

Myopathy and our patients

Myopathy: A disease of the muscle in which the muscle fibers do not function properly. This results in muscular weakness. "Myopathy" simply means muscle disease (Greek myo- "muscle" + pathia < -pathy "suffering"). Myopathy CAN be mostly reversed in many cases with proper identification and treatment approach.

Symptoms:

- Proximal SYMMETRIC weakness (rising from chair, climbing stairs, etc...)
- Malaise, Fever, and Urine discoloration (Typically seen in severe cases such as rhabdomyolysis)

Diagnosis:

- Elevated Creatine Kinase (CK)
- EMG (Electromyogram)
- Muscle Biopsy
- Medication risk aversion assessment – Adverse Drug Event Risk Management Program
- What does this make you think about our patients...?
 - Most LTC patients have one or more of these symptoms!?! We often associate these symptoms with aging and that it's a natural weakening process...think again!
- What issues could these symptoms cause...?
 - Fall(s) possibly resulting in injury or worse
 - %33 of elderly will fall and %6-7 will have a fracture
 - Initial misdiagnosis and potential for unnecessary treatment regimens, including dementia
- What can we do to help potentially identify myopathy...?
 - Document, track, and follow any weakening noticed but especially symmetric weakness
 - Document fall(s) appropriately then reassess patient for myopathy concerns
 - Identify potential causes
 - Medications (Examples: Statins, phenytoin, cimetidine, beta-blockers to name a few)
 - Diuretics indirectly due to HYPOkalemia
 - Vitamin D deficiency
- What can we do to help alleviate symptoms
 - Assisting devices (Cane, walker, wheel chair, etc...)
 - Vitamin D supplementation

Treatments:

- Medications include but are not limited to Prednisone, Azathioprene, Methotrexate, and more; all therapy choices would be patient specific and guided by genomic results
- Identify and remove offending medication