

It is recommended that a diagnosis of MSA is made or confirmed by a Neurologist who has an interest in Movement Disorders. This will require a referral from a General Practitioner. Ongoing monitoring by a medical specialist is essential.

It is essential that the family unit is supported from the time of diagnosis as dealing with the implications of MSA can be far reaching.

Discussions around options of accessing respite and residential care may be of benefit and guidance through the Aged Care Assessment Team (ACAT) process is recommended.

Appointing an Enduring Power of Attorney for financial matters, an Enduring Guardian for medical matters or making an Advanced Health Care Directive are considerations for future planning.

The information in this brochure is intended as a guide for those diagnosed or affected by a diagnosis of Multiple System Atrophy (MSA). All symptoms and health issues should be discussed with the treating medical team.

For further information about MSA contact your State based Parkinson's office.

An MSA Information Manual is available from Parkinson's Victoria (03 8809 0400) .

The Multiple System Atrophy Trust can provide further resources and research details. www.msatrust.org.au

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This brochure was made possible by a generous donation from the Main family in memory of Maggie.

in brief

MULTIPLE SYSTEM ATROPHY (MSA)



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Prepared in collaboration with:

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What is Multiple System Atrophy?

Multiple System Atrophy (MSA) is an umbrella term given, in 1969, to three previously described conditions. These are Striatonigral Degeneration, Sporadic Olivopontocerebellar Atrophy and Shy-Drager Syndrome. MSA is included in the Atypical Parkinsonism conditions.

MSA is now divided into two subtypes depending on the predominant motor symptom, these are known as MSA-P (Parkinsonian) and MSA-C (Cerebellar). MSA-P refers to stiffness and slowness features. MSA-C refers to balance.

The cause of MSA remains unknown but it is associated with a protein, alpha-synuclein and atrophy or shrinking of nerve cells in multiple areas of the brain.

Males and females are equally affected and 50-60 is the most common age group for onset of symptoms. It is a fairly rapidly progressive condition.

MSA is a relatively rare condition and for this reason the numbers reported vary.

Genetic factors have been investigated but it is usually a sporadic condition. There is no proven link between chemicals or toxins.

Medication used in the management of Parkinson's is usually of little benefit and any response may be short lived. This is another indication that this is an Atypical Parkinsonism condition.

Diagnosis of MSA is based on the clinical signs which may resemble Parkinson's with some unique differences or 'red flags'.

The red flags which are suggestive of MSA are;

- Urinary problems
- Falls due to blood pressure changes
- Impotence

Other common symptoms include:

- Muscular stiffness
- Gait (walking) changes
- Balance difficulties
- Slow movement (Bradykinesia)
- Mild tremor
- Facial expression changes
- Speech changes
- Slower thinking (Bradyphrenia)
- Unusual emotional responses
- Noisy day breathing
- Overnight snoring

Early abnormalities may not be seen on Magnetic Resonance Imaging and therefore this cannot be relied upon to confirm a diagnosis.

As there are currently no treatments available for MSA, management of the symptoms and support for the person with the condition and their family is essential.

This is available through the multidisciplinary team approach.

- A Physiotherapist will assess mobility, provide appropriate walking aids and help maintain safe mobility as long as possible.
- A Continence Nurse Advisor can help manage urinary symptoms.
- A Speech Pathologist will assess and manage swallowing and communication changes.
- An Occupational Therapist will assess and provide equipment and strategies to maintain independence.
- Specialist nursing care is available through Movement Disorder and Parkinson's Clinics
- Social Workers are essential in organising support systems and respite
- Clinical Psychologists can assist with emotional needs and mood changes
- Parkinson's Nurse Specialists also specialise in MSA.