



MULTIPLE SCLEROSIS

Multiple sclerosis (also known as MS) is a common neurological disorder that generally affects young adults. The exact cause of this neurological disorder is unclear, but it is known that people living in higher latitudes are more likely to have multiple sclerosis. While the incidence of multiple sclerosis in the United States is fairly low, the number of people living in the northern states with the disorder is approximately five times that of people living in southern states. Additionally, the disorder has been shown to be much more prevalent in northern countries such as Scotland, Sweden, and Norway.

Q. WHAT IS MULTIPLE SCLEROSIS?

A. Multiple sclerosis is a neurological disorder that affects both men and women. It is classified as a demyelinating disorder, where the sheaths that normally cover your nerves are partially destroyed. It is unclear whether there is an inherited component to this disorder. Multiple sclerosis usually follows a course associated with intermittent exacerbations and eventual slow progression with severe disabilities and sometimes death. Often people may live with the disorder for 25 years before death. This disorder may be initiated by a problem with the immune system.

Q. WHAT ARE THE SYMPTOMS OF MULTIPLE SCLEROSIS?

A. A woman with multiple sclerosis typically presents to her physician with several unusual neurological problems. Initially, she may have neurological symptoms for 2 to 3 days with complete resolution of the symptoms over a short period of time. Often the initial symptoms are subtle and only sensory in nature. Over time several other neurological complaints may present including weakness of the legs, visual disturbances including blurred vision and dizziness, loss of coordination, difficulty articulating words, a tremor, and bladder control problems. A significant number of people with multiple sclerosis develop optic neuritis at some point which is the result of demyelination of the optic nerve (the large nerve to the eye). These women often initially complain of visual problems.

Q. HOW IS THE DIAGNOSIS OF MULTIPLE SCLEROSIS MADE?

A. The diagnosis of multiple sclerosis is usually made by clinical history. As noted above, several intermittent neurological complaints that initially resolve and often have associated visual disturbances are common with multiple sclerosis. The definitive diagnosis is made by MRI (magnetic resonance imaging). This is an X-ray study of the brain that shows the demyelination process. The typical lesion seen on MRI is called a plaque, and is seen in over 90% of patients with multiple sclerosis.

Q. WHAT IS THE TREATMENT FOR MULTIPLE SCLEROSIS?

A. Currently there is no effective treatment for multiple sclerosis. Multiple sclerosis is a slowly progressing disease that continues despite any attempted treatment. At this time, physicians treat acute flares in an attempt to help patients cope with this disorder. Intravenous corticosteroids are often used to try to decrease the severity of an acute attack. Due to the fact that this disorder likely has an immunologic component, immunosuppressive therapies have been tried with only moderate success. Finally, plasmapheresis, where your blood is removed, antibodies washed away, and then the blood returned to your body is currently being tried on an investigational basis.

Q. HOW DOES MULTIPLE SCLEROSIS AFFECT PREGNANCY?

A. Multiple sclerosis rarely causes complications with pregnancy. Additionally, there has been no associated worsening of multiple sclerosis with pregnancy. Most pregnancies proceed normally with multiple sclerosis, with all decisions in the pregnancy being made for obstetrical reasons only. Studies have shown that less than 10% of patients with multiple sclerosis notice a worsening of their disorder with pregnancy. If a flare up does occur, it is usually late in the third trimester, or even more likely, in the postpartum period (after the baby is born). Approximately 6 months after the baby is born, the risk of acute flare of multiple sclerosis returns to that level noticed in the non-pregnant state.

If a patient has progressive multiple sclerosis and is in a paraplegic state at the time of pregnancy (unable to use the legs), she may have several problems with pregnancy related to her paraplegia. These include an increased risk of urinary tract infections because of difficulty keeping the area clean due to episodes of incontinence. These women should be routinely screened during the pregnancy for asymptomatic urinary tract infections. Also, these women may have difficulty with the second stage of labor where pushing is involved. Not only may these women not feel their contractions, they may be unable to exert any expulsive effort when it is time to start pushing. Physicians may need or recommend vacuum-assisted vaginal delivery or forceps-assisted vaginal delivery in these cases because of the woman's inability to push.

Finally, choice of anesthetic agent is an issue for pregnant women with multiple sclerosis. Several studies have been done comparing epidural and spinal analgesics for control of pain. To date, it appears that both forms of analgesia are safe for pregnant women with multiple sclerosis.

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