

Some people with MS claim that cannabis is helpful in relieving their symptoms, especially spasticity. Clinical trials have shown some benefit from both cannabis and cannabis extracts for reducing symptoms of MS. However, at present cannabis remains illegal and can only be used for research purposes.

Surgery

Surgery is occasionally used in patients with bladder and bowel problems, or on the brain to reduce tremor.

Living with MS

You can get support and advice from a wide range of health professionals to help you live with MS. In some areas of the UK there are multi-disciplinary teams, with a specialist MS nurse co-ordinating the activities for patients.

Exercise

A physiotherapist can advise you on the right amount of exercise to do, which aims to keep your joints supple and your muscles toned.

Diet

A dietician can advise you on a well balanced diet, which is important if chewing and swallowing are a problem. Foods high in polyunsaturated fats (particularly linoleic acid) have been shown to be beneficial in some studies.

Practical adjustments

You may need special equipment, to reduce your working hours or even change your job as a result of MS. You can get advice about work roles and funding for equipment from disability employment advisers, who are normally based at local Job Centres.

You may also need specific medical aids and appliances, such as catheters if you have bladder problems. You should be able to get these through a district nurse or nurse continence adviser. You should try to use whatever aids are available to help you get out and about. This is beneficial both psychologically and physically.

Social support is often as important as medical treatments. Charities such as the Multiple Sclerosis Society (see Further information, below) can give advice and support to both you and your family.

Further information

Multiple Sclerosis Society

☎ 0808 800 8000
www.mssociety.org.uk

National Institute for Clinical Excellence

www.nice.org.uk

Multiple sclerosis

This factsheet is for people who have multiple sclerosis.

Multiple sclerosis (MS) affects the nerves in the brain and spinal cord, causing problems with muscle control, vision, balance and sensation. Around 85,000 people in the UK are affected by MS. It is most likely to begin in people aged between 20 and 40 and women are more likely to be affected than men.

What are nerves?

Nerves are made up from many nerve fibres. Thousands of nerve fibres in our body transmit tiny electrical impulses or messages between different parts of the brain and spinal cord. Nerves come out of the brain and spinal cord and take messages to and from muscles, the skin, body organs, and tissues. Each nerve is structured like a microscopic cable, with an inner core for conducting nerve signals protected by a coating called a myelin sheath.

What is MS?

MS is thought to be an autoimmune disease. This means that your body's immune system, which normally attacks things like bacteria and viruses, attacks your own healthy body tissue. In MS, damage to the myelin sheath - known as demyelination - means that the nerve can't send signals properly. The nerves damaged in this way become scarred or hardened. Sclerosis means hardening.

What causes MS?

The precise cause of MS is unknown but it is thought to have several different 'causes' because the evidence suggests that there are both genetic (inherited) and environmental factors. Geography seems to be a factor as the number of people in the population with MS increases with distance from the equator.

What are the symptoms of MS?

MS affects different people in different ways, and symptoms can vary from day to day. The most common symptoms include:

- vision problems, including eye pain, dim or blurred vision and double vision
- problems with walking, balance and coordination
- stiffness and spasm
- numbness or "pins and needles"
- tremor (shakiness)
- speech difficulties

This factsheet is based on reputable sources of medical evidence and has been reviewed by BUPA doctors. For more details of references and sources, please see our website. The content is intended for general information only and does not replace the need for personal advice from a qualified health professional.

- poor memory, feeling emotional and difficulty in thinking logically
- painful muscle spasms
- fatigue
- muscle weakness
- difficulty swallowing
- bladder and bowel problems
- sexual difficulties (erectile dysfunction in men)

This is a daunting list, but remember it's unlikely that you will have all of these symptoms.

Different types of MS

There are three basic types of MS, which are described below.

Relapsing-remitting

In around 80 percent of people, their MS starts off as a relapsing and remitting condition. This means there are periods of relapse, when symptoms flare up, often quite suddenly, and then periods of remission, when symptoms improve.

Secondary progressive

After a period of having relapsing-remitting MS, secondary progressive MS can develop. There are gradually shorter periods of remission and worse symptoms during relapses. About half of people who have relapsing-remitting MS go on to the secondary progressive stage in the first 10 years.

Primary progressive

For about 3 people in 20, there are no periods of remission and the disease gets gradually worse from the start. This

causes increasing disability, and can reduce life expectancy.

The course of the MS can be very unpredictable. In some cases, there are gaps of 10 years between flare-ups. In others they are frequent. In men who develop the disease for the first time in middle age, deterioration may be rapid.

Diagnosing MS

There is no simple test to diagnose MS. Doctors usually diagnose the disease after studying the symptoms. Usually two episodes of neurological symptoms are needed to confirm the diagnosis. Other tests that your neurologist may do include those listed below.

- An MRI (magnetic resonance imaging) scan of the brain and spinal cord, which uses magnetic waves to create pictures. This may show a particular pattern of damage due to MS. The scan is also useful in ruling out other causes of your symptoms.
- A lumbar puncture (spinal tap), where a sample of cerebrospinal fluid is taken by inserting a needle between two vertebrae of the spine. In MS, the fluid may contain white blood cells, high protein levels and certain antibodies.
- Evoked potential testing, which measures electrical activity in the brain in response to stimulation. Wires are placed on the scalp and the arms or legs are stimulated with a mild electric current. Sight and hearing can also be tested in this way.

- Neuropsychological tests, which examine how the areas involved in thinking (rather than moving) are working. Psychologists will give you tasks to check various abilities such as memory, judgement and reasoning.

Managing MS

There are no completely successful treatments for MS. But by managing your condition, you can aim to reduce the frequency and severity of your attacks, and improve your symptoms. Just as important as medical treatments to control your symptoms is having timely access to practical support as soon as any new symptoms develop. This includes neurological rehabilitation schemes that help you to continue with independent living. Information on managing MS is contained in the document, *Understanding NICE guidance - information for people with MS, their families and carers, and the public*. See Further information, overleaf.

Disease-modifying drugs

Disease-modifying drugs can affect the course of your disease, and help reduce the frequency or severity of attacks.

Steroids

Your GP may prescribe you a course of steroids, usually methylprednisolone (eg Depo-Medrone), to help make your relapses shorter and less severe.

There are few side-effects from taking short courses of steroids, but long-term treatment can cause raised blood

pressure, diabetes, osteoporosis and a change in your appearance (reddened face, acne, obesity). Generally, you should not take more than three courses of steroids in a year, and you should not take steroids for more than three weeks at a time.

Other drugs may modify the course of your disease.

- Interferon beta-1a (Avonex or Rebif) and interferon beta-1b (Betaferon) are used for some people who have the relapsing and remitting form of the disease. They are not effective for everybody, and some people experience side-effects such as irritation at the injection site, flu-like symptoms, diarrhoea and insomnia.
- Glatiramer acetate (Copaxone) injections can reduce the frequency of attacks of MS. It can be prescribed for some people with relapsing-remitting or secondary progressive MS.

Only patients with certain types of MS (relapsing-remitting and secondary progressive) are entitled to receive these medicines on the NHS. Also, only a neurologist at a specialist MS centre can prescribe the drugs.

Symptom-controlling drugs

Drugs can be used to treat your symptoms of MS. These include muscle relaxants for muscle spasms and stiffness (spasticity) and treatments for incontinence, constipation and sexual dysfunction (impotence).