

RevEal the burdeN on daily life for myotonic dyStrophy patients due to myotoniA: The ENSA survey

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Introduction

- Myotonia is a symptom of myotonic dystrophy (DM) types 1 and 2.
- Myotonia can be a debilitating symptom that affects daily living, placing a substantial negative burden on quality of life (QoL) in people with non-dystrophic myotonia.¹
- Although the impact of DM on patients' QoL has been evaluated,²⁻⁴ the specific contribution of myotonia is unclear.

Objective

- The ENSA survey specifically assessed the impact of myotonia on QoL in patients with DM.

Methods

Development

- ENSA was developed following a number of online meetings between a multidisciplinary international group of experts involved in the care and management of patients with DM:
 - These included specialists in neuromuscular disorder management, patient advocacy, neurological research, statistics, and treatment development.

Study population characteristics

- Between March and May 2023, patients aged ≥ 18 years, with a confirmed diagnosis of DM1/DM2 (or their caregivers), were invited to complete an anonymized online survey, promoted through social media campaigns.
- The survey was open to all patients globally, but the predominant target regions were Europe, the UK, and North America.

ENSA survey structure

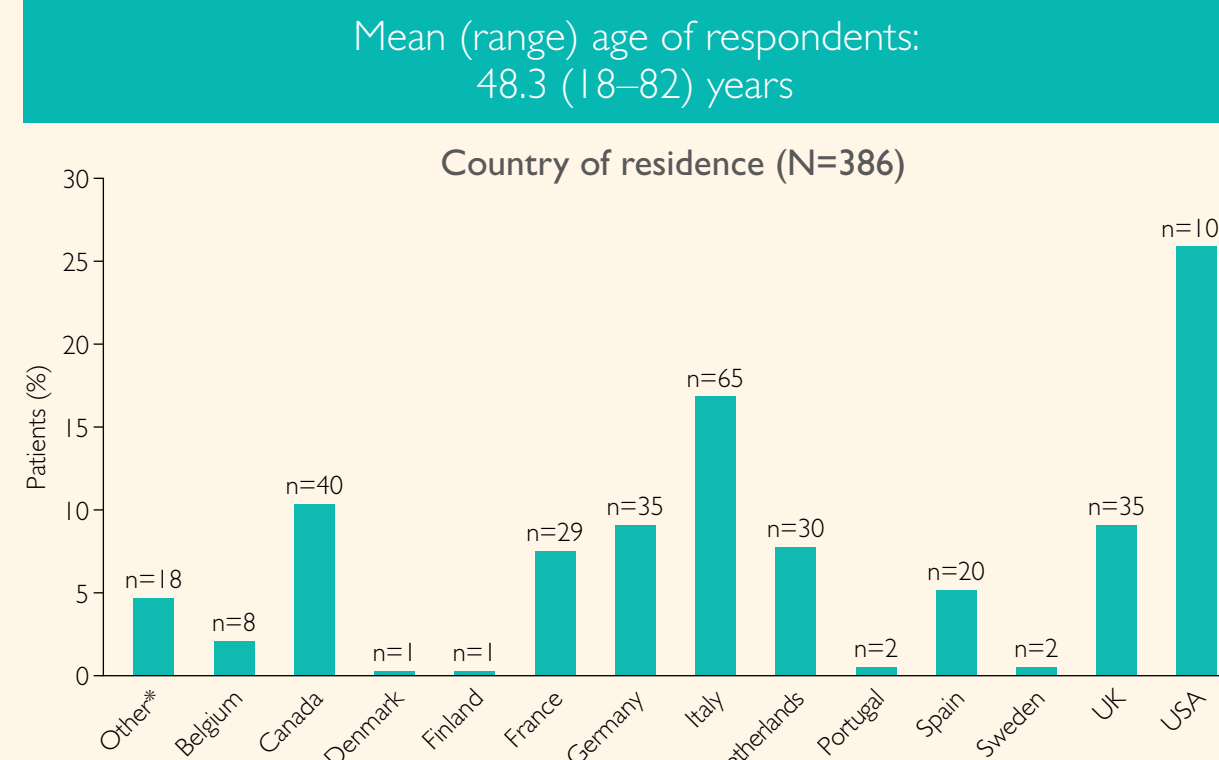
- ENSA explored patients' descriptions of DM symptom onset; time to medical consultation and diagnosis; past/present daily life with myotonia; impact of DM (and of myotonia) on work/study; nature/frequency/location of myotonia; levels of muscle weakness, fatigue, daytime sleepiness, gastrointestinal, and cardiorespiratory symptoms; disease management; and treatment history.
- ENSA could not ask about specific treatment experiences because there is no universal access to all treatments listed.

