Poster no. EPO-411

Recommendations of an expert group for cardiac assessment of non-dystrophic myotonic adult patients treated with mexiletine

S Vicart[1], K Wahbi[2], J Duchateau[3], JM Sellal[4], JC Deharo[5], G Bassez[6], E Salort-Campana[7], F Labombarda[8]

1. Assistance Publique-Hôpitaux de Paris, Sorbonne Université, INSERM, Service of Neuro-Myology, Muscle Channelopathies Reference Center and UMR 974, Institute of Myology, University Hospital Pitié-Salpêtrière, Paris, France; 2. Centre de référence constitutif des maladies neuromusculaires, département de cardiologie, Ap-Hp Cochin, Paris, France; 3. Service de cardiologie, électrophysiologie et stimulation cardiaque, Hôpital Haut Lévèque, CHU de Bordeaux, France; 4. Département de cardiologie, CHU de Nancy, France; 5. Département de cardiologie, Hôpital de la Timone, CHU de Marseille, France; 6. Centre de référence constitutif des maladies neuromusculaires, service de neuro-myologie, Ap-Hp Pitié-Salepêtrière – Paris, France; 7. Hôpital de la Timone, CHU de Marseille, France; 8. CHU de Caen, France

Introduction

- Mexiletine (NaMuscla™) is indicated for the symptomatic treatment of myotonia in adults with non-dystrophic myotonia (NDM).
- A cardiac assessment is required, as mexiletine may have a pro-arrhythmic effect.
- Long-term safety data supporting use of mexiletine in patients with NDM combined with the extensive clinical experience of an expert group resulted in creation of an algorithm for cardiac monitoring of NDM patients treated with mexiletine.

Methods

- To define the treatment algorithm, several workshops were set up with experts including 3 neurologists and 5 cardiologists from different French neuromuscular reference centres.
- These workshops aimed to define the screening and surveillance tools required to avoid cardiac events in mexiletine-treated patients.
- The recommendations are based on the summary of product characteristics (SmPC), a review of the literature on the safety of mexiletine-treated NDM patients, and the combined expertise of the authors.

Results

- The expert group concluded that the cardiac safety profile of mexiletine in NDM patients appears similar to that of the general population.
- Therefore, NDM patients treated with mexiletine should be monitored as any patient treated with a class 1b anti-arrhythmic.
- Cardiac assessment should be performed before initiation of mexiletine and at least every 2 years under treatment (see graphic).

Conclusions

- An algorithm for cardiac safety monitoring in patients with NDM treated with mexiletine has been developed to assist the neurologists and cardiologists managing these patients.
- We hope that this algorithm will provide a clear guide for healthcare teams who are managing patients with myotonia using mexiletine.

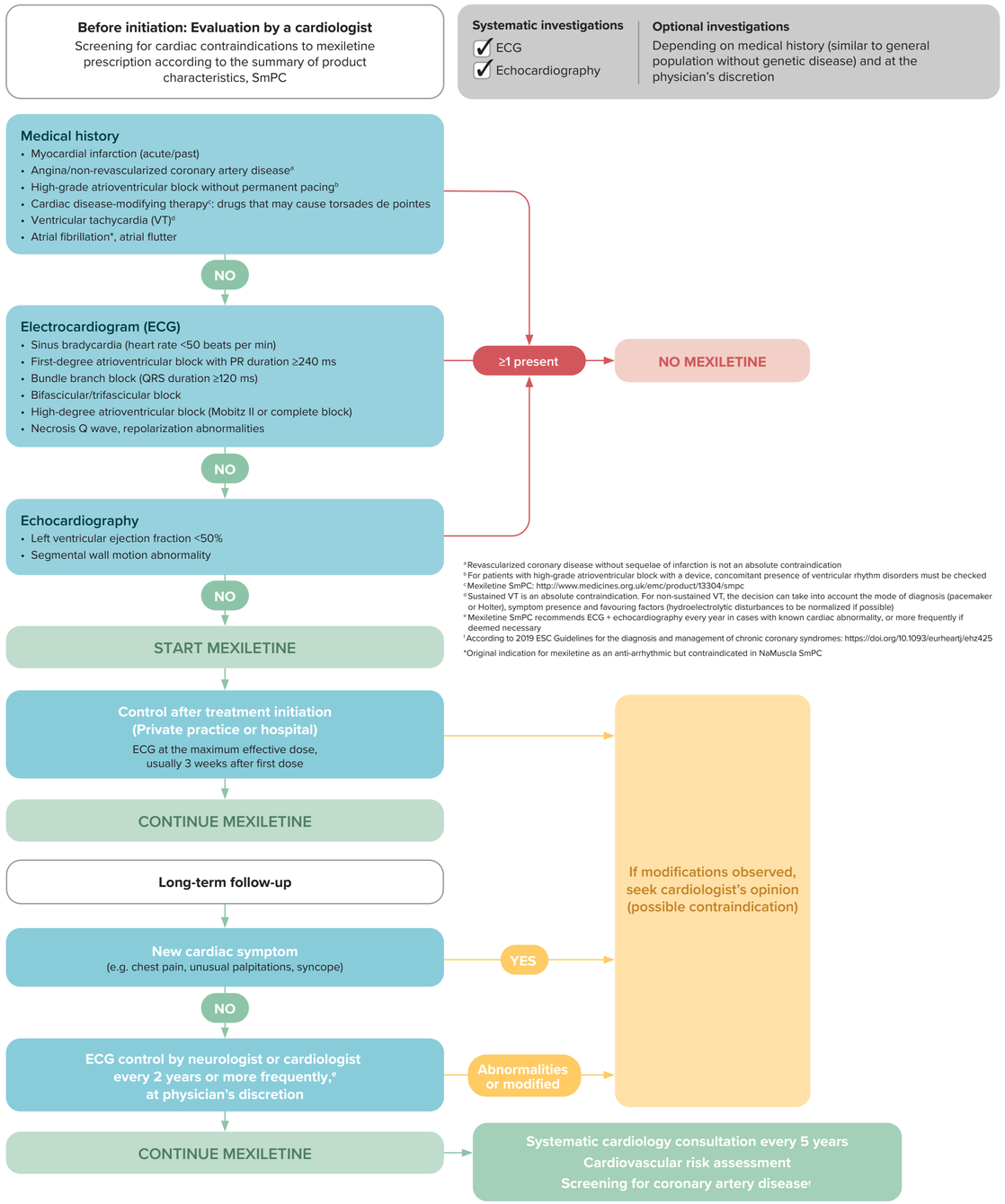
Acknowledgements

This work was sponsored by Lupin Neurosciences. Professional medical writing and editorial assistance were provided by Linda Edmondson, Bognor Regis, UK, funded by Lupin Neurosciences.

Disclosures

All authors declare consulting fees from Lupin.

Mexiletine prescription algorithm in patients with non-dystrophic myotonia, NDM



Presented at the 9th Congress of the European Academy of Neurology (EAN), Budapest, 1–4 July 2023