

Amyotrophic Lateral Sclerosis



Amyotrophic lateral sclerosis (ALS) is a progressive neuromuscular disease that destroys muscle-controlling nerve cells called motor neurons.

In ALS, motor neurons in the **brain and spinal chord** are affected. As these nerve cells deteriorate and are lost, they stop sending signals to muscles. In the **absence of signals**, the muscles they control atrophy, becoming weak and then nonfunctional.

ALS is estimated to affect **5 out of every 100,000** people in the United States. Between **15,000 and 20,000 Americans** are estimated to be **living with ALS** in the U.S.

Onset of ALS symptoms usually occurs in **late middle age or later**, although it also can occur in young adults, as well as in the elderly.

ALS affects persons of **all races and ethnicities**, and men are slightly more likely to develop ALS than women.

Some studies suggest that **military veterans** are about 1.5 to 2 times more likely to develop ALS. ALS is recognized as a **service-connected disease** by the U.S. Department of Veterans Affairs.

Most ALS cases are sporadic, meaning there is no family history of the disease. About **5 to 10 percent of cases are familial**, meaning the disease runs in the family. Both familial and sporadic ALS can stem from genetic causes, and some people who have a diagnosis of sporadic ALS may carry ALS-causing genetic mutations that can be passed on to their children. **A genetic counselor** can help people with ALS understand inheritance and any associated risks for family members.

The **causes** of the vast majority of ALS cases are still **unknown**.

ALS affects many parts of the body, most notably the **skeletal and respiratory (breathing) muscles**.

Each person's disease course is unique, but eventually most individuals with ALS will not be able to stand or walk, get in or out of bed on their own, use their hands and arms, or breathe without assistance.

The **involuntary muscles**, such as those that control the heartbeat, gastrointestinal tract and bowel, bladder and sexual functions are not directly affected in ALS. **Sensations**, such as vision, hearing and touch, are also unaffected.

In many cases, ALS does not affect a person's thinking ability. However, as many as 50% of people with ALS develop some degree of **cognitive** (thinking) or **behavioral** abnormalities.

Lifespan after an ALS diagnosis typically is **2 to 5 years**.

Currently, there is no cure for ALS and no effective treatment to halt or reverse the progression of the disease. However, there are treatments that may modify or slow the disease course, as well as therapies that can help control symptoms, prevent unnecessary complications, and make living with the disease easier.



What are the signs and symptoms of ALS?



What should I know about ALS?

- 1 There is no test that can provide a definitive ALS diagnosis. Diagnosis is based on a detailed history of symptoms and signs observed by a physician during physical examination, along with a series of tests meant to rule out other diseases that can mimic ALS.
- 2 For many individuals the first sign of ALS may appear in a hand or arm, as they experience difficulty with simple tasks such as buttoning a shirt, writing, or turning a key in a lock. In other cases, symptoms initially affect one of the legs, and people experience awkwardness when walking or running or they notice that they are tripping or stumbling a lot.
- 3 When symptoms begin in the arms or legs, it is referred to as limb-onset ALS. In bulbar-onset ALS individuals first notice speech or swallowing problems.
- 4 In the early stages of ALS, muscles may become weak and soft or stiff, tight and spastic. Muscle cramping and twitching (fasciculations) occurs, as does loss of muscle bulk. Symptoms may be limited to a single body region or may affect more than one region. The person may experience fatigue, poor balance, slurred words, a weak grip, tripping when walking or other minor symptoms.
- 5 Symptoms become more widespread in the middle stages of ALS. Some muscles are paralyzed, while others are weakened or unaffected. Fasciculations may continue. Unused muscles may lead to contractures, in which the joints become rigid, painful and sometimes deformed. If a person falls, he or she may not be able to stand back up without help. Weakness in swallowing muscles may cause choking and greater difficulty eating and managing saliva. Weakness in breathing muscles can cause respiratory insufficiency. Some people experience bouts of uncontrollable and inappropriate laughing or crying (pseudobulbar affect).
- 6 In the late stages of ALS, most voluntary muscles are paralyzed. The muscles that help move air in and out of the lungs are severely compromised. Mobility is extremely limited, and help is needed in caring for most personal needs. Poor respiration may cause fatigue, fuzzy thinking, headaches and susceptibility to pneumonia. Speech, or eating and drinking by mouth may not be possible.
- 7 In ALS, death typically results from respiratory failure.

How is ALS treated?

The U.S. Food and Drug Administration (FDA) has approved the drugs riluzole (brand name Rilutek*) and edaravone (brand name Radicava*) to treat ALS.

- **Rilutek** is believed to protect motor neurons by decreasing levels of the neurotransmitter glutamate. Clinical trials in people with ALS showed that Rilutek prolongs survival by a few months, but does not reverse the damage already done to motor neurons.
- **Radicava** is thought to work by relieving the effects of oxidative stress, which has been suspected to play a role in the death of nerve cells in people with ALS. Radicava has been shown to slow the decline in clinical assessment of daily functioning in persons with ALS.

