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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Multiple System Atrophy (MSA)

Patient education guide · Neurodegenerative & Memory · Madison Neurology LLC

What is it?

Multiple system atrophy is a rare, progressive disorder that combines Parkinson's-like movement problems (slowness, stiffness, poor balance) with failure of the autonomic nervous system — the system controlling blood pressure, bladder, and other automatic functions. A prominent early sign is often a drop in blood pressure on standing or REM sleep behavior disorder.

How does it happen?

MSA involves abnormal alpha-synuclein protein buildup in cells called oligodendrocytes. The cause is unknown, it is not inherited, and it typically begins in the 50s-60s.

Common symptoms

- Dizziness or fainting on standing (orthostatic hypotension)
- Parkinsonism: slowness, stiffness, balance problems, often with poor levodopa response
- Bladder urgency, incontinence, or incomplete emptying; erectile dysfunction
- REM sleep behavior disorder and breathing problems during sleep (stridor)
- Slurred, soft, or quivering speech; coordination problems in the cerebellar type

How is it diagnosed?

Diagnosis is clinical, supported by autonomic testing (tilt-table, sweat and bladder studies), MRI patterns, and poor response to Parkinson's medications. A skin biopsy test for synuclein (Syn-One) can support the diagnosis.

How is it treated?

There is no disease-modifying treatment, but symptom control matters greatly: raising blood pressure (fluids, salt, compression garments, midodrine/droxidopa), bladder management, treatment of sleep

and breathing problems, physical and speech therapy, and careful Parkinson's medication trials. Multidisciplinary care and clinical trials through MSA organizations are recommended.

What does the future hold?

MSA progresses faster than Parkinson's, typically over 6-10 years. Falls, swallowing problems, and breathing issues are managed proactively to protect safety and comfort. Support from organizations dedicated to MSA is invaluable for families.

Questions patients commonly ask

Q: Why do I feel faint when I stand up?

A: MSA damages the nerves that tighten blood vessels on standing, so blood pressure drops — this is treatable with fluids, salt, compression, and medication.

Q: How is MSA different from Parkinson's?

A: Autonomic failure is prominent and early, tremor is less common, and the response to levodopa is usually limited.

Q: Is it inherited?

A: No — MSA is considered sporadic, and family members are not at increased risk.

National support groups & resources

- **Multiple System Atrophy Coalition** — multiplesystematrophy.org
- **Parkinson's Foundation (Helpline)** — parkinson.org — 1-800-473-4636
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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