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Messages move along the pathways of your nervous system at a speed that’s almost unbelievable. You probably don’t think about this invisible rapid transit system, but it dictates your thoughts, movements and other body functions. When you have multiple sclerosis (MS), this transit system goes awry. The pathways it relies on grow unstable and unreliable, like faulty train tracks. The damage is not always as severe as a derailment, although it can be. But it’s often enough to delay or distort those messages in a way that can severely affect your quality of life and ability to function. An estimated 1 million people in the U.S. have MS. Women are more susceptible. Symptoms tend to be first noticed between ages 20 to 40, and most live for decades with MS. A large study found that, on average, people with MS live into their 70s, although their life expectancy is somewhat shorter than the general population. The good news is that newly developed treatments have improved quality and length of life for people with MS. In MS, the immune system attacks the protective sheath, called myelin, that covers nerve fibers. Damage to the myelin causes communication problems between your brain and the rest of your body. Eventually, the disease can cause permanent damage or deterioration of the nerve fibers. Symptoms of MS vary widely and depend on the amount and location of nerve damage. Movement of the body is most often affected, including symptoms such as: Numbness or weakness in one or more limbs that typically happens on one side of the body at a time, or the legs and trunk. Tingling sensations or sensations that feel like small electric shocks that happen with certain neck movements, especially bending the neck forward. Tremor, lack of coordination or unsteady gait. Vision problems also are common, including: Painful loss of sight in one eye. Blurry vision. Prolonged double vision. Other people experience slurred speech, fatigue, dizziness or vertigo, or problems with bladder, bowel or sexual function. Some people with severe MS may lose the ability to walk independently or at all. Others may have long periods of remission without any new symptoms. If you have any of these symptoms, see your healthcare team. A diagnosis of MS is typically based on: A complete medical history. Neurological examination. Magnetic resonance imaging (MRI) of the brain and spinal cord. A healthcare professional may also do a spinal tap in some cases. The disease may follow one of three courses: Relapsing remitting — This is the pattern for the majority of people diagnosed with MS. People have symptoms that flare up every 1 to 3 years, followed by remission and recovery periods. Secondary progressive — Slow deterioration happens after years of flare-ups, eventually causing some degree of permanent disability. Primary progressive — Neurological function steadily deteriorates without periods of remission. Read More: Pregnancy and MS Although there is no cure for MS, there are therapies that help reduce the risk of relapses and slow the disease’s progression. Treatment depends on the type of MS. There also are treatments to help control certain symptoms. Relapses, attacks or a sudden worsening in condition can be managed with corticosteroid medications, therapeutic plasma exchange (plasmapheresis) or both. Corticosteroids, such as intravenous methylprednisolone (Depo-Medrol, Solu-Medrol), decrease inflammation, help you recover faster from relapses. They also help reduce symptoms. Plasma exchange, also known as plasmapheresis, involves separating plasma (the liquid part of the blood) from the blood cells. The separated cells are then combined with a protein solution, called albumin, and put back into the body. This “cleans” the liquid portion of the blood, which may have contained circulating proteins. Plasma exchange is generally reserved for more-severe attacks of MS that don’t respond to steroids. Possible side effects include dizziness, nausea and decreased blood pressure. Much of the immune response associated with MS happens in the early stages of the disease, so starting treatments early in the disease progression can lower the relapse rate and improve your overall outcome. For primary progressive MS, ocrelizumab (Ocrevus) is the only FDA-approved disease-modifying therapy (DMT). For relapsing-remitting MS, several DMTs are available. They include self-injection, oral and infusion therapies. While each offers benefits in controlling symptoms, you need to consider side effects too. Work with your health care team to develop a treatment program that works best for you. Relieving symptoms is a main focus of MS care and often includes: Physical and occupational therapy — Helps preserve independence through use of strengthening exercises and devices to make everyday tasks easier. Counseling — Individual or group therapy helps people with MS and their families deal with emotional stress. MS can be uniquely challenging because of its unpredictable course. Staying flexible, optimistic and involved can help people cope with the disease. Medications — Drugs that relax muscles and prevent spasms, reduce fatigue, increase walking speed, and treat depression and anxiety are used to help symptoms. This article originally appeared in the Mayo Clinic Health Letter. Relevant reading Mayo Clinic on Crohn’s Disease & Ulcerative Colitis Gut health shortcuts and long-term whole-body research shed light on inflammatory bowel disease through every type of IBD, life phase, and related disease, including cancer. Reduce your symptoms and improve your quality of life by taking two expert Mayo Clinic doctors’ easy-to-digest advice. Discover more Living Well content from articles, podcasts, to videos. View Living Well