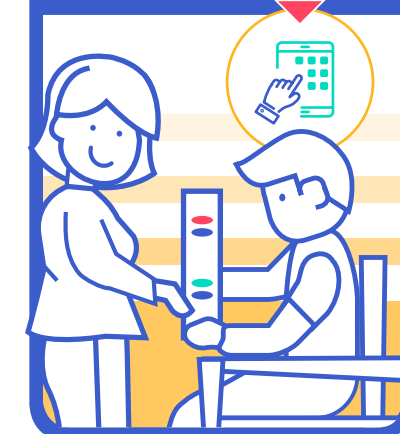


Nutritional support is an important part of care. Nutritionists can teach individuals and caregivers how to plan and prepare small meals throughout the day that provide enough calories, fiber, and fluids, and how to avoid foods that are difficult to swallow. Suction devices may be used to remove excess fluids or saliva and prevent choking.

Physical therapy helps to restore and maintain muscle strength and function through exercise, as well as to maintain range of motion through stretching. Occupational therapy can help people with ALS conserve energy and remain mobile.

Respiratory devices such as BiPAP (bilevel positive airway pressure) can assist the movement of air in and out of the lungs. This support, delivered through a mask over the nose and/ or mouth, is called noninvasive ventilation (NIV). As ALS progresses and muscles weaken further, individuals may consider forms of mechanical ventilation, in which a machine inflates and deflates the lungs. Doctors may place a breathing tube through the mouth or may surgically create a hole at the front of the neck and insert a tube leading to the windpipe (tracheostomy). The tube is connected to a respirator.

Speech therapy can help with difficulties speaking or swallowing. Other useful technology can help with writing, art projects, using a computer or cellphone, and electronically controlling the environment. Computer-based speech synthesizers that use eye-tracking technology can help with nonverbal communication, and voice banking allows patients to store their own voice for future use.

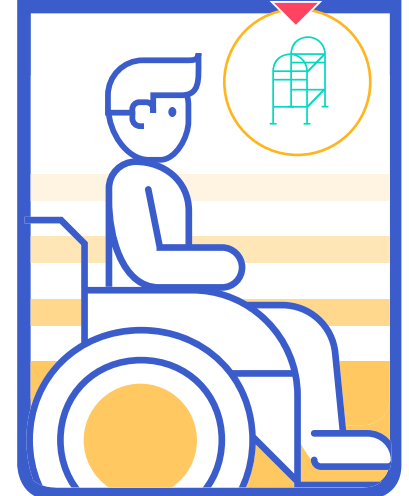


Muscle relaxants may reduce spasticity. Botulinum toxin may be used to treat jaw spasms or drooling, and there are medications that can be used to reduce excessive saliva. Nuedexta can be prescribed to help control pseudobulbar affect. Antidepressants and anxiolytics may be helpful in treating depression and anxiety, and other drugs may help with pain, sleep disturbances and constipation.

A machine called the cough assist can help to remove secretions from lungs.

A gastrostomy tube (sometimes called a g-tube or feeding tube) allows liquid nutrition to enter the stomach directly, bypassing the mouth, throat and esophagus, when weakness in the muscles of the throat makes chewing or swallowing difficult and prevents individuals from being able to get enough nourishment from eating.

An array of assistive technology products can help maintain mobility and independence even when muscles become very weak. Strollers, walkers, various kinds of powered and manual wheeled vehicles and wheelchairs can help people with ALS stand and move around.



*Please talk to your medical provider to obtain more information about Rilutek, Radicava and other potential treatments for ALS.



MDA Glossary

Aspiration

When food or liquid accidentally enters the windpipe instead of the stomach

Atrophy

A decrease in the size and mass of muscle tissue

Contracture

A shortening of muscles or tendons around joints that can limit mobility

Dysarthria

Difficulty speaking or forming words

Dysphagia

Difficulty swallowing

Dyspnea

Difficulty breathing

Fasciculations

Muscle twitching

Mutation

A flaw in the DNA code

Oxidative stress

An imbalance between the production of free radicals (highly reactive oxygen-containing molecules) and the ability of the body to counteract or detoxify their harmful effects through neutralization by antioxidants

Progressive

Describes a disease in which the symptoms get worse over time

Pseudobulbar affect

Bouts of uncontrollable and inappropriate laughing or crying

Sialorrhea

Excessive saliva

Spasticity

An unusual tightness or stiffness of muscles

To learn more about ALS, visit mda.org or contact the MDA National Resource Center at 833-ASK-MDA1 (275-6321).



Designated a Top-Rated Charity by the American Institute of Philanthropy, MDA is the first nonprofit to receive a Lifetime Achievement Award from the American Medical Association for "significant and lasting contributions to the health and welfare of humanity."



Muscular Dystrophy Association

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