



**A guide to multiple  
system  
atrophy**

# Multiple System Atrophy Trust

## Our Vision

A world free of MSA

## Our Mission

To find the cause, and ultimately, cure for MSA. Until that day we will do all we can to support people affected by MSA and will strive to ensure that they are not alone on their individual journeys.

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Most people have never heard of multiple system atrophy (MSA). Many healthcare professionals are unfamiliar with the condition. It is rare, sometimes not recognised and, as you will probably know by now, often difficult to diagnose.

The aim of this guide is to explain MSA. It includes information about the symptoms that may occur, what treatment options there are and tries to answer some frequently asked questions. We hope it will help support you and your family but if you have questions or want further advice, please contact us at the Multiple System Atrophy Trust ('the Trust').

The Multiple System Atrophy Trust offers information, support and education and funds research into MSA. We provide our services free of charge to people living with MSA and their families and friends, and we are entirely funded by voluntary donations.

The Trust has a range of detailed factsheets on living with MSA which can be obtained from our office and on our website.

This guide is not designed as a diagnostic or treatment tool. Any issues raised through reading this information should be discussed with your doctors. We are happy for you to reproduce the information in this guide provided you acknowledge the Multiple System Atrophy Trust as the source.

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# What is multiple system atrophy?

Multiple system atrophy (MSA) is a progressive neurological disorder that affects adult men and women. It is caused by degeneration or atrophy of nerve cells in several (or multiple) areas of the brain which can result in problems with movement, balance and autonomic functions of the body such as bladder and blood pressure control.



## How common is MSA?

Until recently MSA was thought to be a very rare disorder. As we learn more about the condition, it has become somewhat easier to recognise and diagnose. Research suggests it affects about 4.4 people per 100,000 so that at any one time there are almost 3,000 people living with MSA in the UK. Parkinson's disease is about 45 times more common, affecting about 200 per 100,000 in the UK.

## Who gets MSA?

MSA usually starts between the ages of 40-60 years, it can affect people younger and older but isn't known to occur in people under the age of 30. MSA does not appear to be hereditary although current research is examining whether or not there is a genetic predisposition to develop the disease. The importance of environmental factors is not clear and there is still much to understand about the condition. We do know it is not infectious or contagious and has no connection with the much more common neurological disease, multiple sclerosis (MS).

## What does MSA mean?

The term multiple system atrophy was first introduced in 1969, the condition having previously been called 'Shy-Drager Syndrome'. It took some years for the term 'MSA' to be widely adopted and it was sometimes referred to as 'olivopontocerebellar atrophy (OPCA)' if the clinical picture was of cerebellar problems, or 'striatonigral degeneration (SND)' if it looked like Parkinson's disease. The confusion caused by this variety of names led to an international consensus of medical experts recommending in 1996 the name multiple system atrophy (MSA) be used, with the terms 'MSA-C' and 'MSA-P' to indicate whether a patient's problems were predominantly cerebellar or parkinsonian respectively.

## **Broken down MSA stands for:**

**Multiple** - more than one

**System** - brain structures that control different functions

**Atrophy** - cell shrinkage and loss

This means that cells are damaged in different areas of the brain which control different body functions.

The three areas most often affected are the basal ganglia, cerebellum and brain stem.

## **How are the nerve cells in the brain damaged by MSA?**

Nerve cells in the affected areas of the brain atrophy or shrink, an abnormality which may sometimes be seen on MRI scans.

We now know from studies of brain tissue examined under a microscope, that structures called glial inclusion bodies containing alpha-synuclein protein can be seen in cells in the parts of the brain affected by the atrophying process. Alpha-synuclein is a protein found in the central nervous system, but it should not be over produced in brain cells. It is the presence of these inclusion bodies in the control centres of the brain involved in movement, balance and autonomic function that damages structures.

## **Why do nerve cells become damaged?**

It is still unclear as to why alpha-synuclein accumulates and the cells become damaged in people with MSA. Further research is being conducted into why and how the cells become damaged, some funded by the Trust. The progression of damage is also unclear and is different for each individual. Studies of the brains of people affected by MSA compared to unaffected brains will aid research.