Results (Population characteristics)

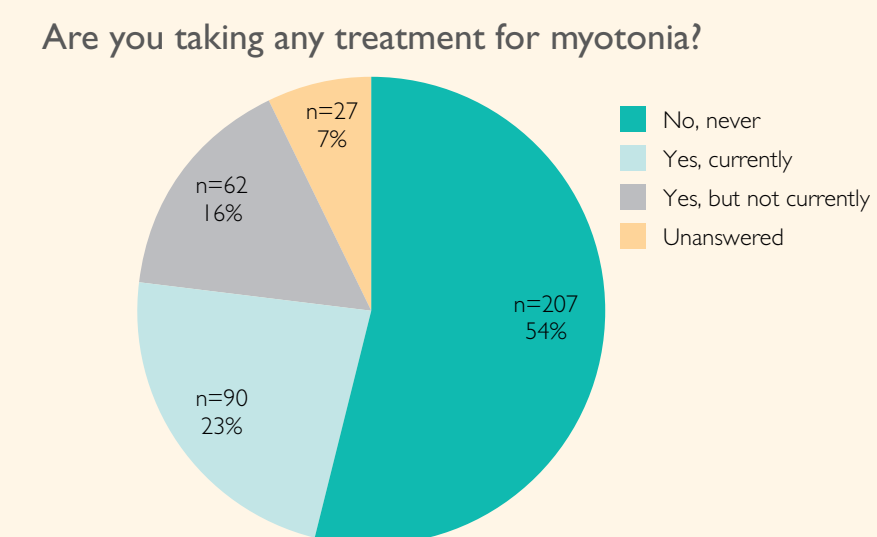
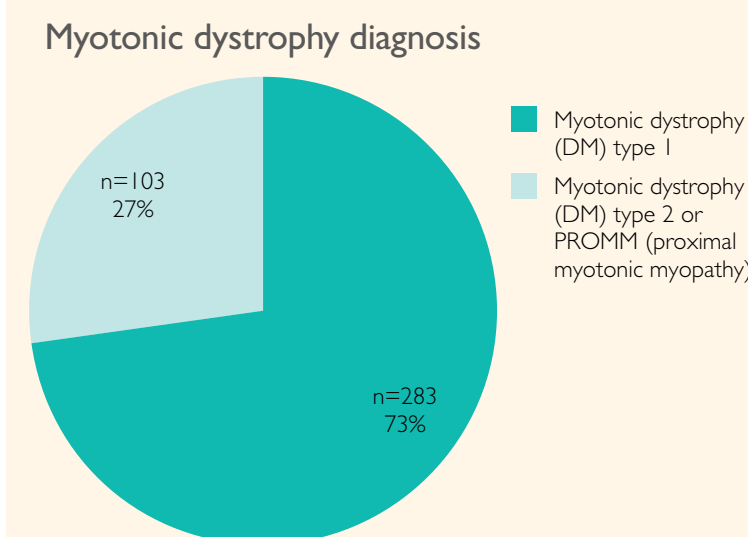
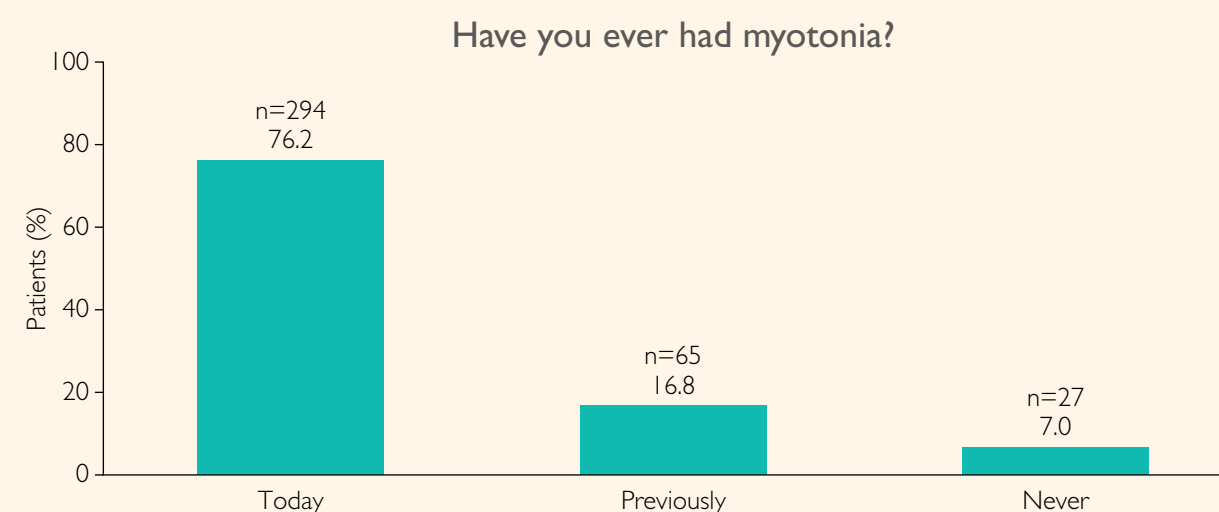
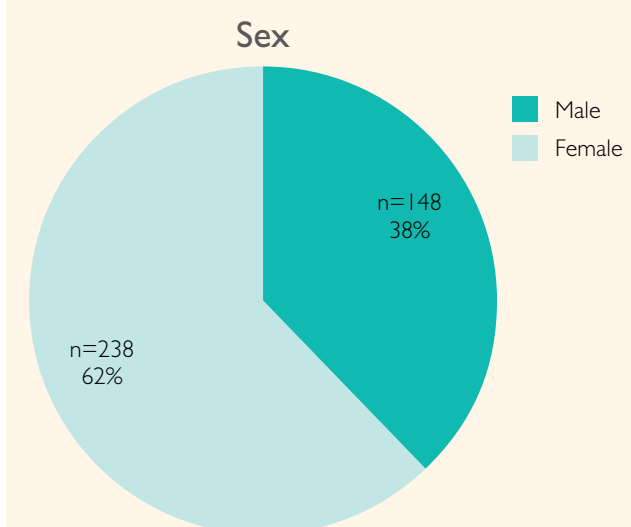
- In total, 386 people completed the ENSA survey online. Initial data on some key variables (including demographics) are illustrated below.



