Gastrointestinal

- Constipation, diarrhoea, bloating, and abdominal pain are common and typically respond to strategies of optimising fluid and fibre and establishing a toilet routine. Severe constipation that does not respond to laxatives or suppositories may need assessment to exclude other causes or gut dysmotility. Chronic diarrhoea requires investigation.
- There is increased prevalence of type 2 diabetes in individuals with DM2.
- Liver enzymes (AST/ALT) may be mildly raised on blood tests. Whether further investigation is necessary depends on the clinical context.

Swallowing difficulties

- Individuals may have swallowing difficulties. Symptoms could be food sticking in the throat, coughing and choking while eating, and unplanned weight loss. Referral to a speech and language therapy team should be considered if these symptoms are present

Cognition

- Apathy or mild cognitive and behaviour changes are possible in individuals with DM2. Excessive daytime sleepiness is common. Consult a specialist for medication options. Sleep apnoea and chronic respiratory failure should also be considered as potential causes.

Anaesthetic precautions

- It is essential that the anaesthetist is aware of the diagnosis of DM2 and any respiratory weakness to allow appropriate pre-operative assessment and post-operative monitoring.
- Local anaesthetics and nitrous oxide are safe for minor dental procedures.

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MUSCULAR DYSTROPHY UK

Alert card

Myotonic dystrophy type 2 (DM2)

Name ..... Date of birth .....

NHS/CHI/H&C number .....

If presenting at A&E, contact the specialist team at:

.....

as soon as possible on: .....

For information and support, contact us on our helpline 0800 652 6352 or email info@musculardystrophyuk.org

Myotonic dystrophy type 2 (DM2)

DM2 is a genetic condition that causes progressive muscle weakness and wasting. DM2 can affect multiple body systems. DM2 is like myotonic dystrophy type 1 (DM1), though is generally milder and onset is later in life.

Mobility and falls

- Muscle weakness and reduced balance can impact ability to walk and complete functional tasks such as standing from a chair or using stairs. There is an increased risk of falls, which can lead to frequent injuries and fractures.
- When managing fractures, it's important to consider the individual's mobility and level of functional ability. Often, internal fixation is preferred to casting to reduce risk of further muscle wasting in those who can mobilise.
- Early physiotherapy and ongoing rehabilitation planning is advised. Local healthcare professionals should liaise with specialist neuromuscular clinic teams for advice on long term rehabilitation.

Pain

- DM2 is often associated with pain, especially in the neck, back, shoulders, hip flexors, and upper legs. Severity of pain can fluctuate.
- Stiffness and strain is likely in areas where muscles are weak Treatment with conventional pain medications and physical therapy can help ease pain.

Respiratory

- Some individuals may have significant breathing problems. Signs include morning headaches, fatigue, and excessive daytime sleepiness. Respiratory failure may be first noticed after a pneumonia episode or may affect recovery from general anaesthetic.
- In a crisis, supplemental oxygen must be controlled and prompt a blood gas test to assess for respiratory failure. Non-invasive ventilation (NIV) and long-term nocturnal NIV may be required. Contact the local respiratory centre or ventilation unit for advice.
- Assess secretion management and consider cough augmentation techniques such as assisted coughing, breath stacking with a LVR bag, or a cough assist device to clear lower airway secretions.
- Pneumococcal, annual flu, and COVID-19 vaccination (if eligible) should be kept up to date.

Cardiac

- Individuals with DM2 are at risk of developing bradyarrhythmias and tachyarrhythmias which pose a risk of stroke and cardiac arrest. Symptoms include palpitations, fainting, dizziness, and difficulty breathing. Some may be asymptomatic. An ECG test is required and may show prolonged PR and QRS intervals. Some individuals may have a pacemaker or implantable cardioverter defibrillator.
- Cardiomyopathy is uncommon but a recognised occurrence in DM2, and other causes should be considered if present.