

# A Note from my Neurologist to my Other Clinical Providers

Created by UT Southwestern multidisciplinary MSA Clinic



UT Southwestern  
Medical Center

I have **Multiple System Atrophy (MSA)** for which I receive care at \_\_\_\_\_.  
Name of Care Facility

MSA is a rare progressive neurodegenerative disorder. Please consider the following information when determining the best course of treatment.

## MSA affects my motor system and autonomic nervous system in the following ways:

### 1. Urinary and Bowel Difficulties

- a. At risk for UTI or urinary retention which may require intermittent catheterization
- b. Severe constipation

### 2. Speaking and Swallowing Difficulties

- a. I have slow, slurred speech. I may not have cognitive impairment. I am not intoxicated.
- b. Risk for aspiration pneumonia

### 3. Walking/Balance Trouble

- a. High risk for falls and likely benefit from PT for safety
- b. I may be on a judicious amount of Sinemet (if increased, could affect BP)

### 4. Breathing Problems including Stridor or Apnea

- a. I may need BIPAP.
- b. Please confirm my code status or refer to my advanced directives.

### 5. Blood Pressure variability with Orthostatic Hypotension and Supine Hypertension

- a. My blood pressure may be very low when standing and very high when supine. These can be serious issues.
- b. If blood pressure is very high when lying down, sit me up and recheck my BP BEFORE initiating drug treatments. I should not take midodrine, fludrocortisone, or droxidopa if I will be on prolonged bed rest. Head of bed should be elevated 30 degrees at all times.
- c. If my blood pressure is low, lying down should improve the blood pressure.

I DO / DO NOT (circle one) have a Medical Power of Attorney.

My medical power of attorney designation is \_\_\_\_\_, related to me by \_\_\_\_\_.  
Full Name Relation

I DO / DO NOT (circle one) have a Directive to Physicians and Family or Surrogates Form ("Living Will")

I DO / DO NOT (circle one) have an OUT-OF-HOSPITAL Do-Not-Resuscitate (OOH-DNR) Order

I AM / AM NOT (circle one) planning to donate my brain for research at \_\_\_\_\_.  
Name of Care Facility

Following my death, please immediately call \_\_\_\_\_.  
Phone Number

My MSA doctors are available 24 hours a day should you need further assistance in my care.

Please call \_\_\_\_\_ operator at \_\_\_\_\_ and ask for the MSA provider on call.  
Name of Care Facility Phone Number

Sincerely,

MSA Multidisciplinary Team

**You can find more information at:**

[www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Multiple-System-Atrophy](http://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Multiple-System-Atrophy)