Impact of Vitamin A Supplementation on Disease Progression in Patients with Multiple Sclerosis

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Background: Many studies have shown that active vitamin A derivatives suppress the formation of pathogenic T cells in multiple sclerosis (MS) patients. The aim of the present study is to determine the impact of vitamin A on disease progression in MS patients.

Methods: 101 relapsing-remitting MS (RRMS) patients were enrolled in a 1-yr placebo-controlled randomized clinical trial. The treated group received 25000 IU/d retinyl palmitate for 6 mo followed by 10000 IU/d retinyl palmitate for another 6 mo. Results for the expanded disability status scale (EDSS) and multiple sclerosis functional composite (MSFC) were recorded at

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the beginning and the end of the study. The relapse rate was recorded during the intervention. Patients underwent baseline and follow up brain MRIs.

Results: The results showed "Mean \pm SD" of MSFC changes in the treated group was (-0.14 \pm 0.20) and in the placebo group was (-0.31 \pm 0.19). MSFC was improved in the treatment group significantly (p<0.001). There was no significant differences between the "Mean \pm SD" of EDSS changes in the treated (0.07 \pm 0.23) and the placebo (0.08 \pm 0.23) groups (p=0.73). There was also no significant differences between the "Mean \pm SD" of annualized relapse rate in the treated group (-0.36 \pm 0.56) and placebo (-0.53 \pm 0.55) groups (p=0.20). The "Mean \pm SD" of enhanced lesions in the treatment (0.4 \pm 1.0) and in the placebo (0.2 \pm 0.6) groups were not significantly different (p=0.26). Volume of T2 hyperintense lesions "Mean \pm SD" was not significantly different between treatment (45 \pm 137) and placebo (23 \pm 112) groups after intervention (p=0.23).

Conclusion: Vitamin A improved total MSFC score in RRMS patients, but it did not change EDSS, relapse rate and brain active lesions.

Keywords: Multiple sclerosis, vitamin A, disability evaluation, magnetic resonance imaging