

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



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Essential MSA Guidebook
available at missionmsa.org

About Mission MSA

Mission MSA, founded in 1989, is a 501(c)(3) charitable organization that is devoted to improving quality of life and building hope for people affected by multiple system atrophy through:

- Providing patients and care partners with trusted and compassionate emotional support.
- Educating patients, care partners, and healthcare professionals with credible, critically important, and relevant information.
- Building a sense of community by connecting and unifying people affected by MSA.
- Funding patient-centric collaborative research aimed at alleviating symptoms, slowing disease progression, and discovering a cure.
- Playing a leading role in raising awareness and advocating for those impacted by the disease.

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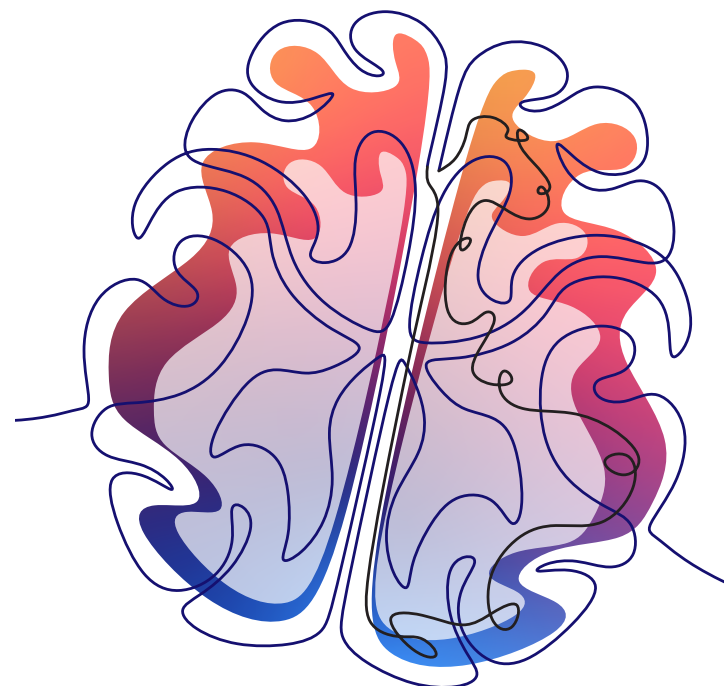
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What is Multiple System Atrophy?



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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 Parkinsonian (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 Parkinson's Disease.

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.



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

While multiple system atrophy (MSA) shares several clinical symptoms with Parkinson's disease, it is distinguished by an earlier average onset--typically in the early 50s--and a more rapid progression of severity.

The diagnostic journey is often complex, as many patients are initially misdiagnosed with Parkinson's before the emergence of more distinct MSA indicators. Key clinical differentiators include significant sleep abnormalities--such as stridor, apnea, and REM sleep behavior disorder--alongside subtle speech alterations like a quivering voice or lower pitch.

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.