



Multiple sclerosis:

An introduction

Multiple sclerosis (MS) is a disease of the central nervous system (CNS) which consists of the brain, the spinal cord and the optic nerves. MS is the most common neurological disease that affects young adults.

What happens in MS?

Myelin, which covers the nerve fibres of the CNS and assists in nerve function, becomes inflamed and damaged (demyelinated). The nerve fibres (axons) themselves may also be damaged.

The cause of MS is still unknown. The healthy body's immune system normally defends the body from attack by viruses or bacteria. In the case of MS, however, the body's immune system attacks its own myelin, causing disruption to nerve transmission. It is thought that genetic and

environmental factors are involved, but the actual trigger to the disease has not yet been discovered.

- MS is **not** a psychiatric illness.
 - MS is **not** contagious or infectious.
 - MS **does not** significantly shorten one's lifespan.
 - MS **cannot**, as yet, be detected by a blood test.
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Types of MS

Relapsing remitting MS (RRMS)

This is the most common form of MS, where the person experiences attacks (exacerbations, relapses) in which the symptoms are present for a short time and then improve (remit). The frequency and severity of attacks cannot be predicted.

Primary progressive MS (PPMS)

This type of MS occurs less commonly and involves a steady worsening of symptoms without any remissions.

Secondary progressive MS (SPMS)

People with this type of MS experience an initial period of relapsing-remitting disease course, followed by a steadily worsening disease course with or without occasional relapses and minor recoveries (remissions).

Relapsing progressive MS (RPMS)

People with this type of MS experience a steadily worsening disease course from the onset but also have relapses, with or without partial recovery.

Who gets MS?

An estimated 2.5 million people in the world have MS. Those most likely to have MS include:

- Young adults aged between 15 and 50 years
 - Caucasians (people of European background)
 - Those living in parts of the world that are moderate or mild in temperature
 - Individuals with a genetic predisposition to MS.
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Symptoms of MS

Symptoms of MS are varied and unpredictable, and dependent on which areas of the CNS are involved. No two people with MS will experience exactly the same symptoms. Symptoms may include:

- Numbness, “pins and needles”
 - Muscle weakness
 - Extreme tiredness
 - Sensitivity to heat
 - Balance and co-ordination problems
 - Bladder/bowel disturbances
 - Cognitive changes
 - Visual disturbances.
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Managing MS

There is currently no known cure for MS; however, this does not mean that the disease is untreatable. Individual symptoms can be treated and, in some instances, the course of the disease can be altered and slowed down.

There are also many areas where health professionals can assist in improving the overall well-being of the person with MS. The management strategies used to assist people with MS have three aims:

- To shorten exacerbations
- To decrease the frequency and severity of exacerbations (attacks) and thus slow down the progress of the disease
- To minimise and control specific symptoms, such as fatigue, motor problems, memory problems, etc.

The person with MS may discover many proposed treatments for the disease, ranging from medical to more alternative or complementary approaches.

Medications to manage MS

There are several drugs prescribed to treat the disease process in MS. Before it is accepted, each new drug undergoes rigorous clinical trials for several years until the medical world is convinced the drug helps the person with MS in a safe and effective way.

At present, disease management drugs include:

- Immunotherapy drugs
- Immunosuppressant drugs.

For further information see our information sheet *Treatments for MS: Immunotherapy*.

Physical therapies to manage MS

Exercise: A physiotherapist may suggest various types of exercise, such as passive stretching, range of motion exercises, balancing exercises.

Activities of daily living: An occupational therapist may suggest alternative ways of doing things at work and around the house which are not as taxing or exhausting. A neuropsychologist may suggest techniques to help memory problems.

Aids: It may be appropriate for you to consider using some equipment to help you do things, but first be sure to discuss this with a health professional at MS Australia – ACT/NSW/TAS/VIC.

Complementary and alternative medicine to manage MS

Complementary and alternative medicines can include acupuncture, hypnosis, yoga, vitamin supplements, aromatherapy, etc.

Some complementary and alternative medicines do have a positive effect on a person coping with chronic illness, some could be called eccentric, some are dangerous. It is wise to discuss your

decision with your doctor prior to taking part in any therapies. Most health professionals are happy to include complementary and alternative therapies as part of your treatment but they will want to ensure that they will cause no harm and will, in fact, show a true benefit.

Finding a management strategy that works for you

MS is a disease of great variability – no two people with MS have precisely the same symptoms. Therefore, treatment that suits one person may not suit another.

Many people with MS will find relief from their symptoms by trying a combination of mainstream medicine and complementary or

alternative approaches, chosen after consultation with their medical doctor.

Communicating openly with your healthcare team can assist you to find an approach that leads to the best possible outcome for your individual situation.

For information about MS and MS Limited - ACT/NSW/TAS/VIC services:

MS Connect™: 1800 042 138

Email: msconnect@ms.org.au

Web: www.ms.org.au

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