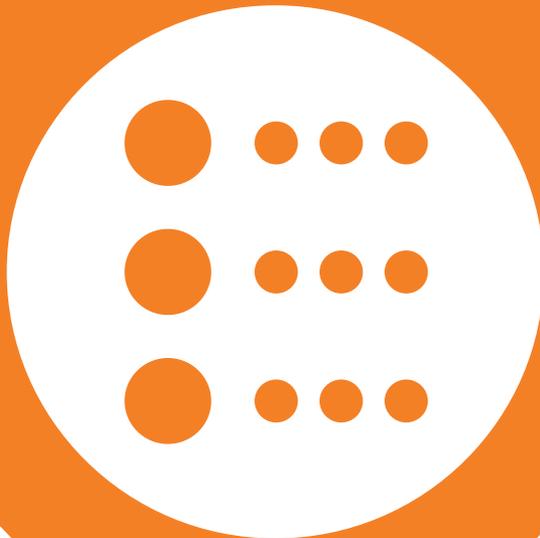
## How is MSA diagnosed?

The diagnosis of MSA is still a clinical one and depends on a neurologist recognising a combination of symptoms and signs. Many neurological conditions look similar in the early stages so it's important that a more common or treatable condition is ruled out before a diagnosis of MSA is made. Improved brain scanning techniques may show abnormalities in some patients with MSA but it is not unusual for a standard MRI brain scan to be normal.

A sphincter EMG is a specialised test that can help with diagnosing MSA by assessing the nerve supply to the anal sphincter - the muscle at the outlet of the back passage. The nerve cells which innervate that muscle have been shown to be selectively affected in MSA. The test is not widely available and opinions differ amongst neurologists as to its value.

# Symptoms

Having a diagnosis of MSA does not mean you will experience all the symptoms that may arise in MSA - no two people have the same set of symptoms or progression. There is currently no specific treatment to modify disease progression (although clinical trials of possible medicines are expected soon) but there are ways of assisting and alleviating symptoms.



## **What are the first signs of MSA?**

For men, the first symptom is often erectile dysfunction (unable to achieve or sustain an erection). It is not known why this should happen but the problem is often attributed exclusively to ageing without exploring other possible causes.

Both men and women may have early bladder problems; urgency, frequency, incomplete bladder emptying or an inability to pass urine (retention). Again these complaints are sometimes attributed to ageing, pelvic floor muscle weakness in women or prostate enlargement in men.

Other early problems can be feeling stiff and slow as well as changes in handwriting. Some people become clumsy or unsteady when walking.

If blood pressure control has been affected, people may feel dizzy when standing up or experience episodes of fainting.

## **What happens next?**

MSA is a progressive disease, which means that unfortunately symptoms are likely to worsen over a period of time. In due course the need to rely on others for help may arise. The speed of these changes is difficult to predict as people with MSA experience the condition differently and the rate of progression varies.

Some people feel they cope better if they know what lies ahead. Whilst MSA progression is very individual and unpredictable, you can discuss how your journey may look with your specialist or one of our MSA Trust Nurse Specialists.

There are three groups of symptoms which reflect the three main regions of the brain that may be involved - that is the basal ganglia causing problems with movement (parkinsonism), the cerebellum causing poor balance and co-ordination, and the brain stem causing autonomic problems such as poor bladder and blood pressure control.

## Parkinsonism

- Feeling slow and stiff when moving
- Difficulty in starting to move
- Writing becoming small and spidery
- Difficulty turning in bed

## Cerebellar

- Feeling clumsy, dropping things
- Finding it difficult to fasten buttons
- Feeling unsteady in crowds
- Unable to balance without support
- Difficulty writing
- Slurred speech

## Autonomic

- For men, difficulty with erection
- Bladder problems
- Feeling dizzy or fainting (blood pressure problems)
- Pain around neck and shoulders (known as 'coat hanger pain')
- Altered bowel function
- Cold hands and feet
- Problems with sweating control

## Other problems

- Weakness in arms and legs
- Unpredictable emotional response; laughing or crying
- Restless sleep
- Nightmares
- Noisy breathing during the day, snoring at night
- Unintentional sighing
- Weak, quiet voice
- Swallowing problems, difficulty chewing, choking episodes
- Eye muscle weakness which may cause blurred vision

Having a diagnosis of MSA does not mean you will experience all of these symptoms.

