MSA may be unmasked by sudden worsening of postural hypotension after treatment with L-Dopa.

SE: nausea, unwanted movements, orthostatic hypotension, arrhythmias, psychosis, compulsions

Parkinsonism + autonomic dysfunction + cerebellar ataxia

Extra pyramidal symptoms may precede autonomic failure

SE: flu like symptoms, depression, abortion

Vertical gaze palsy is most significant clinical feature

Prognosis is less than 10 yrs following diagnosis

Sensory: pins and needles, decreased vibration sense, trigeminal neuralgia

Survival: less than 10 yrs following diagnosis

Due to degeneration of substantia nigra dopaminergic neurones (presence of Lewy bodies in this area)

Use sparingly - less than 3 times a year

Decreases relapses significantly

SE: opportunistic infections

Visual defects: diplopia, hemianopia, optic neuritis, nystagmus

Hereditary copper accumulation

1g / 24hr IV / PO for 3 days

Alliance between doctors, physios, nurses, GP, patients and carers

Relapsing remitting disorder with plaques of demyelination throughout CNS

Balance symptom relief with bad side effects

No effective treatment

Often due to interplay of illness and drug SE

Wilson's disease

Glatiramer Acetate Mimics myelin protein

Fatigue, depression, decreased cognition

Motor: spastic weakness, hyperreflexia

Progressive reduction in speed / amplitude of repetitive actions

Seen in at least 50% of cases

Anti TNF

Depression is very common

Effect wears off with time

Monotonous speech, expressionless face, dribbling

hydrocephalus

Apaxic gait = communicating

Kayser-Fleischer Rings