Other disease process interventions

Riluzole remains the only medication to have shown benefit which has stood up to the methodology of the Cochrane review process (Orrell 2010).

Antioxidants

Orrell and others 2007

There is insufficient evidence of efficacy of individual antioxidants, or antioxidants in general, in the treatment of people with amyotrophic lateral sclerosis. While there is no substantial clinical trial evidence to support their clinical use, there is no clear contraindication.

Repetitive transcranial magnetic stimulation (rTMS)

Fang and others 2013

There is currently insufficient evidence to draw conclusions about the efficacy and safety of rTMS in the treatment of ALS.

Ciliary neurotrophic factor (CNTF)

Bongioanni and others 2004 (updated 2009)

Ciliary neurotrophic factor treatment had no significant effect on amyotrophic lateral sclerosis progression. At high concentrations, several side effects were observed.

Creatine

Pastula and others 2012

Overall, creatine was well-tolerated with no serious side effects. Using various statistical methods, we found that creatine at a dose of 5 to 10 g per day did not improve ALS survival or slow ALS progression in any meaningful way. There was a hint that creatine may slightly worsen breathing ability, but this may have just been misleading statistical variability.

Recombinant human insulin-like growth factor I (rhIGF-I)

Beauverd and others 2012

Taken together, the available RCTs do not provide information supporting the hypothesis that rhIGF-I is an effective disease modifying treatment for ALS.