

# Multiple System Atrophy (MSA) health care pathway

The MSA Trust recommends that all people with MSA should be reviewed at least 6 monthly by their specialist or local centre and that many people with MSA may require a more frequent review





Person with movement disorder (MD)

First neurological symptom suggestive of MSA

Co-morbidities, general well-being, symptom management, deterioration or symptom change

Progression of disability symptom management

Palliative care End of life care



GP and community team

GP

- Assessment
- Referral to most appropriate local service

Awareness of red flags suggestive

## **GP - Primary care**

- Awareness of red flags for MSA (low blood pressure, bladder dysfunction, erectile failure)
- · Timely referral to neurology
- Identify care coordinator
- · Access to counselling/psychological support
- · Treatment of infections

# INITIATION OF TREATMENT Consider levodopa treatment in MSA-P presentation with

Refer for baseline PT/OT/SLT input

escalation up to 800-1000 mg levodopa/day

of MSA diagnosis
• MRI brain where atypical

**DIAGNOSIS** 

- MRI brain where atypical parkinsonism suspected
- Signpost to MSA Trust

Bone protectionOngoing regular clinical review

Continence team input

- Liaison with MSA Trust Nurse and Health Care Specialists
- Referral to specialist palliative care and for Bowel and Bladder, Fatigue, Carer support where appropriate

# **SPECIALIST INTERVENTIONS**

- Consider referral to local urology, gastroenterology, ENT specialists, Falls Clinic where appropriate
- Information on benefits and CHC (can be facilitated by MSA Trust)
- BP treatments

**SYMPTOM** 

- Sleep
- Pain
- Ongoing liaison with AHPs to cope with progression of disability

MANAGEMENT AND

Bladder and bowel

management

**DIAGNOSTIC REVIEW** 



Local



#### Regional Centre

Supraregional service

### **DIAGNOSIS**

Further specialist opinion where needed

Virtual clinics

- Specialist investigation (FDG PET, MIBG SPECT)
- Autonomic investigations

#### INITIATION OF TREATMENT

- Early discussion of palliative care and advance care planning
- · Ongoing regular clinical review
- Liaison with MSA Trust Nurse and Health Care Specialists

#### **SPECIALIST INTERVENTIONS**

- Investigation and intervention for sleep disordered breathing (sleep studies, CPAP, tracheostomy, cough assist)
- Gastrostomy
- · BoNT for salivation/dystonia
- · Access to research trials
- Specialist neuropsychology input
- Information about support available eg. Voice Banking Service

from National Neurosciences Advisory Group (NNAG)