

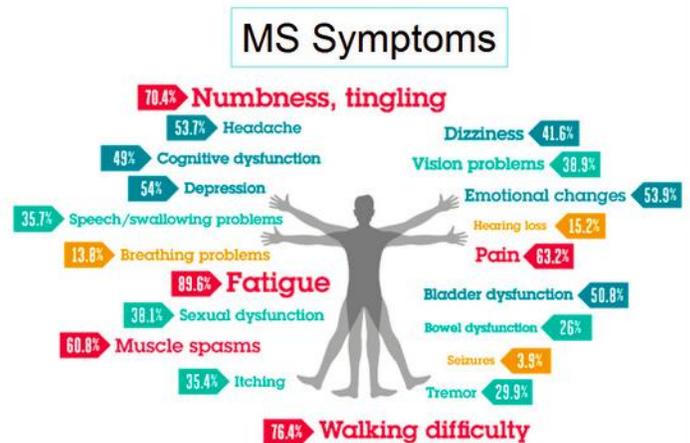
# February 2021 Newsletter



## Exploring Some Less Common MS Symptoms

MS is an autoimmune disorder where the system designed to keep the body healthy (the immune system) mistakenly attacks the nerves in the brain and spinal cord. The resulting nerve damage can cause a myriad of symptoms that can be variable and unpredictable. It's not unusual for people with MS to experience such things as fatigue, numbness and tingling, muscle spasms, walking difficulties, bladder and bowel dysfunction, vision problems and cognitive changes. There are a number of other MS symptoms that aren't seen as frequently.

Approximately 25 to 40 percent of people with MS have problems with their speech, particularly later in the disease course and during periods of extreme fatigue. [Scanning speech](#) is commonly associated with MS. This is when spoken words are broken up into separate syllables, often separated by a noticeable pause, and spoken with varying force. People with MS may slur words ([dysarthria](#)) due to weakness of the muscles of the tongue,



lips, cheeks and mouth. Nasal speech and [stuttering](#) can also occur. Sometimes speech volume is affected ([dysphonia](#)) due to weakness in the diaphragm, making it difficult to be heard. As discussed in our [November 2019 newsletter](#), a speech-language pathologist can provide useful exercises to treat speech abnormalities or suggest [assistive devices](#) and/or [smart phone apps](#) that may help with communication, if necessary.



Difficulty chewing and swallowing ([dysphagia](#)) are sometimes observed in individuals with MS. Manifestations of these problems might include saliva, fluid or food going down the “wrong pipe”, choking during mealtime, or having residual food in the mouth after swallowing. While more frequent in advanced disease, these difficulties can occur at any time. Chewing and swallowing each require a number of muscles in the mouth and throat to work in a coordinated way. In MS, damage to the nerves that control these muscles can cause weakness and incoordination that make eating more challenging. Numbness of the mouth and throat can also cause these problems. These issues are usually diagnosed and treated by a speech-language pathologist. Treatment typically consists of strategies for safer chewing and swallowing, dietary changes, or [exercises](#) designed to improve swallowing.

[Tremor](#), or uncontrollable shaking, may happen in different parts of the body due to nerve damage along the pathways that are responsible for coordination of movement. Tremor can be classified in two main categories. Resting tremors occur when a limb is at rest and the muscles are relaxed (for example, a person with MS may experience a resting tremor when their hands are resting on their lap). This type of tremor decreases with movement. An action tremor, on the other hand, occurs with voluntary movement of the affected body part. An intention tremor is the most common and generally the most disabling form of action tremor that affects people with MS. It generally occurs with purposeful movement toward a target, such as lifting a finger to touch the nose or reaching to pick up an object. Typically, the tremor will become worse as an individual gets closer to their target. A postural tremor may occur when an individual with MS holds a position against gravity, for example holding their arms outstretched. People with MS may also experience [nystagmus](#), which affects the eyes, causing them to flick rapidly from side to side, up and down or in a circular fashion. Tremor can make simple activities very challenging. It can also have



emotional and social impacts as those experiencing tremor may be embarrassed and choose to isolate themselves as a result. It is a difficult symptom to treat. Lifestyle changes such as avoiding stress, getting plenty of rest and not drinking caffeinated beverages may help those who suffer from mild tremors or help prevent them from beginning in the first place. Many of the [medications](#) used to treat MS-related tremor are not FDA-approved for this purpose and must be used [off-label](#). An occupational therapist can provide advice about [assistive devices](#) to aid with activities of daily living that may be impacted by tremor, such as writing, dressing, and cooking. Physical therapists can help when tremor makes mobility challenging and increases the risk for falling.

