


 

 > [For Professionals](#) > [Professional Resource Center](#) > [Diagnosing MS](#) > [Diagnostic Criteria](#)

Diagnostic Criteria


2017 McDonald MS Diagnostic Criteria ([Thompson et al., 2017](#))

[Click to enlarge](#)



National Multiple Sclerosis Society

2017 McDonald Criteria for the Diagnosis of Multiple Sclerosis



ECTRIMS
EUROPEAN COMMITTEE FOR TREATMENT AND RESEARCH IN MULTIPLE SCLEROSIS

Diagnosis of MS requires elimination of more likely diagnoses and demonstration of dissemination of lesions in the CNS in space and time. See *Lancet Neurology* paper* for details.

CLINICAL PRESENTATION	ADDITIONAL DATA NEEDED TO MAKE MS DIAGNOSIS
...in a person with a typical attack/CIS at onset (see KEY below for definitions)	
<ul style="list-style-type: none"> • ≥2 attacks and objective clinical evidence of ≥2 lesions • ≥2 attacks and objective clinical evidence of 1 lesion with historical evidence of prior attack involving lesion in different location 	None. Dissemination in space (DIS) and dissemination in time (DIT) have been met.
<ul style="list-style-type: none"> • ≥2 attacks and objective clinical evidence of 1 lesion 	One of these criteria: <ul style="list-style-type: none"> - DIS: additional clinical attack implicating different CNS site - DIS: ≥1 symptomatic or asymptomatic MS-typical T2 lesions in ≥2 areas of CNS: periventricular, juxtacortical/cortical, infratentorial or spinal cord
<ul style="list-style-type: none"> • 1 attack and objective clinical evidence of ≥2 lesions 	One of these criteria: <ul style="list-style-type: none"> - DIT: additional clinical attack - DIT: simultaneous presence of both enhancing and non-enhancing symptomatic or asymptomatic MS-typical MRI lesions - DIT: new T2 or enhancing MRI lesion compared to baseline scan (without regard to timing of baseline scan) - CSF-specific (i.e. not in serum) oligoclonal bands
CONTINUED ON REVERSE	

Colored text= revisions compared to previous McDonald Criteria

KEY: CIS: clinically isolated syndrome CNS: central nervous system CSF: cerebrospinal fluid DIS: dissemination in space DIT: dissemination in time T2 lesion: hyperintense lesion on T2-weighted MRI

*Thompson AJ, et al. *Lancet Neurol* 2017; online Dec 21. [http://dx.doi.org/10.1016/S1474-4422\(17\)30470-2](http://dx.doi.org/10.1016/S1474-4422(17)30470-2).

2017 McDonald Criteria for the Diagnosis of Multiple Sclerosis (continued)

CLINICAL PRESENTATION	ADDITIONAL DATA NEEDED TO MAKE MS DIAGNOSIS
...in a person with a typical attack/CIS at onset (continued) (see KEY on reverse for definitions)	
<ul style="list-style-type: none"> • 1 attack and objective clinical evidence of 1 lesion 	One of these criteria: <ul style="list-style-type: none"> - DIS: additional attack implicating different CNS site - DIS: ≥1 MS-typical symptomatic or asymptomatic T2 lesions in ≥2 areas of CNS: periventricular, juxtacortical/cortical, infratentorial or spinal cord AND One of these criteria: <ul style="list-style-type: none"> - DIT: additional clinical attack - DIT: simultaneous presence of both enhancing and non-enhancing symptomatic or asymptomatic MS-typical MRI lesions - DIT: by new T2 or enhancing MRI lesion compared to baseline scan (without regard to timing of baseline scan) - CSF-specific (i.e. not in serum) oligoclonal bands
...in a person with progression of disability from onset	
<ul style="list-style-type: none"> • progression from onset 	<ul style="list-style-type: none"> - 1 year of disability progression (retrospective or prospective) AND Two of these criteria: <ul style="list-style-type: none"> - ≥1 symptomatic or asymptomatic MS-typical T2 lesions (periventricular, juxtacortical/cortical or infratentorial) - ≥2 T2 spinal cord lesions - CSF-specific (i.e. not in serum) oligoclonal bands

The International Panel on Diagnosis of Multiple Sclerosis was convened under the auspices of the International Advisory Committee on Clinical Trials in MS, sponsored by the National MS Society and the European Committee for Treatment and Research in Multiple Sclerosis.

More resources for clinicians: <https://www.nationalmssociety.org/For-Professionals/Physicians>

©2018 National Multiple Sclerosis Society 733 Third Avenue, New York, NY 10017-3288

Download the 2018 Revised Guidelines of the Consortium of MS Centers MRI Protocol for the Diagnosis and Follow-up of MS.

Exact We use cookies to provide an enhanced experience, to keep our site safe and to deliver specific messaging. By accepting, you consent to the use of all cookies and by declining, only essential cookies will be used to make our website work. More details can be found in our Privacy Policy.

Decline Cookies

Accept Cookies