

ALS Differential Diagnosis & Comorbidities

1. ALS Mimics & Differential Diagnosis

ALS symptoms often overlap with many neurological and neuromuscular disorders, leading to potential misdiagnosis. This section provides key distinguishing factors to differentiate ALS from its mimics.

2. Differential Diagnosis Table

Disease	Overlapping Symptoms	How to Differentiate from ALS
Multifocal Motor Neuropathy (MMN)	Asymmetric limb weakness, fasciculations	Anti-GM1 antibody test
Cervical Spondylotic Myelopathy	Limb weakness, spasticity, gait issues	MRI shows spinal cord compression
Myasthenia Gravis (MG)	Bulbar symptoms, muscle weakness	Fatigability & fluctuating weakness
Primary Lateral Sclerosis (PLS)	Stiffness, spasticity, slow movements	No LMN involvement
Spinal Muscular Atrophy (SMA)	LMN signs, progressive weakness	Genetic testing for SMN1 gene

3. Comorbidities in ALS vs. Other Neurodegenerative Diseases

Unlike other neurodegenerative diseases, ALS does not exhibit strong comorbid patterns. It lacks clear links to cardiovascular disease, diabetes, or autoimmune disorders.

4. ALS vs. Other Diseases: Comorbidity Chart

Neurological Disease	Common Comorbidities	How ALS Differs
Parkinson's Disease	Dementia, REM Sleep Disorder	ALS rarely has RBD or cardiovascular risk increase
Alzheimer's Disease	Hypertension, diabetes, cardiovascular disease	ALS has no clear vascular risk correlation
Multiple Sclerosis	Autoimmune disorders, migraines, depression	ALS has little autoimmune involvement

5. Key Takeaways

- ? ALS does not strongly correlate with metabolic, cardiovascular, or autoimmune conditions.
- ? ALS's primary mimics include MMN, cervical myelopathy, and neuromuscular junction disorders.
- ? Key diagnostic tools include EMG/NCS, MRI, genetic testing, and biomarkers.
- ? Unlike Parkinson's or MS, ALS has fewer systemic disease connections.