

There is currently no cure for MSA.

However, there are medications and therapies that can alleviate some of the more disabling effects, thus, greatly assisting in maintaining or improving the quality of one's life. In recent years, new research has given us hope that we will soon, "turn the corner" in our quest to find reliable biomarkers, more definitive ways to diagnose MSA and distinguish it from similar diseases, such as Parkinson's, Lewy Body Dementia and Pure Autonomic Failure (PAF).

Great strides have also been made in developing new medications that will help treat, and possibly slow the disease. Although, some people suffering with MSA succumb after 10 years, other patients do not. Some MSA patients have been known to live up to 20 years, after their initial diagnosis. As research into the origins of the disease continue, *there is increased confidence among researchers and advocates today that very soon, we will discover new therapies to treat and slow the disease. We believe that a cure to this devastating neurological disease is on the horizon.*

This brochure is for promotional purposes only and should not be used for diagnosis or treatment. For questions about MSA, consult with your doctor.

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all in your
head?

On Multiple System Atrophy

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towards a diagnosis.**
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What is Multiple System Atrophy?

Multiple System Atrophy, or MSA, is a rare, degenerative neurological condition that affects both men and women, usually starting in their 50's or 60's. MSA is likened to Parkinson's Disease but its impact on one's physical health is more profound.

MSA is often confused with Parkinson's Disease

Both MSA and Parkinson's (PD) exhibit many of the same features. What we know so far is that like PD, MSA is associated with an accumulation of the alpha-synuclein protein in the brain. Both disorders exhibit motor and autonomic symptoms, and in particular these two diseases affect the cells that produce dopamine. In MSA, the effect is more intense.

Diagnosis

At present, there are no labs or imaging studies to definitively diagnose or detect MSA. Doctors, usually movement disorder neurologists, examine the symptoms to reach a probable conclusion. The MSA diagnosis results from a number of factors that contribute to the overall clinical picture, such as balance, coordination, blood pressure, temperature, heart rate, digestion and a number of other symptoms.

How Does MSA Affect the Body?

MSA impairs the body systems that regulate blood pressure, heart rate and the bladder - many of the basic bodily functions that people take for granted every day. People with MSA suffer from low blood pressure, speech and swallowing difficulties, sleep disturbances, breathing problems, rigidity and tremors.

What is the prognosis for someone with MSA?

Tragically, the life expectancy for those diagnosed with MSA is typically only 5-10 years. There is no remission of the disease. Almost 80% of patients are disabled within five years of the onset of the motor symptoms, and less than 20% of the cases survive beyond 10 years. However, the rate of progression and the speed of decline varies widely from case to case.

Did you know?

March is MSA Awareness Month
February 28th is Rare Disease Day
May is Our Fundraiser Month

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Dysautonomia

MSA is both a movement and an autonomic brain disorder. The most suitable specialist to diagnose it is a movement disorder neurologist. In addition to what has already been mentioned here, people with MSA may experience a loss of bladder or bowel control, abnormal sweating, sexual impotence in men, sleep apnea and REM Behavior Disorder (RBD), which involves movements during sleep, that may seem as if the person is "acting out" their dreams. In fact, some researchers have suggested that RBD may possibly provide an early indication of an eventual MSA diagnosis.

Types of Treatment

Since MSA's main features involve symptoms on "multiple" levels, the known treatments are usually the same treatments used for similar diseases, such as PD. Since MSA is both autonomic and movement related, physicians in those fields would be the most appropriate specialists. Drugs such as those to treat muscle rigidity, slowness and tremor may also help someone with MSA. Blood pressure enhancing meds, increasing salt in one's diet, changing one's position during sleep or the use of a CPAP or BiPAP for sleep apnea may help as well. Some researchers have also speculated that different forms of physical therapy and increased exercise may act as neuroprotectors, thereby slowing the disease.