Treatment of MSA

Parkinsonian symptoms: Drugs used for Parkinson's Disease may provide relief of muscle rigidity, slowness, and other motor symptoms for some MSA patients, though usually only in the earlier stages and with less effectiveness.

Autonomic symptoms: To manage autonomic symptoms, patients may consider options such as increasing salt intake or taking steroid hormones or other drugs that raise blood pressure. Sleep apnea devices known as CPAP can help with breathing difficulties.

Non-drug therapies: Physical, speech, and occupational therapies offer drug-free tools for keeping muscles strong and flexible, helping prevent falls and other incidents that hasten disability.

About the MSA Coalition

The Coalition is a 501(c)3 charitable organization devoted to a four-pillar mission:

Supporting patients and caregivers affected by multiple system atrophy;

Educating patients, caregivers, and healthcare professionals;

Financing and encouraging meaningful research toward identifying a cause and finding a cure for MSA; and

Advocating for issues important to the MSA community, including creating greater awareness.

For more information or to donate, please visit our website at

www.msacoalition.org

Multiple System Atrophy
The MSA Coalition®
Support - Education - Research - Advocacy

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What is multiple system atrophy?

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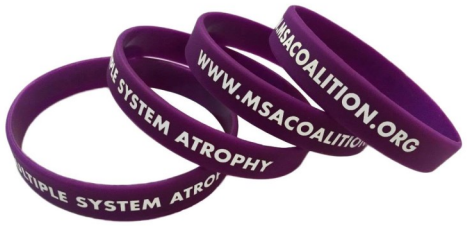
MSA Coalition
Building hope for the MSA community

Hotline: 866-737-5999



What is multiple system atrophy?

Multiple system atrophy is a rare degenerative neurological condition that affects both men and women, usual starting in their 50s or 60s. MSA is considered a type of Parkinsonism, but with more widespread effects on the brain and body. The condition was first identified in 1962 and named Shy-Drager Syndrome for two physicians who reported patients exhibiting a combination of Parkinson-like movement disorders and problems with the autonomic, or body-regulating-division of the nervous system.

Similarities Between Parkinson's Disease and MSA

Both PD and MSA are characterized by deposits of a type of protein known as alpha-synuclein in the nervous system.

Both conditions also specifically affect cells that produce dopamine, a neurotransmitter that controls motor commands.

Types and symptoms of MSA

MSA-Parkinsonian, or MSA-P, produces Parkinson-like symptoms, including a slow, shuffling gait, rigid muscles, slurred speech, and lack of facial expression. Patients with MSA-P may also develop a form of tremor known as resting tremor.

MSA-Cerebellar, or MSA-C, is characterized by progressive loss of coordination and balance, functions controlled by the area of the brain known as the cerebellum. Muscle weakness associated with MSA-C can lead to slurred speech and problems swallowing. This form of MSA can appear as early as the 20s or not until the 60s.

Dysautonomia in MSA leads to problems regulating heart rate, blood pressure, breathing, digestion, and other internal organ functions. Patients may become dizzy or faint when they sit up or stand up, a condition known as neurogenic orthostatic hypotension. Loss of bladder or bowel control, abnormal sweating, sexual impotence in men, and sleep disturbances including sleep apnea as well as flailing movements during sleep also may occur.

Diagnosis of MSA: At this time there are no specific symptoms, blood tests, or imaging studies that distinguish MSA. Instead, doctors rely on a combination of symptom history, physical examination, and lab tests to evaluate the motor system, coordination, and autonomic functions to arrive at a probable diagnosis.

Despite the diagnostic challenge MSA poses, recent research has yielded promising results in ways that may help unravel the causes of this disease. Medical science is getting better at distinguishing the early signs of MSA from Parkinson's Disease and other neurologic conditions.

Unique Features: Important differences distinguish the symptoms and course of MSA from Parkinson's Disease and other conditions of the nervous system such as cerebellar ataxia or pure autonomic failure.

Notably, MSA affects several areas of the brain, including the cerebellum, the brain's balance and coordination centers, and the autonomic nervous system, which controls the body's automatic or regulating functions, such as blood pressure, digestion, and temperature.

Another distinguishing feature of MSA is the types of cells involved. While PD affects the dopamine-producing neurons of a motor-controlling portion of the brain known as the nigrostrial area, MSA affects both neurons and glial cells—-support cells that maintain the health of neurons and which outnumber neurons by 10:1. Additionally, some of the glial cells affected in MSA produce myelin, the fatty substance that insulates neurons.

For more in-depth information, see the latest edition of our free publication, *MSA: What You Need to Know*, available on our website, www.msacoalition.org.