Series 5:
Relapse Management

MOGbytes™

A snack-sized guide to understanding MOGAD

a series brought to you by

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What is a relapse vs. a pseudo-relapse?

Relapse

- A relapse (often called a flare) happens when **new or worsening** central nervous system symptoms develop.
- **If symptoms worsen over 24–48 hours**, there is an increased concern of a relapse.
- For patients with MOGAD who experience optic neuritis, **vision loss may be an early sign** of a relapse.

Pseudo-Relapse

- A pseudo-relapse is a **temporary return of symptoms**, often triggered by factors such as heat, stress, or illness.
- Symptoms may **fluctuate in severity and improve within 24–48 hours.**

MOGAD, myelin oligodendrocyte glycoprotein antibody-associated disease.

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What role does MRI play?

An MRI can help **confirm a relapse** by showing new inflammation or lesions.

Pseudo-relapses do not show new or worsening lesions on MRI.

An MRI that does not show new lesions or inflammation does not completely rule out a relapse—**doctors will also consider symptoms and use their clinical judgment to make an assessment.**

MRI, magnetic resonance imaging.

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Recognizing When to Act

MOGAD relapses may come on quickly. Acting early can help reduce the risk of new or lasting damage.

When to call a doctor

- **New or worsening symptoms** compared with the usual baseline
- Symptoms that **last more than 24 hours**

What does “baseline” mean?

- The usual, day-to-day level of symptoms before any changes.
  - For example, if vision is usually clear and suddenly changes, such as trouble seeing while reading or driving, this may be a sign of a relapse

Symptom awareness and progression

- Recognizing symptom changes and patterns can take time
- Understanding the body’s signals takes practice
- Some symptoms may take months to improve or may not fully resolve

Support is available

- Check out our resources under the MOGAD Learning Center for more support!

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Recognizing When to Act

Changes in symptoms can be hard to interpret. This simple guide can help explain when to monitor, when to check in with your doctor, and when to act.

Identify the level of concern:

Level of Concern*	Is this a new symptom?	How does this symptom compare with the usual baseline?	How long has this been going on?	Have there been any recent stressors or triggers, such as extreme heat, illness, or infection?
LOW Likely a pseudo-relapse	No	Noticeable, but not as bad as during past relapses or initial attack	Less than 24 hours	Yes
MEDIUM Possibly a new relapse	Yes or no	Mild and causing a mild lack of function	More than 24 hours	No
HIGH Most likely a new relapse	Yes	More severe and causing a lack of function	More than 24 hours and not improving	No

*When identifying a Level of Concern, if all criteria are not met for a particular level, please err on the side of caution and choose the highest level where a majority of criteria are met.

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Could this be a relapse? What should be done?

Act quickly

- Relapse can happen and worsen quickly
- Getting care early may reduce the risk of lasting symptoms

Contact your doctor

- Reach out to a neurologist or care team as soon as possible
- If the care team cannot be reached, consider going to the ER or A&E

A doctor will evaluate symptoms to help confirm whether a relapse may be happening. After a physical examination, they may order the following tests:

- MRI
- Blood tests
- Lumbar puncture (spinal tap)
- Eye exams (such as OCT and visual field testing)
- Other physical or cognitive assessments

A&E, accident and emergency; ER, emergency room; MRI, magnetic resonance imaging; OCT, optical coherence tomography.

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Get Prepared

Planning ahead can help make symptom changes feel less overwhelming.

1 Create a Personal Action Plan

Work with a doctor to decide what to do if symptoms change.

The plan may include:

- How to contact a doctor, including the best method and timing
- What steps to take when new or worsening symptoms begin
- When to seek urgent care, such as the ER or A&E
- What to expect after reaching out

Sharing this plan with family or caregivers can help ensure support is in place when it is needed most.

Helpful tools and resources

Check out the following resources under the **MOGAD Learning Center:**

- MOGAD Action Plan
- Emergency Plan
- Relay Tracker
- Questions for Your Doctor

A&E, accident and emergency; ER, emergency room; MOGAD, myelin oligodendrocyte glycoprotein antibody-associated disease.

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Get Prepared

Having key information on hand can make it easier to act quickly in an emergency.

2

Prepare for Emergency Care

In case urgent care is needed, keep a record of the following:

- Past treatments that have worked
- Current medications
- Relevant test results (e.g., MOG antibody testing)
- Allergies
- Doctor's contact information

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Get Prepared

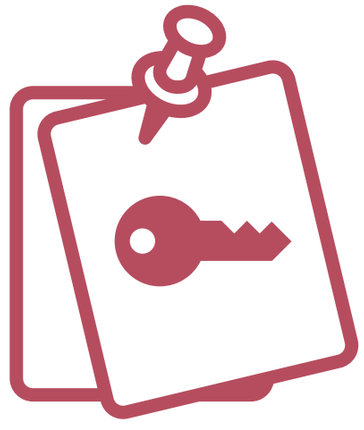
Tracking symptoms can help the care team spot patterns and guide better care decisions.

3

Track Symptoms and Relapses

Keeping a record can help guide future care decisions:

- Track symptoms, timing, potential stressors, and recovery
- Share this information with the care team
- Keep it accessible (phone, tablet, or a binder with a printed copy)



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5 Things to Remember as a Patient Living With MOGAD

1

Know the body, know the baseline

- Getting to know the body and tracking what happens during relapses can help make changes easier to recognize.

2

Track symptoms

- Keeping a symptom diary can help identify symptom patterns over time.

3

Stay informed

- Learning about potential symptoms of MOGAD can help build understanding and confidence.

4

Stay connected with the care team

- Keeping communication open with medical providers helps support timely, coordinated care.

Remember, doctors and patients are a team.

5

Lean on community support

- Joining a support network can help people share experiences, learn from others, and feel supported.

There is strength in numbers.

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References

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Inspired by **patients.**
Driven by **science.**

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