

Multiple sclerosis (MS) is probably the most common disabling neurological condition in the world. In the UK, there are around 120,000 sufferers - with roughly 5,000 new cases occurring each year.

MS affects the central nervous system (the brain and spinal cord) and its cause is unknown, but it is thought that a combination of genetic and environmental factors may trigger the immune system dysfunction which underpins the disorder.

It is most common among women - with new cases occurring most frequently in the 20 to 40-years-old age group.

Key takeaways

- > Around 120,000 people in the UK suffer from MS
- > The cause is unknown, but it is an immune system dysfunction which leads to nerve message confusion
- > The main symptoms involve fatigue, vision issues, bladder and bowel problems, mobility issues and pain/spasms
- > Prognosis varies, but up to 15% of cases can decline rapidly
- > Treatment involves suppression of symptoms and slowing the progress of the disease
- > Painkillers, steroids, immune modifiers and physiotherapy can all be prescribed

Condition overview

Our nerve cells have tendril-like structures called axons, along which the electrical impulses of nerve messages pass. These axons are surrounded by a sheath of a material called myelin, which acts as an insulator.

The immunological defect responsible for MS punches holes in this myelin sheath in a process known as demyelination. This breaks down the insulation, so nerve messages get mixed up - giving rise to the symptoms of this disorder.

These symptoms be gathered into five main groups:



Generalised fatigue, including disproportionate tiredness and protracted recovery time (a common feature of many other neurological disorders).



Eyesight problems. The retina – the light-sensitive membrane at the back of the eye - is basically an extension of the brain. MS can affect this, causing blurring of vision, or partial or complete loss of sight. Alternatively, the nerves which synchronise eye movement can be involved, giving rise to double vision.



Bladder and bowel continence. Impact on the nerves supplying these organs may cause loss of awareness of the need to empty them, producing embarrassing incontinence. Incomplete emptying may also occur, resulting in pooling of urine in the bladder and increasing susceptibility to urinary tract infections.



Mobility. Problems may arise because of muscle stiffness, or from damage to the parts of the brain which control balance and co-ordination.



Pain and spasms. Due to defective nerve conduction.

Prognosis

MS is a chronic disorder and its course is typically characterised by a series of relapses and remissions over the years, with a tendency for deterioration to occur faster than from the normal aging process.

- > At worst, around 10 to 15% of cases decline very rapidly
- > At the other extreme, about 25% do very well with lengthy remissions, short relapses and good recovery to previous functioning



Treatment

Since the disease is chronic, the main focus of treatment is on:

- Suppression of symptoms, and/or
- Slowing of progress of the disease.

Pain can often be usefully tackled if its cause can be identified. Thus, non-steroidal anti-inflammatories or paracetamol can be useful for mild-to-moderate pain, or codeinebased painkillers if more potent pain relief is required.

For neuropathic (nerve-related) pains, then drugs like gabapentin or a tricyclic antidepressant, like amitriptyline, may help.

Short courses of steroids may also help in some cases.

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As the involvement of the immune system has become clearer in recent years, a new class of drugs - immune modulators, or biologics – have come to the fore.

These target various steps in the activation of the immune cascade - and are mainly successful for patients whose disease is rapidly progressing.

While this is a welcome improvement in the outlook for many, the progress of the disease is still only slowed - rather than seeing a dramatic improvement.

Physiotherapy may be a valuable adjunct - to help maintain mobility, stamina and co-ordination.

Resources

NHS: Multiple sclerosis

MS Society