Fractures and falls

Owing to weakness and poor balance, patients with myotonic dystrophy are at high risk of frequent falls when their muscles are significantly involved.

Weakness affects the proximal muscles often more than the distal muscles in DM2 which may cause problems with climbing stairs, getting out of a chair, and off the floor.

If ambulant before fracture, internal fixation is preferable to casting as it helps to preserve muscle and speeds a return to walking.

Cataracts are common in DM2 and should be considered in all patients with falls.

Orthotics input is often important, especially for ankle weakness.

Consider checking vitamin D levels and bone mineral density, especially following a fall or fracture.

While every reasonable effort is made to ensure this document is useful to clinicians and service users, Muscular Dystrophy UK shall not be liable whatsoever for any damages incurred as a result of its use.

Name
Date of birth ___________________________ NHS number ___________________________

If presenting at an emergency department, contact the neurology/neuromuscular team and respiratory team at: ___________________________

As soon as possible on: ___________________________

Activate your alert card today to receive your vital care plan:

Email info@musculardystrophyuk.org or call our Freephone helpline 0800 652 6352
Cardiac
- Bradycardias and tachyarrhythmias are less common in DM2 than in DM1. They should still be considered in patients with palpitations, fainting, dizziness and shortness of breath but may be symptomless. ECG is mandatory and will often demonstrate prolonged PR and QRS interval.
- Clinically significant cardiomyopathy is uncommon in DM2, and if present, other causes should be considered.

Anaesthetics / sedation
- Unlike in DM1, studies have suggested that there does not appear to be an increased sensitivity to sedatives, inhaled anaesthetics and neuromuscular blockade in DM2. However, it is essential that the anaesthetist is aware of the diagnosis of DM2 and any background respiratory problems, so that appropriate plans can be made for potential prolonged post-operative monitoring.
- Local anaesthetics and nitrous oxide are safe, e.g. for minor dental procedures.
- Detailed anaesthetic guidelines are available for DM1 and may also be applicable in patients with severe DM2. You can find them at: www.smn.scot.nhs.uk/myotondystrophy.html.