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Diagnosis of MSA

How is a diagnosis made?

The diagnosis of MSA, as with many other neurological conditions is made by clinical observation of the person. This can be very complicated and requires a skilled specialist doctor who recognises the signs and symptoms. The specialist may be a neurologist or a specialist in movement disorders. The specialist will firstly exclude other possible causes of the presenting symptoms. Experts have come up with a set of signs and symptoms which indicate whether this might be a possible or probable diagnosis of MSA.

The difficulties in diagnosis

There is no blood test or scan that can be used to definitely determine the diagnosis. Scans may be used to exclude other possible causes or to support the diagnosis. The definite diagnosis can only be made post mortem on examination of the brain, therefore a probable diagnosis is the most certain given during life, and can be used as a diagnosis for the purpose of accessing services.

It is common for people with MSA to be first diagnosed with another condition due to the similarity between neurological conditions at early stages. About two thirds of people with MSA receive an initial diagnosis of Parkinson's but others may receive a diagnosis of ataxia (difficulties with coordination) or pure autonomic failure, (a degenerative disease of the autonomic nervous system). The way MSA progresses distinguishes it from other diseases and so a diagnosis can often take a couple of years.

The change in diagnosis is not a reason to lose confidence in the doctor rather it means that with more information and observation of the progression over time they are able to make the diagnosis. One of the key ways of differentiating MSA from Parkinson's disease is by noting that the person has little or no benefit from the levodopa medication usually used in Parkinson's disease, or that the benefit only lasts for a short time.

Atypical Parkinsonism

There are a group of conditions called Atypical Parkinson's or sometimes called Parkinson's plus, these include Progressive Supranuclear Palsy PSP, Cortico Basal Syndrome CBS as well as MSA. These conditions have some features in common with Parkinson's disease but are actually different conditions.

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Types of MSA

There are two main types of MSA and the specialist may differentiate between the two. MSA-C or cerebellar is where there is more ataxia, that is difficulties with coordination. MSA-P is where it is more like Parkinson's disease but less responsive to levodopa medication.

Working with your health professionals

GPs and other health care professionals are likely to be unfamiliar with MSA as it is a rare condition. They can however become experts by caring for you. It is useful to pass them our MSA Trust factsheets and contact details.

It is unusual for the diagnosis of MSA to be wrong, but if you feel uncertain about the diagnosis it may be appropriate for you to request a second specialist opinion through your GP.

Still concerned?

If you have any questions about diagnosis you can discuss these further with the MSA Nurse Specialists. They can also advise about getting a second opinion. Their contact details can be found overleaf.

The Trust's contact details:

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Diagnosis of MSA

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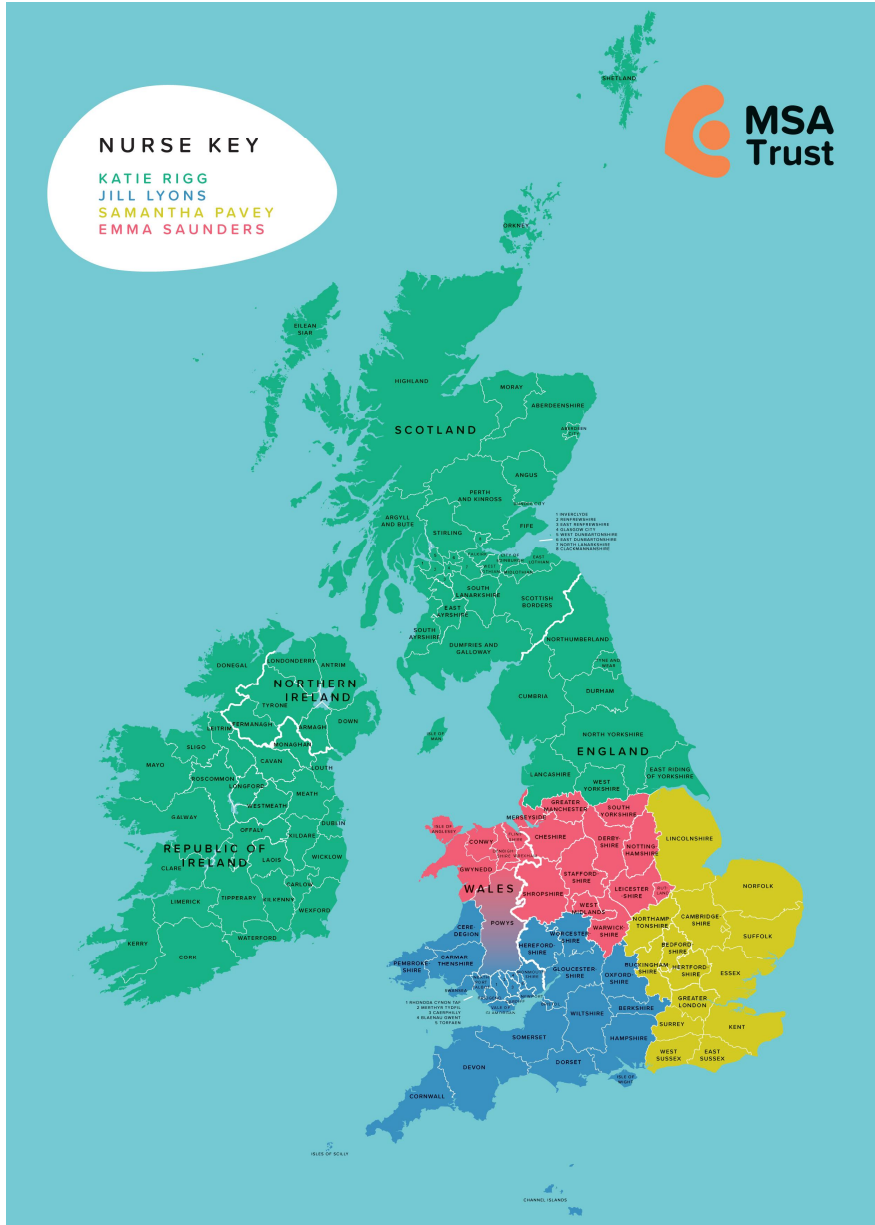


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