Why carry out this study?

- Delayed-release dimethyl fumarate (DMF; also known as gastro-resistant DMF) 240 mg twice daily has demonstrated efficacy versus placebo across a range of clinical and magnetic resonance imaging outcome measures and is indicated for the treatment of patients with relapsing multiple sclerosis.
- Based on the DMF safety profile in Phase III trials, gastrointestinal (GI) adverse events (AEs), particularly nausea, vomiting, abdominal pain, and diarrhea, were more common in the DMF group than the placebo group.
- The Delphi consensus-building method was used to capture the most effective strategies to manage GI AEs and therefore set appropriate expectations for patients.

What was learned from the study?

- Consensus was reached on several potentially useful strategies to manage GI AEs, including administering DMF with food, slower titration, dose reduction, and use of symptomatic therapies.
- These consensus strategies provide clinicians with information on real-world approaches used to address the tolerability of DMF in patients with multiple sclerosis.

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