Interestingly, oral steroids alone not only did not improve final visual outcome but increased the rate of new attacks. The ONTT concluded that oral steroids in conventional doses should not be prescribed for typical optic neuritis.

Additional studies since the ONTT have shown that patients with monophasic neurologic events and MRI studies consistent with demyelination might benefit from immunomodulatory therapy. In one of these studies, the Controlled High Risk Avonex Multiple Sclerosis Prevention Study (CHAMPS) treatment with interferon beta-1a (Avonex) reduced the rate of clinically definite MS after 3 years compared with placebo. Treatment also improved the demyelinating white matter lesions on MRI over time.

Other studies have confirmed the utility of other immunomodulatory therapies in monophasic neurologic events including optic neuritis.

### Prognosis
- In the ONTT, the majority of patients recovered visual acuity better than 20/40.
- The MRI is the most powerful predictor of MS and probably should be considered for prognostic purposes in every patient with optic neuritis.