

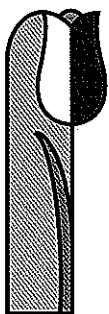
MULTI-DISCIPLINARY TEAM

A progressive condition such as MSA is best managed by specialised health professionals.

- Medical management should be referred to a Consultant Neurologist or Physician with an interest in movement disorders.
- General Practitioner continues to provide ongoing care.
- Physiotherapy can assist with maintaining safe mobility and the provision of appropriate walking aids.
- Occupational Therapy aims at maintaining independence and assessment of needs to assist with daily living.
- Speech Pathology addresses all aspects of communication and swallowing problems.
- Social Workers will assist with issues of respite and advise of appropriate benefits.
- Parkinson's Nurse Specialists provide an independent home based monitoring and support service.

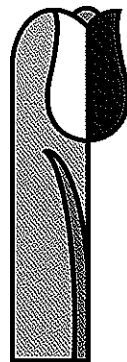
Prepared by Parkinson's Nurse Specialists (Parkinson's Western Australia Inc.) with acknowledgement to Sarah Matheson Trust for MSA (UK). Reviewed by Dr B I Vieira, Consultant Physician.

September 2005



PARKINSON'S Western Australia Inc.

Centre for Neurological Support
The Niche - Suite B
11 Aberdare Road
NEDLANDS WA 6009
Phone: 08 9346 7373
Fax: 08 9346 7374
Country Callers: 1800 644 199 (free call)
Email: pawa@cnswa.com
Web: www.parkinsonswa.org.au



MULTI-SYSTEM ATROPHY

Background

Multi-System Atrophy (MSA) is a progressive neurological disorder affecting adults. MSA falls into a group of conditions known as "Parkinson's Plus" and does not appear to be hereditary. MSA commonly presents between the ages of 50-60 although it can affect those both older and younger.

In the past many people were initially diagnosed with Parkinson's disease (Pd) however more recently MSA has become the initial diagnosis.

The term MSA has been in use since 1996. Prior to this, terminology such as olivopontocerebellar atrophy, striatonigral degeneration and Shy-Drager Syndrome were used.

MSA is a sporadic disorder caused by degeneration of nerve cells in specific areas of the brain. The areas affected are the basal ganglia, cerebellum and brain stem. This degeneration causes problems with movement, balance and automatic functions such as bladder control and blood pressure.

Currently there is no known cure for MSA. Treatment focuses on management of symptoms and support for patients and families.

WHAT DOES MSA MEAN?

This term is an abbreviation for:

Multiple—many

System—brain structures that control varying functions

Atrophy—cell shrinkage or damage

Nerve cells in the affected areas of the brain shrink. This can *sometimes* be seen on MRI. When brain tissue is examined microscopically glial inclusion bodies can be seen. It is the presence of these inclusion bodies in the movement, balance and autonomic control centres of the brain that confirms the diagnosis of MSA.

The trigger factor for this process is unknown and is the focus of ongoing research.

POSSIBLE INITIAL SIGNS OF MSA

- **Parkinsonism:** a similarity to the presentation of Pd, eg bradykinesia (slowness of movement) and muscle rigidity (stiffness).
- **Bladder problems:** eg urgency, frequency, incomplete bladder emptying or retention of urine and incontinence.
- **Postural hypotension:** a marked drop in blood pressure on standing or rising from lying. This can result in dizziness or falls.
- **Erectile dysfunction:** eg unable to achieve or sustain an erection.

MANAGEMENT OF MSA

MSA is managed by a combination of medication and a multi-disciplinary team approach to address each symptom as it presents.

- **Parkinsonism:** Medications used in the treatment of Pd (eg Madopar and/or Sinemet) may assist with bradykinesia and muscle rigidity. However, they are not as effective in MSA as in Pd and may worsen blood pressure problems.
- **Bladder problems:** Some medications may assist. This aspect will be managed by your Consultant. Referral to a Continence Nurse Advisor is recommended for advice on appropriate products and ongoing management.
- **Postural hypotension:** This can cause falls and therefore is of concern. Your Consultant may prescribe medications and/or support stockings to address this problem. Blood pressure should be taken lying, sitting and standing in order to monitor changes.
- **Erectile dysfunction:** This should be discussed with your Consultant as there are several treatment options available.
- **Other presenting symptoms** are addressed as they develop.