There is currently no specific treatment to modify disease progression (although identification of possible medicines is constantly being sought for future clinical trials) but there are ways of assisting and alleviating symptoms. These include lifestyle adaptations, medications for specific symptoms and ensuring you get the support and advice of professionals involved in your care. Remember the Multiple System Atrophy Trust is here to help.

# Treatment and management

Treatment for people with MSA involves a combination of medication, specialised equipment and the involvement of therapists to manage specific symptoms. This diagram shows how members of a multidisciplinary team may be involved in your care in conjunction with you and your GP.



# You and your GP

- Neurologist
- Parkinson's Disease Nurse Specialist
- MSA Trust and Nurse Specialists
- Physiotherapist
- Speech and Language Therapist
- Occupational Therapist
- Carer Support
- Palliative Care Specialists
- Continence Adviser
- Community Nurses
- Social Worker

## Treatment

The complex nature of MSA means that the best treatment is gained from a team approach, involving a group of health and social care professionals.

Ideally, you will be supported by your GP who will act as a care coordinator and refer you to other members of the team.

It is quite possible your GP has not previously seen a patient with MSA but the Trust can provide specific medical information for them. Likewise, members of the team may not have treated anyone with MSA but don't be discouraged by this. Please ask them to contact the Trust for information and advice, or get them to look at our website section for health professionals.

## What medication can I take?

The medicines you are prescribed will vary depending on your symptoms. Medications are very individual and what works for one person may not be effective for another. Your specialist will prescribe the best combination to meet your needs.

Here are some of the medications commonly used in MSA:

## Movement problems

Drugs to help stiffness and slowness are the same drugs used in Parkinson's disease (PD). They are often not as effective in MSA and can make blood pressure problems worse. It may take time to find what suits you and if a medication is not useful it can be reduced or discontinued on the advice of your specialist.

- L-Dopa (Madopar or Sinemet)
- Amantadine (Symmetrel)

Physiotherapy can prove helpful and also provide you with tips to get you moving. This is important, as inactivity may worsen the problem.

## Balance difficulties

Feeling unsafe on stairs and elsewhere may be due to problems with balance and people often feel they need to hold on to things for support. Physiotherapists and Occupational Therapists can provide advice and equipment to help you move safely. For example, they can suggest where hand rails can help or where raised seating can aid people when rising to stand.

## Difficulties with bladder control

- Antimuscarinic drugs such as tolterodine (Detrusitol) or solifenacin (Vesicare) can reduce urgency, incontinence and frequency and improve overall bladder control.

People may also find that they are not fully emptying their bladder when urinating. If you are leaving behind a residual volume, - this can make you more likely to experience urine infections. If this becomes a major problem, there is currently no effective medication for this and bladder surgery is very unlikely to lead to improvement. Intermittent catheterisation, either by you or a carer, is the best management for this. A continence advisor can help you learn the technique.

People with MSA produce less urine during the day and more at night. If this problem is resulting in disturbed sleep, medication (DDAVP - Desmospray or Desmotabs) can help relieve the symptoms.

DDAVP can be used to reduce the production of urine overnight but you need to discuss this medication with your specialist as there may be a risk of retaining too much fluid in your system.

You may also consider using a commode or urinal at the bedside to reduce the effort of getting to the bathroom. This is especially important if you have low blood pressure (postural hypotension) or are prone to falls. There is a leaflet on 'Continence in MSA' available from the Trust.

## **Constipation**

Constipation is common in people living with MSA. It is to be avoided where possible as straining could affect your blood pressure. It is important to drink plenty of fluids and eat a well-balanced diet. Dietary fibre, especially cereal-derived fibre, may not help with bowel emptying, and may actually make you more bloated. Daily medication to prevent constipation is often needed to maintain a regular bowel habit. Suppositories can be helpful to avoid straining. For some people with MSA, loose bowel movements or diarrhoea can be troublesome. There is a leaflet on 'Bowel Management in MSA' available from the Trust.

## **Erectile dysfunction**

For men, erectile dysfunction (unable to achieve or sustain an erection) is often the first symptom of MSA. Men often take medications for this problem such as sildenafil (Viagra), tadalafil (Cialis) or vardenafil (Levitra). However, these medications can worsen blood pressure control, so other measures may be an option. Seeking help on this issue is therefore important so you should not be embarrassed to talk with your doctor.

