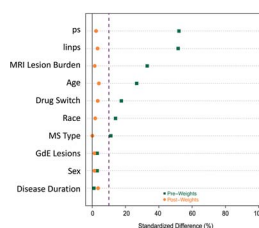
**Background** Dimethyl fumarate (DMF) and fingolimod (FTY) are approved oral disease-modifying therapies for relapsing multiple sclerosis (MS). Observational studies are valuable when randomized clinical trials cannot be done due to ethical or practical reasons. Two-site studies allow investigators to further ascertain external validity of previously examined treatment effect differences. Limited head-to-head 2-site studies exist comparing DMF and FTY.

**Methods** Patients prescribed DMF (n = 737) and FTY (n = 535) from 2 academic MS centers (Cleveland Clinic and University of Colorado) were identified. Discontinuation and disease activity endpoints were assessed using propensity score (PS) weighting. Covariates used in the PS model included demographics and clinical and MRI characteristics.

**Results** PS weighting demonstrated excellent covariate balance. Discontinuation was more common in DMF (44.2%) compared to FTY (34.8%) over 24 months (odds ratio [OR] 1.55, 95% confidence interval [CI] 1.21–1.99, p < 0.001). The leading cause for discontinuation was intolerability for both DMF (56.1% of DMF discontinuations) and FTY (46.2% of FTY discontinuations) (OR 1.65, 95% CI 1.21–2.25, p = 0.002). The proportion of patients with clinical relapses was low for both medications (DMF, 15.1%; FTY, 13.1%). There was no difference in the proportion of patients with relapses (OR 1.27, 95% CI 0.90–1.80, p = 0.174), gadolinium-enhancing lesions (OR 1.42, 95% CI 0.92–2.20, p = 0.114), or new T2 lesions on brain MRI (OR 1.13, 95% CI 0.83–1.55, p = 0.433).

**Conclusions** This combined analysis suggests DMF and FTY have similar effectiveness in a large, 2-site clinical population over 24 months. Discontinuation of both DMTs was common and occurred more frequently with DMF, largely driven by intolerability.

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### Postacute care discharge delays for neurology inpatients: Opportunity to improve patient flow

**Background** Hospital stays for patients discharged to postacute care are longer and more costly than routine discharges. Issues disrupting patient flow from hospital to postacute care facilities are an underrecognized strain on hospital resources. We sought to quantify the burden of medically unnecessary hospital days for inpatients with neurologic illness and planned discharge to postacute care facilities.

**Methods** We conducted a retrospective evaluation of hospital discharge delays for patients with neurologic disease and plans for discharge to postacute care. We identified 100 sequential hospital admissions to an academic neurology inpatient service that were medically ready for discharge from December 4, 2017, to January 25, 2018. For each patient, we quantified the number of medically unnecessary hospital days, or all days in the hospital following the determination of medical discharge readiness.

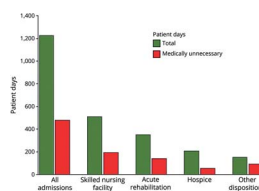
**Results** Among 100 patients medically ready for discharge with plans for postacute care disposition (47 female, mean age 72.5 years, mean length of stay 12.3 days), 50 patients were planned for discharge to skilled nursing, 37 to acute rehabilitation, 10 to hospice/palliative care, and 3 to other facilities. There was a total of 1,226 patient-days, and 480 patient-days (39%) occurred following medical readiness for discharge. Medically unnecessary days ranged from 0 to 80 days per patient (mean 4.8, median 2.5, interquartile range 1–5 days).

**Conclusion** Unnecessary hospital days represent a large burden for patients with neurologic illness requiring postacute care on discharge. These discharge delays present an opportunity to improve hospital-wide patient flow.

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We invited neurologists, resident and fellow trainees, and advanced practice providers to respond to our survey on the topic “How do you manage patients with a ‘hot carotid?’” and received over 750 responses from over 80 countries. Explore this topic and others on our redesigned website: compare your practice with peers and see survey results displayed on an interactive world map.

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