



A Roadmap for the Newly Diagnosed

Words and Terms You May Hear on Your MS Journey

Since your diagnosis, you might have heard new terms and words you've never heard before. Living with MS can feel like those around you – such as your doctors and healthcare providers, fellow patient advocates and community members – are all speaking a language only they know.

To help get you up to speed, below are some (not all) of the words and terms you may hear on your MS journey.¹ We've also left a space to take notes along the way as you learn more.

To read about additional words and phrases related to the MS community, please visit: The Multiple Sclerosis Association of America's (MSAA) [Glossary of Multiple Sclerosis Terms Page](#).

Acute Attack: A sudden or severe exacerbation (also known as a relapse, attack, flare-up, or episode), in which existing symptoms worsen, or new symptoms develop. To be considered a true relapse, symptoms must be present for at least 24 to 48 hours.

Atrophy (of the brain or muscles): The decrease in the volume of brain or muscle tissue often associated with MS.

Autoimmune Disease: When the body's own immune system attacks its own tissue, it is known as an autoimmune disease. MS is believed to be an autoimmune disease.

Central Nervous System (CNS): Consists of the brain, optic nerves, and spinal cord and functions to send and receive nerve impulses throughout the body.

Cerebrospinal Fluid (CSF): The liquid that surrounds the brain and spinal cord.

Clinically Isolated Syndrome (CIS): Prior to a diagnosis of MS, CIS is a single attack (or the appearance of one or more symptoms characteristic of MS), with a very high risk of developing MS, when no other diseases or causes for symptoms are apparent.

Cognition: A group of mental processes that include functions such as memory, decision making, and concentration, which is the ability to focus on specific tasks and planning.



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Cognitive Impairment: Some of the cognitive functions typically affected in people with MS include: information processing; perceiving; attending/responding to incoming information; information-processing speed; cognitive flexibility, such as attending to multiple stimuli at the same time (“multi-tasking”); problems with storage, manipulation, and retrieval of information; and executive function, which includes planning, working memory, attention, and problem-solving.

Demyelination: Damage to the protective (insulating) covering of the nerves (myelin) of the CNS, causing interruptions in the flow of nerve impulses in the CNS. This can ultimately affect a wide range of function.

Myelin: Myelin is a fatty protein that serves as a protective covering and insulation to the nerves (called axons) that work like wires to carry messages to and from the CNS.

Primary-Progressive MS (PPMS): This form of MS presents a gradual but steady accumulation of neurological problems from the onset, without the presence of relapses and remissions.

Progressive-Relapsing MS (PRMS): A progressive course of MS from the onset with acute relapses occurring later in the disease course.

Pseudoexacerbation: A temporary worsening of symptoms without actual myelin inflammation or damage, brought on by other influences. These can include other illnesses or infection, over-exercise, a warm environment, depression, exhaustion, and stress. When symptoms flare, checking for a fever is important, since even a minor infection and slight increase in temperature can cause symptoms to appear.

Relapse (or exacerbation): A temporary worsening or recurrence of existing symptoms and/or the appearance of new symptoms (also called an “acute attack;” definition listed earlier), caused by inflammation occurring along the nerves and the myelin. This can range from a few days in duration to a few months, followed by a complete or partial recovery (remission). Acute physical symptoms and neurological signs must be present for at least 24 to 48 hours, without any signs of infection or fever, before the treating physician may consider this type of flare-up to be a true relapse. Treatments may improve recovery time.

Relapsing-Remitting MS (RRMS): A course of MS that includes temporary symptom flare-ups (also referred to as relapses, attacks, exacerbations, or bouts), which typically last for one to three months. These are followed by a complete or partial recovery.



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Remission: Reduction and stability in severity of one's MS, or the disappearance of symptoms.

Remyelination: The restoration or repair of myelin (protective covering to the nerves).

Scanning Speech: Characterized by long pauses between syllables and words with loss of melody in speech production; it is a type of dysarthria.

Secondary-Progressive MS (SPMS): This phase of MS follows relapsing-remitting MS (RRMS) and is reached when the patient experiences a progressive worsening of symptoms. SPMS may occur with or without superimposed relapses. Disease-modifying therapies for MS help to delay the conversion from RRMS to SPMS.

Are there any other terms or words you've heard along the way that you would like to learn more about? Jot them down here:

References

1. Glossary of Multiple Sclerosis Terms. Multiple Sclerosis Association of America (MSAA). Accessed August 2021. <https://mymsaa.org/ms-information/glossary/>