70 (18%) were carers responding on behalf of patients



*Argentina, Australia, Austria, Chile, Columbia, India, Japan, Montenegro, Turkey, Venezuela



- Full study results of ENSA will be available in late 2023.

Conclusions

- ENSA is an anonymized survey exploring patient-reported descriptions of living with DM1 or DM2.
- 386 people completed the survey, which will be reported late 2023.
 - ENSA had a good uptake from patients with DM who have experienced myotonia currently or previously.
- ENSA will provide qualitative and quantitative information on the impact of myotonia on daily life and well-being of people with DM.
- Findings from ENSA aim to inform the need for appropriate myotonia management in patients with DM.
- Findings of ENSA aim to increase understanding of myotonia, and to support future clinical-trial outcome measures in DM studies.

References

1. Diaz-Manera J, et al. EMJ 2021;6:37–46.
2. Rakocevic-Stojanovic S, et al. J Neurol Sci 2016; 365:158–61.
3. Landfeldt E, et al. Patient 2019;12:365–73.
4. Landfeldt E, et al. J Neurol 2019;266:998–1006.

Acknowledgements

This study was sponsored by Lupin Neurosciences. The study was developed and carried out in consultation with admedicum® Business for Patients GmbH & Co KG, Cologne, Germany. Professional medical writing and editorial assistance were provided by Linda Edmondson Medical Communications, funded by Lupin Neurosciences.

Disclosures

VS and UJD: Consulting fees from Lupin.
UN and PvG: Employees of admedicum® Business for Patients.
AZW: Employee of Lupin.

We thank the following contributors, as well as Cure Myotonic Dystrophy UK Charity, for their assistance with survey distribution:

- Dr Guillaume Bassez, Sorbonne Université, Paris, France
- Prof Jordi Diaz-Manera, Newcastle University, Newcastle Hospital, Newcastle UK
- Dr Karima Ghorab, CHU Limoges, Limoges, France
- Prof Giovannie Meola, University of Milan, Milan, Italy
- Dr Aleksandra Nadaj-Pakleza, Neuromuscular Centre, Strasbourg, France
- Dr Jean-Baptiste Noury, Neurologist, Brest, France
- Dr Homira Osman, Muscular Dystrophy Canada
- Dr Antoine Pegat, Neurological and Neurosurgical Hospital Pierre Wertheimer, Lyon, France
- Prof Yann Péréon, CHU Nantes, Nantes, France
- Prof Sabrina Sacconi, CHU Nice, Nice, France
- Dr Tanya Stevenson, Myotonia Dystrophy Foundation USA
- Dr Tanya Stojkovic, Pitié-Salpêtrière Hospital, Paris, France
- Prof Karim Wahbi, Assistance Publique Hôpitaux de Paris, Cochin Hospital, Paris, France

