



MULTIPLE SCLEROSIS

Multiple Sclerosis was first described in 1868 by a Frenchman, Jean-Martin Charcot, but for virtually a century there was little research into the condition.



STATISTICS

The distribution of MS is unusual. Roughly twice as many women as men are diagnosed. At least 85,000 people in the UK have it - about 1 in 7000 - and in reality probably there are a lot more sufferers than the statistics reflect. It commonly becomes apparent in the late 20's/early 30's but it can be diagnosed at any age.

It is particularly prevalent in temperate climates and decreases with proximity to the Equator. The North East of Scotland has the highest incidence of the disease per head of population anywhere in the world. It is the most common disease of the central nervous system affecting young adults.

WHAT GOES WRONG

The central nervous system comprises of the brain and spinal cord, which together with the nerves connecting to the rest of the body, forms the body's communication network. The Myelin Sheath, a fatty membrane which protects the nerves, is often likened to the insulation sheath around an electric wire. In MS, damage to the Myelin Sheath occurs in a way not yet fully understood.

The 'sclerosis' refers to the scarring which occurs in the brain and spinal cord; the 'multiple' to the sites of damage. Scarring represents the most basic attempt by the body to heal damaged tissue - when the structural elements of a tissue cannot be reformed - the body repairs itself using scar tissue. Sclerosis represents the final attempt to heal damage and this is true for all tissue from the skin to the brain. Scarring impairs nerve function and hence disrupts functions of the body. The symptoms which can then arise depend on where the damage and scarring occurs.

SYMPTOMS

Some typical symptoms of MS are blurred or double vision, pins and needles, impaired balance, and difficulties with co-ordination and bladder problems. Often extreme tiredness and fatigue are experienced. Because the body's internal communication system is damaged, almost any function may be affected so listing what can happen, paints an unduly black picture. Most people only experience a few symptoms and as no two people experience the same symptoms - this makes the disease difficult to diagnose.

EFFECTS OVER TIME

The disease usually takes the form of a series of 'attacks' interspersed with periods of remission. During remission, symptoms which can be disabling during an attack may virtually disappear. Such an attack or relapse may last for only a day or so - other attacks can last longer. Similarly with remissions, these may last for months or decades.

As well as relapsing/remitting MS, a small number of people have a chronic condition in which symptoms gradually worsen over a period of years.

Equally, there are people who only ever experience one attack and suffer no residual symptoms.

MS does not affect a woman's ability to have children and most women with MS keep very well during pregnancy and often the symptoms seem to disappear during that time. It was thought that MS could not be passed on to children, but it is becoming more evident that MS is appearing within families. Like most diseases there is a family pattern, but as we have seen, environmental factors are also involved.





FACING UNCERTAINTY

There is a lot of uncertainty and unpredictability associated with MS, stemming both from a variety of symptoms and the relapsing/remitting changes that can take place over time.

Stress and emotional difficulties can arise but with an optimistic outlook and common sense prevailing, these factors can be coped with - especially with support from family, carers and trained counsellors.

The cause of MS is unknown and 'treatments' mostly address only the symptoms. Having said this, much can be done to manage and control the disease - our fact sheets list some of the options. Our Therapy Centre exists to make these opportunities as easily available as possible.

If you are in contact with an MS sufferer, don't encourage self-pity, but rather help them to manage their MS by not overdoing things, resting, eating correctly and keeping fit. It is important that the sufferer learns to pace their life. The greatest support that you can offer is to be there when you are needed.

HOW THE DIAGNOSIS IS MADE

Diagnosis of Multiple Sclerosis depends on the identification of at least two separate areas of damage in the central nervous system.

Taking a sample of spinal fluid via a lumbar puncture used to be an important test. The fluid was analysed for evidence of inflammation and for various other chemical clues to the presence of Multiple Sclerosis.

Although the test is sometimes necessary, it is fortunately getting less common following the appearance of specialist brain and spinal cord scanning. The original brain scans (CT scans) were not often accurate and sensitive enough to detect damage due to Multiple Sclerosis. The newer MRI (Magnetic Resonance Imaging) can very accurately detect areas of damage within the brain and spine. These scans now give the best clue to the diagnosis. MRI scans have made diagnosis easier. Previously it was sometimes very difficult to be certain of the diagnosis, and doctors were reluctant to tell people that it was possible that they were suffering from MS.

