Symptoms of MSA

Lightheadedness

Dizziness

Fainting

Impairments to Balance

Frequent Falls

Difficulty with Movement

Poor Coordination

Bladder Dysfunction

Sleep Disturbances

Poor Blood Pressure Control

Body Stiffness

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

About The MSA Coalition

The Multiple System Atrophy (MSA) Coalition™ founded in 1989, is a 501(c)(3) charitable organization devoted to improving the quality of life and building hope for people affected by MSA through a four-pillar mission:

- Providing patients and caregivers with trusted and compassionate emotional support
- Educating patients, care-partners and healthcare professionals with credible, critically important and relevant information
- Funding patient-centric collaborative research aimed at alleviating symptoms, slowing disease progression and discovering a cure
- Building a sense of community by connecting and unifying people affected by MSA

Contact The MSA Coalition

SUPPORT HOTLINE: 866-737-5999

BUSINESS LINE: 866-737-4999

EMAIL: info@multiplesystematrophy.org

MAILING ADDRESS:
7918 Jones Branch Drive
Suite 300
McLean, VA 22102
United States of America

Visit us online at
www.multiplesystematrophy.org

What is Multiple System Atrophy (MSA)?

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What is MSA?

Multiple System Atrophy (MSA) is a rare, degenerative neurological disorder affecting the body's involuntary (autonomic) functions, including blood pressure, breathing, bladder function and motor control.

Formerly called Shy-Drager syndrome, olivopontocerebellar atrophy or striatonigral degeneration, MSA shares many Parkinson's disease-like symptoms, such as slow movement, rigid muscles, and poor balance.

Types of MSA

MSA is broken down into two main subtypes based on the predominant symptom: MSA-predominant Parkinsonism (MSA-P), and MSA-predominant cerebellar ataxia (MSA-C).

- **MSA-P:** This more common form of MSA causes symptoms similar to Parkinson's disease such as slowness, increased falls, resting tremor, slurred speech, etc. MSA-P progresses much more rapidly than Parkinsonism.
- **MSA-C:** This form of MSA affects the cerebellum, which plays a role in synchronizing motor movement. Patients with MSA-C have difficulty with coordination, hand movements, speech, and eye movements.

For more in-depth information, see the free publication,

MSA: What You Need to Know,

available at multiplesystematrophy.org.

Diagnosis

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 laboratory tests to evaluate the motor system, coordination, and autonomic function 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 and detection of this disease.

Treatment

PARKINSON SYMPTOMS

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

AUTONOMIC SYMPTOMS

To manage autonomic symptoms, patients may consider options such as increasing salt intake, taking steroid hormones, or other drugs that raise blood pressure. Sleep apnea devices known as CPAP machines 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.

MSA vs. Parkinson's

Although many clinical symptoms are also present in those with Parkinson's disease, patients with MSA typically show symptom onset at a younger age (early 50s). The journey to diagnosis can be long and difficult. Many patients are initially diagnosed with Parkinson's disease, but over time, the extent, severity, and type of symptoms change, making a diagnosis of MSA more likely.

One of the most distinguishing symptoms in MSA patients is the presence of sleeping abnormalities such as snoring, apnea, stridor, and acting out dreams. Subtle changes to speech such as low pitch or quivering voice can also be evident.

Common & Distinguishing Features of MSA

Both Parkinson's disease 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.

Significant 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 (PAF). Notably, MSA affects several areas of the brain, including the cerebellum, the brain's balance and coordination centers, and the autonomic nervous system, as mentioned above.