

THE FACTS. MS Matters.



PREVALENCE

- 1 in 20 Australians will be touched by MS through a family member, colleague or friend with the disease.
- 1,000 new diagnoses of MS are made each year.
- Multiple Sclerosis affects 20,000 Australians and 2.5 million globally.
- Multiple Sclerosis is an insidious incurable disease. It strikes in early adulthood and remains for life.
- Women are three times more likely to be diagnosed with MS than men.
- Tasmanians are eight times more likely to be affected by MS than Queenslanders.

COST TO AUSTRALIANS

- The total financial costs of MS are estimated at \$2 billion annually.
- The burden of disease alone is a staggering \$1.3 billion annually.
- Aged care continues to grow (\$31m) reflecting the ageing of the sub-population of people with MS.
- 50% to 80% of people with MS no longer remain in paid employment ten years after diagnosis. This loss in productivity represents a real cost to the economy.

GOVERNMENT FUNDING

- The US Government more than doubles (\$100 – 120m) the total annual funding the National MS Society of USA (\$44m) contributes to MS research.
- The Australian Government contribution has remained at approximately \$1.5m per year for the last eight years. In 2008-09, NHMRC has committed a mere \$1.4m while MSRA invests \$2.4m in Australian MS research.
- The National MS Society of USA spends nearly AU\$1m, or almost as much as the Australian Government on MS research in Australia.

MSRA PROPOSAL TO THE AUSTRALIAN GOVERNMENT

- MSRA invites the Australian Government to strongly back a national MS research agenda to expedite the convergence of advances in genetics, neuropathology, epidemiology and immunology where Australia can take the lead in the worldwide effort.

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Questions? Call MSRA on 1300 356 467 and ask for Jeremy or Lisa

AUSTRALIA'S MS RESEARCH STRENGTHS



RESEARCH
AUSTRALIA

GENETICS

- A major collaboration between researchers and clinicians across ten research institutes in Australia and New Zealand has completed the largest MS genetics study ever undertaken in Australasia. 2,000 MS samples were analysed for MS susceptibility genes and those that influence disease progression. The results have major implications for better individualised treatments.
- This genetics consortium (ANZgene) is also contributing an additional 1,000 samples to a UK-coordinated study that will see 20,000 MS samples analysed for MS susceptibility genes in 2009. In MS genetics, Australia is ahead of the worldwide effort.

NEUROPATHOLOGY

- Prof John Prineas and Dr Michael Barnett at the University of Sydney is accumulating further evidence that will cause a paradigm shift in our understanding of the biological mechanisms that lead to MS. His view will have profound impact on the development of new treatments.

EPIDEMIOLOGY

- Australia is a unique laboratory for MS research: the country spans across six latitudes with a relatively homogenous gene pool and health care system. Therefore, Australia is fertile ground for epidemiology studies for which MS researchers can boast one of the world's leading epidemiology study (Ausimmune) that is substantiating the link between MS and Vitamin D, sunlight exposure and viruses.
- In addition, a longitudinal study (called the MS Life Study) measures the economic, physical and social factors that impact those living with MS and Australians. The MS Life Study is coordinated out of Canberra Hospital and surveys a sixth of the total MS population in Australia. The results have been used to lobby government by the MS Society and inform the medical community of patient habits.

IMMUNOLOGY & VIROLOGY

- Australia has the leading expert on Epstein Barr Virus (the virus which causes glandular fever) and MS. Prof Michael Pender at the University of Queensland recent results confirmed a strong link that could warrant the development of a vaccine for high risk individuals.

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WHAT DO THE STATISTICS TELL US?



The following statistics are from the 2005 Access Economics Report: *Acting Positively: Strategic Implication of the economic costs of Multiple Sclerosis in Australia.*

RESEARCH AUSTRALIA

- MS and its health impacts do not rank high in the Australian Government's health spending priorities.

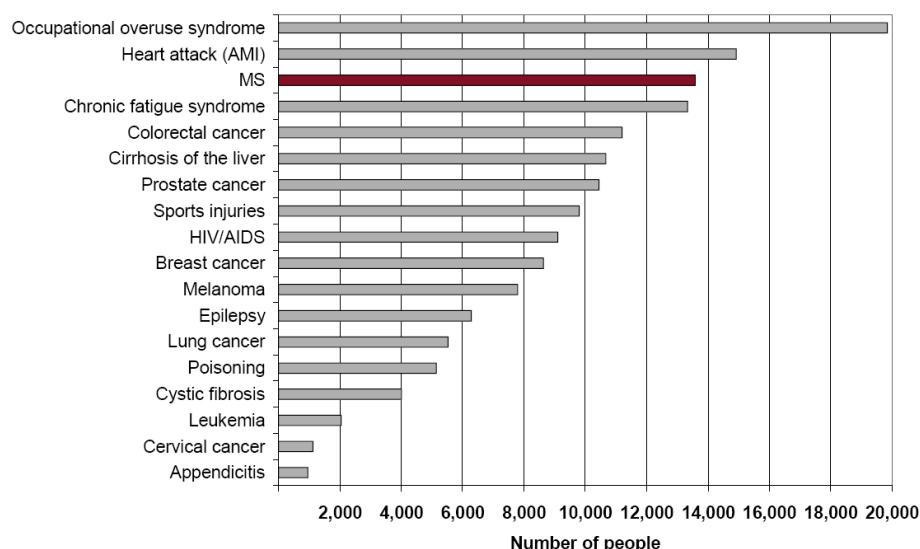
TABLE 3-1: COMPARISON OF ALLOCATED HEALTH SPENDING, 2000-01, \$M

Condition	\$m	% Total
MS	93	0.2%
Asthma*	615	1.3%
Diabetes*	836	1.7%
Stroke	922	1.9%
Depression	1,042	2.1%
Infectious and parasitic diseases	1,251	2.5%
Maternal conditions	1,318	2.7%
Skin diseases	1,392	2.8%
Arthritis*	1,436	2.9%
Ischaemic heart disease	1,488	3.0%
Cancer*	2,764	5.6%
Digestive system	2,821	5.7%
Mental disorders*	3,018	6.1%
Injuries*	4,061	8.3%
Musculoskeletal*	4,725	9.6%
Cardiovascular disease*	5,393	11.0%
Total	49,174	100.0%