## **Dizzy with movement**

Dizziness may be due to your blood pressure falling when you stand up or change position. This drop in blood pressure is called postural hypotension.

There are several things you can do to relieve this symptom. These include increasing your fluid and salt intake as well as leg exercises to help blood flow in your calves. It is important that you avoid sudden changes in position like quickly rising to your feet and plan your periods of activity for later in the day. Medication to help blood pressure can be very effective.

- Fludrocortisone (Florinef) - A steroid, taken in very small doses; may cause ankle swelling
- Ephedrine - Works quickly to raise the blood pressure; usually taken three times a day
- Midodrine (Gutron) - Works quickly to raise the blood pressure within 30-60 minutes; usually taken three times a day. Only prescribed by specialists.

There is a 'Living with Postural Hypotension' leaflet available from the Trust.

## **Antibiotics**

Antibiotics should be prescribed at the first signs of a bacterial infection. Any infection in someone with MSA can worsen symptoms like postural hypotension and should be promptly treated, particularly urinary infections.

## **Swallowing**

If coughing during meals is a problem it could be a sign that swallowing is causing difficulty. Coughing is a normal reaction to help prevent food going into your lungs and causing infection. A speech and language therapist can assess the safety of your swallow and, together with a dietician, will advise on the best type of food for you.

## **Sleep disorders**

You may experience irregular breathing at night. Missing a breath or not taking deep enough breaths (sleep apnoea) can sometimes happen and may be associated with snoring. If you feel tired and lethargic during the day, it may mean that you have a sleep disturbance.

Studies of your sleeping behaviour can be carried out at a sleep centre to see how this may be affecting you and it could be necessary to have some breathing assistance at night from a piece of equipment called CPAP (see Common Terms on page 27). This equipment can help improve your quality of sleep and can travel with you wherever there is electrical power.

## **Emotional reactions**

People with MSA sometimes experience exaggerated or even inappropriate emotional responses. This is thought to be due to nerve cell loss in the part of the brain which controls emotional expression. Even when people cry frequently, it may not be a sign of depression. However, if your mood is very low, or if excessive crying is troubling you, there are certain anti-depressants that can be very helpful.

## **Aids and equipment**

There are many items, aids and pieces of equipment that may prove useful to help overcome some of the symptomatic difficulties connected with MSA. However, some of these can be expensive so it is worth discussing with the relevant therapist in your support team before buying. It may be possible to get items of equipment via your local authority or the NHS.

If you would like further information about aids and equipment, please contact the Trust or refer to our website.

## **What about complementary therapies?**

Some people with MSA find complementary therapies helpful, particularly to aid relaxation, and improve comfort and general well-being. Some therapies can help specifically with muscle spasm and pain management. Please discuss with your specialist or GP before trying any complementary therapies.

It is important that you tell any complementary therapist that you have MSA. Some treatments may lower your blood pressure further so you should let your therapist know if you have low blood pressure, particularly postural hypotension. Use a therapist who is a member of the appropriate governing body and is able to demonstrate their current competence and experience. Bear in mind that very few therapies are funded on the NHS. For further advice, contact the Institute for Complementary and Natural Medicine (see page 32).

## **Would counselling be helpful?**

People have differing ways of coping with life experiences generally, and this applies to health too. If you feel it could help you, try to access counselling early so you can build a good rapport with your counsellor.

# Common questions

## Why has nobody heard of MSA?

Specialists in neurology have only relatively recently begun to understand MSA and realise that it is not as rare as they once thought. The information learnt about MSA takes time to filter through to other professionals.



Try not to be worried if professionals that you meet have not heard of MSA. They are experts in their professional role with much to offer you, and can become experts in MSA through caring for you.

Be prepared to cope with questions about MSA by:

- Having a standard answer ready such as ‘it’s like Parkinson’s disease but I have extra problems such as low blood pressure’
- Having this guide and the Trust’s information fact sheets handy to show your family and friends
- Giving your GP and therapists the Trust’s contact details so they can get further information themselves
- Giving your care professionals and family carers contact details for the MSA Nurse Specialists so that they can seek guidance on how best to support you (see inside front cover).

