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## Eye Health and MSA

Many people worry that their eyes will be affected by Multiple System Atrophy (MSA). MSA does not cause loss of sight. However, there are several symptoms that can occur and these are described below.

### Problems with eye movement

People living with MSA may display abnormal eye movements. Most commonly, this is a consequence of impaired or absent convergence, which is the ability to focus both eyes together. This may result in blurred or double vision. These symptoms may be present because sometimes MSA can cause problems with how well the eye muscles work.

Movement of the eyes is called saccades and in MSA this can result in jerky or slower movements. Your Specialist will examine your eye movements in clinic and suggest referral to other professionals as necessary. There is a similar condition to MSA, called Progressive Supranuclear Palsy (PSP), which can affect upward and downward movement of the eyes. Your Specialist will also check for this when they examine you.

### Eyelid symptoms (Blepharospasm)

Some people with MSA may develop Blepharospasm which is involuntary eyelid closure. This eyelid closure can last for a few minutes or several hours if severe. People may look as if they are asleep, but they are actually just not able to open their eyelids. Some people wake up with dry, scratchy eyes and may need to physically open their eyes with their fingers in the first instance.

Blepharospasm can be treated with Botox injections, which give better control over eye opening. One set of injections usually treats the eyelid closing for up to four months at a time. Let your Specialist know if you start to have this symptom as they will be able to arrange treatment for you.

## Reduced blinking and dry eye

We know that people with MSA blink less often than others. When we blink, the process of the eyelid moving over the eye moistens the eye to stop it from becoming dry. Blinking also removes debris or dust from the eye. If you blink less often, eyes can become dry and the eyelids can scratch their surface. If this is left untreated, eyes can become sore, prone to infection and may even form ulcers.

Simple treatment with artificial tears, on prescription from your GP, can be helpful to prevent the problems of dry eyes. You can also try dry eye sprays or tear mist sprays that make your eyes feel more comfortable. These treatments can be bought over the counter. They are sprayed directly onto **closed** eye lids and assist with lubrication of the eye. Discuss this with your local chemist to see what might be suitable for you.

Problems with dry eye and tears can cause your eyes to be very watery. Glands in the eyes normally secrete an oily substance that slows the evaporation of tears between blinks. If these glands don't work properly, they can cause your eyes to become dry and extra watery tears can be produced as a reflex. These extra watery tears will not remain in your eye but will spill down your cheek. If this is a problem for you, you should see your GP, who can see if you need your tear ducts unblocking and refer you to the appropriate professional.

If you have sore, dry or sticky eyes you should bathe them twice a day in the following way:

1. Wash your hands
2. Put **one** teaspoon of baby shampoo in a cup of water
3. Gently dip some cotton wool in the diluted solution
4. Gently clean the lids and eyelashes from the nose side outwards
5. Wash your hands again
6. Use new cotton wool for the other eye.

**Remember to never put the solution directly into your eyes.**

## Blepharitis

This is a common condition where the edges of the eyelids (eyelid margins) become red, swollen, itchy and sore. It is caused by an infection and inflammation of the eye lash roots. If you have this

problem, you may also have the symptoms of dry eye and might need to use artificial tears to help with this.

If you have Blepharitis you may experience:

- eyelids sticking together
- crusty or greasy eyelashes
- a burning, gritty sensation in your eyes
- increased sensitivity to light (photophobia)
- swollen edges of the eyelid
- finding contact lenses uncomfortable to wear
- abnormal eyelash growth or loss of eyelashes in severe cases.

In most cases both eyes are affected, but one eye can be more affected than the other. The symptoms tend to be worse in the morning. Most people experience repeated episodes, separated by periods without symptoms. Blepharitis can't usually be cured, but a daily eyelid-cleaning routine can help control the symptoms and prevent permanent scarring of the eyelid margins.

If you are experiencing Blepharitis there are three main steps to eyelid hygiene that should be performed once or twice a day:

- Using a warm compress on the eyelids– to make the oil produced by the glands around your eyes more runny
- Gently massaging your eyelids – to push the oils out of the glands
- Cleaning your eyelids – to wipe away any excess oil and remove any crusts, bacteria, dust or grime that might have built up. Please see bathing instructions above.

