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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. This can be very complicated and requires a skilled specialist doctor who recognises the signs and symptoms of MSA. 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 agreed a diagnostic criteria which clearly describes the set of signs and symptoms which indicate a possible or probable diagnosis of MSA.

The difficulties in diagnosis

There is no blood test or scan that can be used to enable a definite diagnosis of MSA. Scans may be used to exclude other possible causes or to support the diagnosis. The definite diagnosis can only be made after death, 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 initially be diagnosed with another condition due to the similarity between neurological conditions at early stages. About two thirds of people with MSA first receive a 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.

A 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 move towards a more accurate 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 different conditions.

Diagnosis of MSA

Types of MSA

Some people with MSA are given a more specific diagnosis of MSA-C or MSA-P. These terms are sometimes given depending on the early presenting symptoms.

If the early symptoms are more like Parkinson's disease with difficulties starting to move and slow and rigid movements, they may be diagnosed as MSA-P. The Levodopa medication which is used to treat Parkinson's can be helpful with some of the symptoms of MSA. If you are diagnosed with MSA-P, you are likely to get more benefit from these types of medications, than you would if you are diagnosed with MSA-C. About a third of people with MSA will get some benefit from Parkinson's medications.

If the person has early symptoms indicating cerebellar atrophy (shrinkage) they may be diagnosed as having MSA-C, these symptoms include balance difficulties, slurred speech and clumsiness.

Until research finds a cure for MSA, the focus is on managing symptoms as effectively as possible, so a diagnosis of MSA-C or MSA-P is not so important, however for drug trials it may be important depending on what the drug is hoping to improve.

Working with your health professionals

GPs and other health and 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.

Further information

If you have any questions about your diagnosis you can discuss these further with our 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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VERSION DATE: 02/20 | REVIEW DATE:
02/23 VERSION:1.6



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