

CHOCICEFS

DIAGNOSIS

People often wonder why it is sometimes difficult for medical advisers to decide on a diagnosis or, at any rate to tell a person the name of the disease or condition involved. This is not an uncommon experience in Multiple Sclerosis.

Also many other conditions may produce symptoms almost indistinguishable from MS symptoms.

So, what is diagnosis?

The process of arriving at a diagnosis should result in an understanding by the doctors of the nature of the condition, which should be passed on to the patient in a caring and positive manner. In fact, it is not always as easy as that to reach a definite diagnosis and explaining to the patient may sometimes not be as simple as people would like. There may be a delay or even a wrong diagnosis.

It is important to keep in mind that the common symptoms of MS can also be symptomatic of other conditions so the list that follows of ways in which Multiple Sclerosis shows itself should be read with this in mind. It is also true that there is no set pattern and some people will experience symptoms that others will not and these can also vary from time to time, occurring singly or in combination.

Some symptoms are obvious to people you meet, like walking problems, but others are not and can be difficult to describe to other people, like fatigue and sensory disturbances.

Some people rarely have attacks and their symptoms are quite slight, while other people have problems that are moderate, severe or extreme during attacks. Difficulties can arise even between attacks although some relief may be experienced. Other people experience a slow, sometimes almost imperceptible change in condition with no obvious attacks.

Unfortunately there is no one single test or procedure that can be used to accurately diagnose MS. It is usually based around a number of things such as looking into medical history and a series of tests. Other conditions need to be ruled out before they can confirm a diagnosis.

The process of diagnosing may well include some or all of the following:

Neurologist examination

The process usually starts with a referral to a Consultant Neurologist. Medical history and current symptoms will be covered and some simple examinations such as checks on movement, vision, coordination, balance, reflexes etc. The information from these will help to indicate where in the central nervous system damage may have occurred and whether further tests are needed. If the patient history and examinations suggest MS, more tests will look for the evidence within the body. There are set criteria that need to be met to positively identify MS.



Further tests that may be suggested are as follows:

MRI scanning

An MRI, or Magnetic Resonance Imaging, is used to identify any areas of the brain or spinal cord that may have scarring. Magnetic and radio waves are used, meaning that there is no exposure to x-rays or any other damaging forms of radiation.

Lumbar Puncture

A lumbar puncture (also known as a spinal tap) is a procedure where a sample of the cerebrospinal fluid is taken and analysed to test for any abnormalities that can indicate MS. CSF is the fluid that supports and protects the brain and spinal cord.

Evoked Potentials

These are very simple electrical tests that measure the time it takes for nerves to respond to stimulation. *Visual Evoked Potentials* are the most commonly used in the diagnostic process.

It is important to keep in mind that these tests do not always give a conclusive result. Mostly people with MS will show some lesions or areas of inflammation on a MRI but there are still a small proportion of people whose MRI shows nothing at all. As with a lumbar puncture, there are around 5% of people with MS with a negative result.

In summary, a diagnosis of MS is still undertaken through your medical history, clinical and neurological assessment and judgment by a neurologist.

After diagnosis...

Once a diagnosis is confirmed, thoughts about life may/will change. It is difficult to wonder if every little 'twinge' is another sign or symptom of disease progression or the start of another attack. Everyone is likely to have thoughts like these at some point and they are only to be expected. Nevertheless, having MS does not mean that you will not have any other illness or condition and it often happens that MS symptoms are worse when people are feeling 'under the weather' in other ways, like having a simple cold.

Steps can be taken on how to manage certain symptoms, treatment plans set up to try to help reduce attacks and/or progression. Other drugs may be available to help manage specific symptoms. The patient may well be put in touch with a MS Nurse. The MSRC Advisory Service is available during office hours for any information, advice and help required. The MSRC 24 hour Telephone Counselling Service is available to the patient and to their families/friends if more support is needed. All calls are taken by people experienced with dealing with MS directly, by them either having it themselves or knowing someone personally. Alternative therapies are available through the MS Therapy Centre's situated around the country. There are a range of different therapies available. Call the MSRC office for more details.

The point of diagnosis can be a very difficult time; is something new to be accepted and life adjustments may need to be made. MSRC can help where possible to make this time easier, provide the support that is often needed and help provide the options available for the individual to choose the right pathways for themselves.