## **How is MSA different from Parkinson’s disease?**

Many people with MSA may have received an initial diagnosis of Parkinson’s disease (PD) because both MSA and PD cause stiffness and slowness in the early stages.

Additional problems that develop in MSA which are unusual in early PD may have made your neurologist suspect that you do not have typical Parkinson’s but a “parkinsonism”- one of which is MSA. The changes in the brain in MSA are different from that of PD.

## **Will my children or family get MSA?**

There is no evidence that MSA is a hereditary condition and it is not contagious or infectious.

You may read or hear about genetic factors; this does not mean that there is a known faulty gene but as a greater understanding of genetic make-up is achieved, there is increasing interest as to whether an individual’s specific unique combination of genes can cause them to be more susceptible to developing conditions like MSA.

## **What about dementia? Is this part of MSA?**

No, dementia is not a symptom of MSA. However, some people may find that their thinking, memory and ability to respond may become slower.

## **Can I travel abroad on holidays?**

It is important for us all to take holidays and have a change of scene. If you enjoy holidays in hot countries try to keep in the shade and drink plenty of fluids. Getting too warm can cause you to feel faint, especially if you have postural hypotension. You may become dehydrated more quickly and will need to drink extra fluids in hot weather.

Travel abroad is possible with the correct arrangements in place. Travel companies will need to be made aware of your special requirements and you will need to ensure the accommodation is suitable. There is a factsheet available from the Trust on holidays, with information about special facilities in the UK and abroad. The Trust also has details of companies that offer travel insurance to people with pre-existing medical conditions.

## **What sort of a diet should I be on?**

There is no special diet recommended for MSA, although eating a balanced diet with fibre, protein, fresh fruit and vegetables is important. If you have postural hypotension there is some dietary advice to prevent a drop in blood pressure in the 'Postural Hypotension' fact sheet available from the Trust. If you have swallowing difficulties, ask your Speech and Language Therapist for advice on the best type of food and drink for you.

## **I am worried about my partner having to look after me**

At some point you may need someone to help look after your everyday needs. Professionals within the health and social care systems can help you, and your partner, if you have one. You should ask your local Social Services Adult Disability Team to undertake a care needs assessment for you and a carer's assessment for the person helping you with your everyday care needs.

## **Who can help me get things sorted out at home?**

The Assessments provided by Social Services Adult Disability Team (see above) should help you identify the things you need help with. Other professionals, such as your GP, Occupational Therapist, Parkinson's Nurse Specialist and MSA Nurse Specialist, will also be able to advise you and help you find the appropriate support. Citizens' Advice, Carers UK and the Carers Trust are three organisations that can also advise on help and support locally (see page 32).

## **I'm worried about my finances**

Having MSA may mean that you might have to stop working sooner than you anticipated - maybe before you can claim your pension. There is a range of benefits and tax allowances available whether you are still working or are unable to work. The amount of benefit available to you will be assessed on your individual circumstances and the level of your disability and this can be regularly reviewed if things change. Carers may also be entitled to benefits. The Trust has a leaflet summarising the benefits available. For a comprehensive assessment of entitlements, contact your local Social Services department or use the website [www.turn2us.org.uk](http://www.turn2us.org.uk).

## **What about the future?**

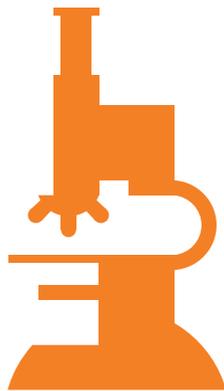
Many of the ideas and plans you had for your future will change once you have been diagnosed with MSA. People adjust to this change in different ways. There is no one plan to help you cope but there are many people out there who can offer help and support, not least of these is us at the Multiple System Atrophy Trust. Thinking ahead and talking things through with your family can help.

## **Why has palliative care been mentioned?**

Palliative care is about maintaining and maximising quality of life. It is the medical specialty focused on relief of the pain, stress and other debilitating symptoms of serious illness. Hospice care and hospice services are one group of services providing palliative care which may be provided at any time during a person's illness from the time of diagnosis onwards. Palliative care teams include specialist nurses, doctors and hospices. They may also be able to offer individualised respite care. There is a leaflet on 'Palliative Care' available from the Trust.

