

## Ticket to Enter: Degenerative Disorders Fact Sheet

Briefly define it, state the cause if known, name a few classic S/S you may see in a patient:

1. **Amyotrophic Lateral Sclerosis** quickly progresses as a neurological disorder characterized by a degeneration of the upper and lower motor neurons. It ultimately turns into debilitating muscle weakness. Research is being conducted to learn about the cause, including a chemical imbalance (high levels of glutamate), whether it is autoimmune, and if an accumulation of proteins cause nerve cell death. Amyotrophic Lateral Sclerosis clinically manifests in different ways depending on the location. Early signs include muscle weakness and fatigue, and progressive muscle atrophy (wasting). Over time, ALS presents as muscle twitching, spasticity, and hyperreflexia, dysphagia, and dysarthria (motor speech disorder).
2. **Huntington's Disease** is a disease of the nervous system leading to involuntary choreiform (jerking/twitching) movement and changes in mental status. Huntington's Disease, also referred to as Huntington's Chorea, is a genetic disorder marked by an abnormal gene first identified in 1983. Huntington's Disease presents as chorea (jerky/brisk movement, sometimes found in sleep) and a mental decline. As the disease progresses, the face, limbs, and body can become twisted and disformed. Other signs and symptoms include troubles with gait, bladder, and bowels patterns. The client's overall cognition may be poor, too.
3. **Multiple Sclerosis** is a chronic, progressive, degenerative autoimmune disorder of the myelin sheath that surrounds nerve fibers. Its etiology is unknown, research is ongoing. Patient's with MS may present with fatigue that can be disabling. Limbs may feel weak or heavy. As the disease progresses, the patient with MS might experience muscle and joint stiffness, issues with gait and posture, activity-induced tremors, and trouble maintaining balance.
4. **Myasthenia Gravis** is an autoimmune disease noted by muscle fatigue and weakness from inadequate melanin concentrating hormone (MCH) receptor stimulation due to acetylcholine antibodies destroying acetylcholine receptors. Its cause is unknown. Clients with myasthenia gravis might present with symptoms of muscle weakness and muscle fatigue. Muscles most affected are those found in the face, while distal muscles are typically less affected. Stress, trauma, pregnancy, menses, temp changes, secondary illness, electrolyte imbalances, beta blockers, and anti-convulsant such as phenytoin.
5. **Parkinson's Disease** is a chronic and progressive neuro disorder marked by degenerative slowness in the onset and implementation of movement, an increase in muscle tone, resting tremors and gait issues. Its etiology is unknown but discussions on a lack of dopamine in the brain have been published. Patient's with MS might present with tremors and issues with dexterity. The patient's muscles might become rigid, and might display slowed movement. Other symptoms include depression, anxiety, apathy, diaphoresis, orthostatic hypotension, and urinary retention.