* National Health Priority areas. Source: AIHW (2005). Special data request for MS.

- MS has higher one-year prevalence than breast cancer, bowel cancer, sports injuries or poisoning.

FIGURE 3-1: COMPARISON OF MS PREVALENCE, ANNUAL, SELECT COMPARATORS



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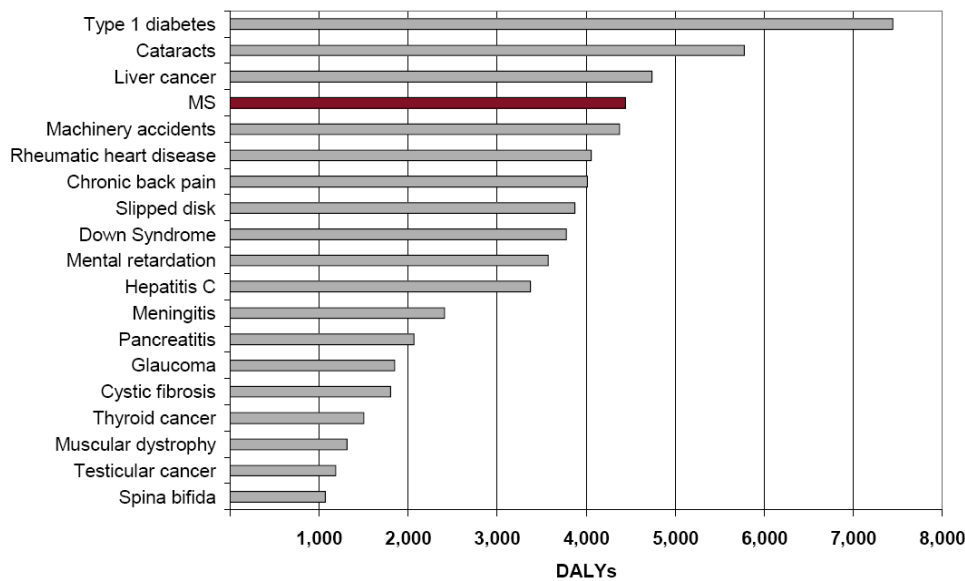
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- MS causes more disability and loss of life than rheumatic heart disease or mental retardation, and is similar in disease burden to liver cancer or visual impairment from highly prevalent cataracts.



RESEARCH
AUSTRALIA

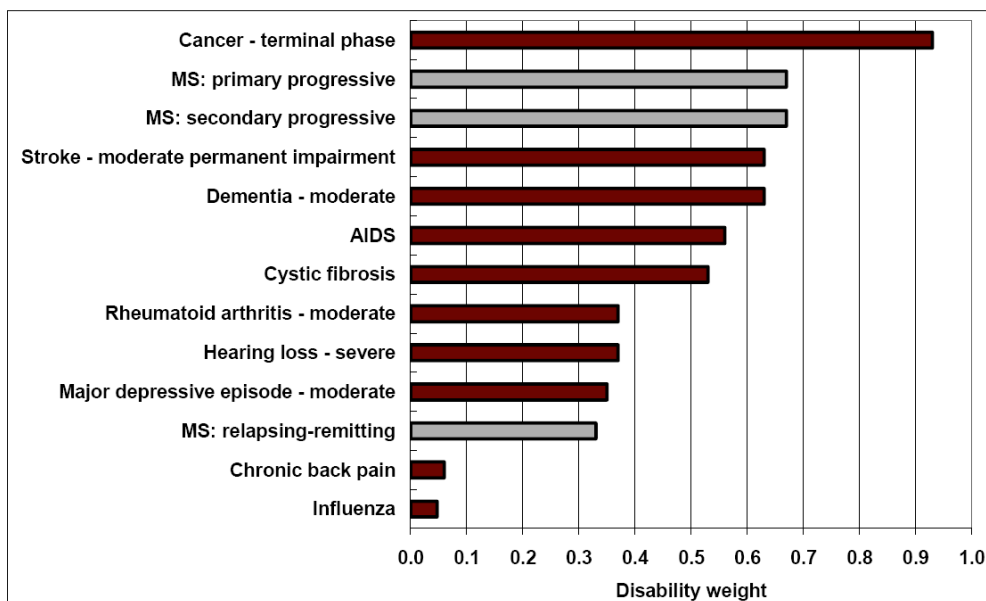
FIGURE 3-2: COMPARISON OF DISEASE BURDEN, 1996, DALYS



* National Health Priority areas. Source: Mathers et al (1999).

- Progressive MS has a higher disability weight than most of the national health priority areas.

FIGURE 3-3: DISABILITY WEIGHTS, MS AND SELECTED COMPARATORS



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