# Research

Voluntary donations given to the Trust enable funding of research grants into MSA. The Trust has a Scientific Advisory Panel which looks at the applications for research grants and judges which projects may be most worthwhile. This is important so that donors can feel sure their donation is being properly spent. You can obtain a copy of our 'Research Strategy' from the Trust.



## **Research into the treatment of MSA includes:**

- Evaluation of therapy, including medication
- Finding a test for early diagnosis of MSA

## **Research into the cause of MSA includes:**

- Microscopic examination of the brain to discover what happens to cells which atrophy
- DNA research using brain and blood samples

## **What can I do to help research?**

There are occasional opportunities to be recruited as a volunteer in research trials. This can involve completing questionnaires, undergoing scans or taking part in drug trials. The Trust's magazine and website include information about forthcoming drug trials. Due to the small numbers of people with MSA at any one neurological centre, some trials are organised using several centres across the UK and Europe (European MSA Study Group).

Current researchers are collecting blood samples for DNA. Sometimes family members may be asked to give blood as donations are needed from people without neurological illness too. Research into other neurological conditions such as Parkinson's can also add insight into MSA. The Trust is part of a wider neurological alliance which shares information regarding research into similar diseases and has links with other neurological charities.

## **What is a brain bank?**

There are several brain banks in the UK which register those who would like to donate their brain or tissue for research purposes. If this is something you feel you might be prepared to do, please talk to your local specialist. Brains unaffected by neurological conditions are also needed, so family members may also consider donating their brains for research purposes.

There is a leaflet on 'Brain and Tissue Donation' available from the Trust.

# Common terms

The following is an explanation of words and references used throughout this Guide. If you would like a more detailed explanation of anything mentioned in this publication, please contact the Trust on 0333 323 4591 or email [support@msatrust.org.uk](mailto:support@msatrust.org.uk).



\* **medication references** - generics referred to first, brand name follows in brackets

**alpha-synuclein** - a protein found in glial inclusion bodies

**ataxia** - unsteadiness and clumsiness

**autonomic** - part of the nervous system that controls automatic body functions, the things we do without thinking such as heart rate, blood pressure, bladder and sexual responses

**basal ganglia** - the area of the brain that controls movement.

**brain stem** - the area of the brain that controls autonomic functions

**cerebellum** - the area of the brain that controls balance and co-ordination

**CISC** - clean intermittent self-catheterisation is a technique to help empty your bladder completely

**continence advisor** - someone, usually a nurse, who gives advice on managing bladder and bowel problems

**CPAP** - a machine that provides Continuous Positive Airway Pressure to help breathing whilst asleep

**degeneration** - gradual damage and deterioration

**DNA** - deoxyribonucleic acid is the basic structure of all living things

**erectile dysfunction** - inability to achieve or maintain an erection

**glial inclusion bodies** - cell structures found in the damaged areas of the brain

**holistic care** - comprehensive patient care that considers the physical, emotional, social, economic and spiritual needs of the person

**MRI scan** - magnetic resonance imaging provides clear pictures of the brain and spinal cord

**multidisciplinary** - a team composed of professionals from many disciplines (eg doctors, nurses, social workers, physiotherapists)

**palliative care** - holistic care aimed at alleviating symptoms and maintaining well-being when a cure is not possible

**parkinsonism** - used to describe the characteristic symptoms associated with Parkinson's disease

**postural hypotension** - a fall in blood pressure on standing that can cause dizziness or fainting (also called orthostatic hypotension)

**respite** - a period of organised care, usually residential in a hospital or hospice, that enables your carer to have a break

**sleep apnoea** - periods during sleep when breathing is impaired or momentarily stops

**sphincter EMG** - a test of the nerves around the outlet of the bowel

# References

The following are references to articles in medical journals that include technical terms but are valuable recent papers about MSA.

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Wenning GK, Colosimo C. Geser F, Poewe W. Multiple system atrophy. *Lancet Neurology* 2004;3:93-103.

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# Multiple System Atrophy Trust

The Multiple System Atrophy Trust is the UK's leading charity supporting people affected by MSA. We support people with MSA, their families, friends, carers and health and care professionals. We also fund vital research to find the cause, and one day, cure for MSA.

