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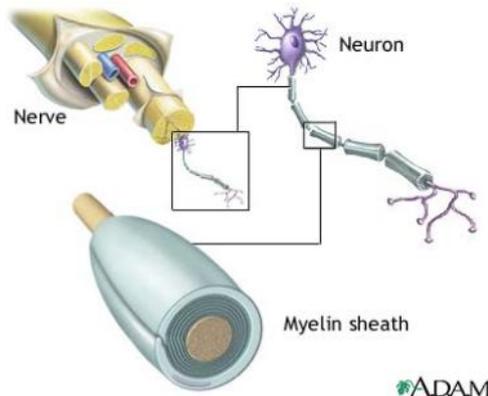
adding
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Focus on... Multiple Sclerosis

What is multiple sclerosis (MS)?

Since Multiple Sclerosis (MS) is a rare disease in South Africa, most people are not aware that MS is a disease affecting the central nervous system in the brain and spinal cord. Overseas it seems to be the most common chronic neurological condition among young adults. In a healthy person, the tiny nerve fibres of the central nervous system are each wrapped in a sheath of fatty material called myelin. This insulates the nerve impulses in much the same way as electric cable insulates electric current.

In MS some sections of the myelin sheath are dam-



aged and become inflamed. Usually this inflammation disappears within days or weeks, the symptoms go away and there is no permanent damage to the nerve tissue. But, if the attack to the myelin continues, it can be irreparably damaged and is replaced by scar tissue or sclerosis. As the myelin sheaths are damaged in more than one place in the central nervous system, the disease is called Multiple Sclerosis. When the myelin is damaged it can mislead and/or prevent messages from the brain to the muscles. Unfortunately the way in which the myelin is attacked is not known and therefore it is hard to develop a cure.

What are the symptoms of MS?

MS has no standard pattern of symptoms and the type and severity of its symptoms depend on the parts of the central nervous system that are affected. It can present as a remitting or a progressive condition.

The remitting course is characterised by bouts or attacks of symptoms. In the beginning, the average interval between attacks or episodes can be two years. However, some people can experience remissions as long as twenty years while others may have more frequent attacks or episodes. The progressive course is noted by symptoms that become steadily worse. In very rare cases MS can present at any age as a severely progressive course from the outset.

People who have MS experience different degrees and combinations of the following symptoms :

- numbness and a tingling sensation or a pins-and-needles feeling;
- clumsiness;
- vision problems, such as double vision which can disappear or improve;
- loss of the sensation of touch;
- heat, cold or pain in certain parts of the body;
- loss of bladder control in different forms;
- pain which can be directly related to MS;
- speech impediments such as slurring of words;

- lack of balance;
- problems with the mobility of limbs;
- fatigue which may be general or in one particular part of the body;
- intellectual disturbances such as loss of partial short or long term memory, concentration, mood swings or personality changes.

Remember, MS is not a terminal illness, neither is it contagious or hereditary, and only a small number of people with the disease will need a wheelchair on a permanent basis.

Diagnosis

Due to the broad range and subtleties of symptoms, multiple sclerosis may not be diagnosed for months to years after the onset of symptoms. Physicians, particularly neurologists, take detailed histories and perform complete physical and neurological examinations.

- MRI (magnetic resonance imaging) scans with intravenous gadolinium helps to identify, describe, and in some instances date lesions in the brain (plaques).

- An electro-physiological test, evoked potentials, examines the impulses traveling through the nerves to determine if the impulses are moving normally or too slowly.

- Finally, examining the cerebro-spinal fluid that surrounds the brain and spinal cord may identify abnormal chemicals (antibodies) or cells that suggest the presence of multiple sclerosis.

Collectively, these three tests help the physician in confirming the diagnosis of multiple sclerosis. For a definite diagnosis of multiple sclerosis, dissemination in time (at least two separate symptomatic events or changes on MRI) and in anatomical space (for example, within the central nervous system) must be demonstrated.

Extent of disability

The effects of multiple sclerosis vary considerably. Some people with multiple sclerosis have such a mild form of the disability that it goes unnoticed. Others may be so severely disabled that they are unable to work at all. The limbs or organs affected also vary from one person to another.

It is characteristic of multiple sclerosis that the frequency and degree with which the myelin is affected varies considerably and it is this variation that gives rise to the widely differing patterns of relapses and remissions that are typical of the disease. Furthermore, even where paralysis does occur, it is not uncommon for a complete recovery to be effected.

Prognosis

It is estimated that for all MS patients the chance of walking unaided in 15 years following disease onset is 50%. Half of the patients will need assistance in walking or will require the use of a wheelchair; another half of the patients will be able to ambulate unaided.

The average longevity in the population of patients with MS is very difficult to estimate because it varies widely from patient to patient. Average life span of 25 to 35 years after the diagnosis of MS is made are often stated. Some of the most common causes of death in MS patients are secondary complications resulting from immobility, chronic urinary tract infections, compromised swallowing and breathing.