Breathing difficulties may also occur in MS. Just as a person can experience muscle weakness in the arms or legs, weakness can occur in the muscles of the chest and abdomen that are involved in breathing, resulting in an individual having to work harder to inhale and exhale. Difficulty breathing can also interfere with speech, making it much harder for a person to carry on a conversation or speak loudly enough to be heard. These issues may be caused by damage to the nerves controlling the respiratory muscles, or they can be the result of inactivity (bedrest or a sedentary lifestyle). Individuals experiencing the [MS hug](#) may also have difficulty breathing because of pain and tightness in the chest. Symptoms of mild respiratory issues may include shallow breathing, shortness of breath, hiccups, cough or frequent sighing. For minor problems like this, [breathing exercises](#) may be helpful. In more severe cases, individuals may experience labored breathing or feel like they have a weight on their chest. Individuals experiencing difficulty breathing should be treated promptly, whether or not they have MS. This is usually done by a healthcare professional with special training in this field.



Approximately 6 percent of people with MS experience hearing loss due to damage to the related nerve pathways in the brain and the brainstem. Symptoms range from ringing in the ears ([tinnitus](#)) to sudden deafness. This can occur as the first symptom of MS (although this is very rare) or during an exacerbation. Most hearing deficits caused by MS tend to improve. Because it is so uncommon, people with MS that experience hearing loss should be evaluated by an [audiologist](#) to rule out other causes.

Seizures, which are the result of abnormal electrical discharges in an injured or scarred area of the brain, are possible (but rare) in MS. They are estimated to occur in 2 to 5 percent of people with MS, compared to 3 percent of the general population. Seizures are classified into [two forms](#). Generalized seizures affect both sides of the brain and focal (or partial) seizures are located in just one area of the brain. Seizures are usually diagnosed by clinical history and an electroencephalogram (EEG), which is a recording of electrical activity in the brain. Most seizure disorders can be well controlled by use of the appropriate [anticonvulsant medication](#) and continuing medical supervision.

People with MS may experience a number of other uncommon symptoms, such as [headaches](#). Treatments for headaches include a variety of [medications](#), physical therapy and lifestyle changes. Sudden, intense itching ([pruritis](#)) can also occur which often worsens with scratching. The itching associated with MS is often paroxysmal, meaning it comes on suddenly with great intensity, but is temporary (lasting anywhere from a couple of seconds to minutes).



Because this type of pruritis is neurologically based, it does not respond to topical treatments. [Anticonvulsants](#), [antidepressants](#) and the antihistamine [hydroxyzine](#) are typically used to treat it instead. Individuals with MS may experience vertigo (feeling as if the room is spinning). This is often treated by an audiologist, or with a number of [medications](#). MS can also cause emotional instability, known as the [pseudobulbar affect](#) (PBA), due to lesions in the areas of the brain that control emotions. This is characterized by sudden, uncontrollable laughing or crying. This can be embarrassing and cause people to isolate themselves from others. [Nuedexta](#) is the only medication that is approved to treat PBA, however low dose antidepressant medications are also used to reduce the severity and frequency of emotional outbursts.

Most of the less common symptoms of MS can be treated successfully with medications, or with non-drug approaches like specialized exercises or lifestyle changes. As discussed in our [July 2019 newsletter](#), people with MS often have other illnesses (known as comorbidities). It

is very important to have any new or unusual symptoms thoroughly evaluated to determine if they are associated with MS or caused by some other health condition. This distinction is essential in determining the most effective treatment and achieving the best outcome.