A large graphic of the Multiple System Atrophy Trust logo, which is a stylized white 'e' shape with an orange center containing the letters 'MSA'. The graphic is set against a white background that is partially obscured by a large orange wave-like shape at the bottom of the page.

MSA

## Multiple System Atrophy Trust

The Trust currently employs a small team of staff and MSA Nurse Specialists who provide the following services across the UK:

- Telephone and email service offering support and information for people with MSA, carers, relatives, friends and health and social care professionals
- Guides and fact sheets on a variety of aspects of living with MSA
- Regular magazine: MSA News
- Regional and online support groups, including Facebook and Twitter
- Comprehensive website: [www.msatrust.org.uk](http://www.msatrust.org.uk)
- Education sessions for healthcare professionals
- Latest MSA research updates
- Local volunteer support
- Access to support, equipment and services
- Campaigning and advocating on behalf of people affected by MSA
- Advice on organising or becoming involved in a fundraising event.

To ensure our services are accessible to everyone, the Trust is committed to providing its services to people with MSA and their families and friends free of charge. Members are free to access any or all of the services offered.

The Multiple System Atrophy Trust is a charity funded entirely by voluntary donations. In order for us to continue supporting people affected by MSA, please consider becoming a regular donor or organising a fundraising event.

# Useful contacts

- Treatment & care
- Carers
- Rights & support
- Communications & mobility
- Other organisations



## Treatment and Care

**MSA Trust Nurse Specialists** - central access number 0333 323 4591 or see inside front cover for direct numbers

**Chartered Society of Physiotherapy** - 0207 306 6666 - [www.csp.org.uk](http://www.csp.org.uk)

**Royal College of Speech and Language Therapists** - 0207 378 1200 - [www.rcslt.org](http://www.rcslt.org)

**College of Occupational Therapists** - 0207 357 6480 - [www.cot.co.uk](http://www.cot.co.uk)

**Care Homes** - 0800 377 7070 - [www.housingcare.org](http://www.housingcare.org)

**Bladder and Bowel Foundation** - nurse helpline 0845 345 0165 - [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

**Institute for Complementary and Natural Medicine** - 0207 922 7980 - [www.icnm.org.uk](http://www.icnm.org.uk)

**Hypnotherapy Directory** - 0844 803 0242 - [www.hypnotherapy-directory.org.uk](http://www.hypnotherapy-directory.org.uk)

**Hospice UK** - 0207 520 8200 - [www.hospiceuk.org](http://www.hospiceuk.org)

## Carers

**Carers UK** - 0808 808 7777 - [www.carersuk.org](http://www.carersuk.org)

**Carers Direct** - 0300 123 1053 - [www.nhs.uk/carersdirect](http://www.nhs.uk/carersdirect)

**Carers Trust** - 0844 800 4361 - [www.carers.org](http://www.carers.org)

## Rights and Support

**Age UK** - 0800 169 2081 - [www.ageuk.org.uk](http://www.ageuk.org.uk)

**Government public services and information** - [www.gov.uk](http://www.gov.uk)

**The Brain Charity** - 0151 298 2999 - [www.thebraincharity.org.uk](http://www.thebraincharity.org.uk)

**Rare Disease UK** - 0207 704 3141 - [www.raredisease.org.uk](http://www.raredisease.org.uk)

**The Patients Association** - 0845 608 4455 - [www.patients-association.org.uk](http://www.patients-association.org.uk)

## Communications, Mobility and Equipment

**Communication equipment and support** - 0845 456 8211 - [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk)

**Advice on wheelchair services** - [www.wheelchairmanagers.nhs.uk](http://www.wheelchairmanagers.nhs.uk) or in Ireland [www.isassistireland.ie](http://www.isassistireland.ie)

**Forum of Mobility Centres** - 0800 559 3636 - [www.mobility-centres.org.uk](http://www.mobility-centres.org.uk)

**Disabled Living Foundation** - 0300 999 0004 - [www.dlf.org.uk](http://www.dlf.org.uk)

**Disability Rights UK** - 0207 250 8180 - [www.disabilityrightsuk.org](http://www.disabilityrightsuk.org) (includes UK National Key Scheme for over 9,000 accessible toilets)

