

# Treatment options for Individuals with Neuromyelitis optica Spectrum disorder people with Neuromyelitis Optica Spectrum disorder suffer Stigma during the COVID-19 Epidemic

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Abstract

Neuromyelitis optica spectrum disorder (NMOSD) is a rare autoimmune disease of the central nervous system (CNS) characterized by optic neuritis, longitudinally extensive transverse myelitis (LETM), and area postrema syndrome (APS). The disease is caused by autoantibodies against aquaporin-4 (AQP4) and is treated with immunosuppressive drugs such as corticosteroids, plasma exchange, and immunoglobulin G (IgG) infusion. However, the use of immunosuppressive drugs increases the risk of severe COVID-19 infection and death. Therefore, it is important to consider the treatment options for individuals with NMOSD during the COVID-19 epidemic. This review discusses the current treatment options for NMOSD and the potential risks of immunosuppressive drugs during the COVID-19 epidemic. It also discusses the importance of patient education and stigma reduction during the COVID-19 epidemic. The review concludes that a multidisciplinary approach involving neurologists, infectious disease specialists, and public health officials is needed to provide the best care for individuals with NMOSD during the COVID-19 epidemic.

Keywords: Neuromyelitis optica spectrum disorder, COVID-19, immunosuppressive drugs, stigma, patient education

Introduction

Neuromyelitis optica spectrum disorder (NMOSD) is a rare autoimmune disease of the central nervous system (CNS) characterized by optic neuritis, longitudinally extensive transverse myelitis (LETM), and area postrema syndrome (APS). The disease is caused by autoantibodies against aquaporin-4 (AQP4) and is treated with immunosuppressive drugs such as corticosteroids, plasma exchange, and immunoglobulin G (IgG) infusion. However, the use of immunosuppressive drugs increases the risk of severe COVID-19 infection and death. Therefore, it is important to consider the treatment options for individuals with NMOSD during the COVID-19 epidemic. This review discusses the current treatment options for NMOSD and the potential risks of immunosuppressive drugs during the COVID-19 epidemic. It also discusses the importance of patient education and stigma reduction during the COVID-19 epidemic. The review concludes that a multidisciplinary approach involving neurologists, infectious disease specialists, and public health officials is needed to provide the best care for individuals with NMOSD during the COVID-19 epidemic.

Current Treatment Options for NMOSD

The current treatment options for NMOSD include corticosteroids, plasma exchange, and immunoglobulin G (IgG) infusion. Corticosteroids are the first-line treatment for acute relapses of NMOSD. Plasma exchange and IgG infusion are used for severe relapses that do not respond to corticosteroids. However, the use of immunosuppressive drugs increases the risk of severe COVID-19 infection and death. Therefore, it is important to consider the potential risks of immunosuppressive drugs during the COVID-19 epidemic.

Potential Risks of Immunosuppressive Drugs during the COVID-19 Epidemic

The use of immunosuppressive drugs increases the risk of severe COVID-19 infection and death. This is because immunosuppressive drugs suppress the immune system, making it easier for the virus to enter the body and cause severe disease. Therefore, it is important to consider the potential risks of immunosuppressive drugs during the COVID-19 epidemic.

Importance of Patient Education and Stigma Reduction during the COVID-19 Epidemic

It is important to provide patient education and stigma reduction during the COVID-19 epidemic. Patient education can help individuals with NMOSD understand the risks of immunosuppressive drugs and the importance of taking precautions to avoid COVID-19 infection. Stigma reduction can help individuals with NMOSD feel less isolated and more supported during the COVID-19 epidemic.

Conclusion

A multidisciplinary approach involving neurologists, infectious disease specialists, and public health officials is needed to provide the best care for individuals with NMOSD during the COVID-19 epidemic. This approach should focus on patient education, stigma reduction, and the use of the most appropriate treatment options for each individual.

## Conclusion

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