More severe cases may require antibiotics that are either applied to the eye or eyelid directly or taken as tablets.

## Low blood pressure

If your blood pressure is too low, it can affect the pressure within your eyes and blurred vision can occur. If you think this may be an issue for you ask your GP, Specialist or District Nurse to check your sitting and standing blood pressure. Correcting the low blood pressure should improve the blurred vision. We have a factsheet on blood pressure and postural hypotension that we can send you or you can download from our website, [www.msatrust.org.uk](http://www.msatrust.org.uk).

## Antecollis

Antecollis is where the neck muscles become tightened on one side, pulling the neck forward and down. This can affect your ability to see the person in front of you and therefore can affect your ability to communicate.

Prism glasses may be helpful in this case - using a mirror in the glasses they allow the person wearing them to see without lifting their eyes. Thanks to a generous benefactor we have these prism glasses available from the Trust office, please call us if you would like to try some.

## **Nystagmus**

Nystagmus is a condition which causes constant movement of the eyes which you can't control. It is caused by a problem with the way the eye sends messages back to the brain or how parts of the brain which deal with eye movement make sense of the information. It can make you feel as if the world is moving side to side in time with the movement of the eyes. This is sometimes a symptom of MSA. Nystagmus isn't painful and doesn't lead to loss of vision.

Glasses and contact lenses ensure that vision is corrected and that you are getting the most from your vision. They don't correct nystagmus although having clearer vision can help slow the eye movements. Low vision aids, such as magnifiers can help with reading and tinted glasses may be useful to control glare.

A low vision assessment by an optician will look at using these types of devices and explore which ones may help you.

## **Looking after your eyes**

It is always sensible to get your eyes checked regularly at your local opticians as other conditions can occur as we age. People aged 60 and over or in certain other groups can have a free eye test every two years. Take this factsheet with you when you visit the opticians to give them more information about MSA and your possible eye health needs.

## **Eye Health Professionals**

There are a number of different professionals who may be involved in looking after your eye health. Some work in the community and others in hospital eye departments. If you have an eye condition you should have appointments with at least one of the following professionals:

### *Optometrists and ophthalmic opticians*

Optometrists or ophthalmic opticians (often called opticians) usually work in high street practices, shops or hospital eye departments. They are qualified to examine your vision, prescribe glasses and detect eye conditions. If necessary, they can refer you to other health professionals. This referral might be done directly or via your GP.

Optometrists are able to detect eye conditions and refer you to an ophthalmologist for diagnosis and treatment if it is needed. Optometrists are able to discuss your eye condition, how to look after your eyes and direct you to further support services if needed.

### *Dispensing opticians*

Dispensing opticians are qualified to fit and supply glasses, contact lenses and low vision aids.

### *Orthoptists*

Orthoptists are qualified to identify and treat certain eye conditions such as squints or double vision. They also specialise in identifying and treating eye movement abnormalities. They usually work in hospital eye departments.

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### *Ophthalmologists*

Ophthalmologists are specialist eye doctors who diagnose, treat and monitor eye conditions with medication and surgery. They usually work in hospital eye departments or clinics (often called ophthalmology departments).

### *Ophthalmic nurses*

Ophthalmic nurses receive special training in eye conditions and diseases on top of their general training. They may perform some of the tests at the hospital and some ophthalmic nurse specialists can perform treatments for certain eye conditions.

### **Further information can be found at these websites:**

<http://www.orthoptics.org.uk>

<http://www.college-optometrists.org>

<https://www.rcophth.ac.uk>

<http://nystagmusnetwork.org/what-is-nystagmus/acquired-nystagmus/>

Our MSA Health Care Specialists are also happy to discuss any eye problems you may have.

### **The Trust's contact details**

We have MSA Health Care Specialists that support people affected by MSA in the UK and Ireland. If you would like to find the MSA Health Care Specialist for your area, contact us on the details below or use the interactive map here – <https://www.msatrust.org.uk/support-for-you/hcps/>.

T: 0333 323 4591

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E: [support@msatrust.org.uk](mailto:support@msatrust.org.uk) |

W: [www.msatrust.org.uk](http://www.msatrust.org.uk)

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