**Medic Alert** - 01908 951045 - [www.medicalert.org.uk](http://www.medicalert.org.uk)

## Other Organisations

**Parkinson's UK** - 0808 800 0303 - [www.parkinsons.org.uk](http://www.parkinsons.org.uk)

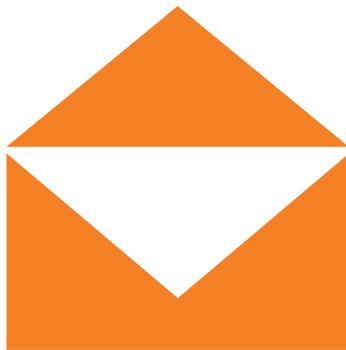
**Local phone directories for branches of:**  
**Citizens Advice Bureau** - [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**Brain Bank Enquiries** - 0207 837 8370 - [www.ucl.ac.uk/ion](http://www.ucl.ac.uk/ion)

# Join us

To join the Trust please go to our website - [www.msatrust.org.uk](http://www.msatrust.org.uk).

Alternatively, you can contact us on 0333 323 4591.



# Ways to support the Trust and help us grow

## How can I help?

The Trust is entirely reliant on donations and we are exceptionally grateful to our loyal supporters

## Fundraising Events

We have a fantastic network of fundraisers who undertake activities from marathons and cycle rides to sponsored book club sessions and street collections.

## Legacies

We are also grateful to individuals kindly remembering our work in their Will, leaving a much appreciated legacy to the Trust.

## Regular Gifts

Many supporters choose to give on a regular basis. This allows us to plan our work with confidence, knowing we can continue to support all those people affected by MSA in the UK and Ireland while also funding research into finding the cause and a cure for this devastating disease.

- A gift of £10 per month supplies detailed information to the healthcare team caring for one person with MSA.
- £20 per month provides welcome support packs to three families affected by MSA.
- £100 per month pays for our support line to run entirely on your donation for one whole week a year.

If you would like more information on how you can support our work, please call us on 0333 323 4591, email [fundraising@msatrust.org.uk](mailto:fundraising@msatrust.org.uk) or visit [www.msatrust.org.uk](http://www.msatrust.org.uk).

## Contribute to MSA News

Sharing your experiences and tips with other members helps keep it your magazine. Email [support@msatrust.org.uk](mailto:support@msatrust.org.uk) or call 0333 323 4591.

## Volunteer at a local support group

We can offer guidance and encouragement to run, or help at, a local MSA support group. Email [support@msatrust.org.uk](mailto:support@msatrust.org.uk) or call 0333 323 4591.

## Raise awareness about MSA

Share our information with family, friends and the health professionals you meet. Follow us on Twitter and Facebook by visiting [www.msatrust.org.uk](http://www.msatrust.org.uk).

## Thank you for your support.



## Sarah Matheson

Sarah was diagnosed with MSA in 1993. She immediately became aware of the lack of readily available information about MSA. Any information was hidden in the terminology of medical papers and little attention was paid to the treatment, psychological issues and everyday experiences of living with MSA. Sarah felt this affected her ability to understand the condition and fully participate in her own management and care decisions.

She decided that the best way to raise awareness and reduce isolation was to set up a local support group. Drawing on her previous experience of charity work, Sarah rallied her friends and family into fundraising and persuaded some of them to become trustees. In 1997, two years before her death, the Sarah Matheson Trust became a registered charity. In 2010 the charity was renamed Multiple System Atrophy Trust and our work continues in her memory.

We have taken every care to ensure the accuracy of the information contained in this publication. However, the information should not be used as a substitute for the advice of appropriately qualified professionals.

If in any doubt please seek advice from your doctor or health professional.

# Join the MSA Trust

Information, support, education and research

**Services for people with MSA, carers, family,  
health and social care professionals.**

51 St. Olav's Court  
Lower Road  
London, SE16 2XB

Telephone **0333 323 4591**  
Email **support@msatrust.org.uk**  
Website **www.msatrust.org.uk**

Registered Charity No 1137652 (England and Wales) and SC044535 (Scotland)  
Registered Company in England No. 7302036

The logo features a large, stylized orange letter 'B' inside a white circle, which is itself set against a larger orange background. The letters 'MSA' are printed in black inside a smaller white circle that overlaps the bottom part of the 'B'.

**MSA**

