The importance of nutrition in Duchenne muscular dystrophy

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Duchenne muscular dystrophy Metabolism in DMD Body composition in DMD Duchenne muscular dystrophy (DMD) is caused by the • The absence of dystrophin has many secondary effects • Altered in DMD patients, which impacts - Energy expenditure absence of a functional dystrophin protein. During • The metabolic system is affected due to - Disturbed intracellular signalling pathways disease progression muscle tissue is gradually replaced - Nutrient requirements by fibrotic and fat tissue. - Changes associated with breakdown of muscle tissue • Risk overweight in early disease stages - Possible causes - Corticosteroid use Currently there is no cure available that is applicable + Decreased physical activity • Humans/animal models show perturbation of to all patients; only two therapies for selected groups of - Insulin signalling + Corticosteroids patients are on the market. Patients are mainly treated - Mitochondrial function + Compensatory behaviour family members - Increased load on muscles symptomatically, most patients use corticosteroids. Risk underweight in later disease stages - Possible causes + Decreased appetite + Difficulties chewing, swallowing and digestion - Lower immune response - Osteoporosis - Exacerbation muscle wasting **Workshop on nutrition in DMD** • Major impact on quality of life • 16-18 March 2018 • Representatives academia, clinics, patient organisations, industry 1) Discussion existing knowledge regarding body composition and metabolic 2) Determine priorities for future research 3) Improvement nutritional guidelines and information for patients/caretakers 3. Nutritional guidelines 1. Existing literature 2. Research priorities There is a lack of knowledge concerning Reference data (natural history) tailored to DMD • The current guidelines are very general • Natural history data on nutrition-related outcomes - Body composition • There is aneed for better guidelines - Glucose metabolism - Disease stage/age specific • Weight management during corticosteroid use - Dental involvement + Childhood Current dietary habits/supplement use • Gastrointestinal problems in DMD + Late childhood/adolescents • Role glucose intolerance. Methods to measure weight/body composition of + Adults - For patients, caregivers and clinicians/dieticians non-ambulant patients • Standard Operating Procedures (SOPs) for preclinical - Understandable research needed to improve comparability and - Easily implementable in daily life reproducibility of results between labs - Risks/benefits supplement use • Psychological aspects of nutrition - Obstacles preventing dietary adjustment - Reluctance against gastrointestinal tube feeding **Action points Recommendations for patients/caretakers** • Dieticians should become part of the standard care team • Regularly consult a dietician • Task forces will be formed:

+ Improve outcomes

- Improvement guidelines

- SOPs for preclinical research

+ Including effects of diet

- + Videos and one-page information sheets
- Weight
- · Nutritional supplements
- · Gastrointestinal tube feeding

- Especially during key periods (e.g. loss of ambulation)
- Maintain a healthy weight
- Discuss supplement use with the clinical team and pharmacist
- Dental hygiene is very important
- Adapt food if chewing/swallowing becomes difficult (smaller pieces, more fluid food)
- Make sure fluid intake is sufficient
- Drink after every meal

Duchenne Parent Project NL

Mission: Finding a cure or viable treatments for Duchenne Muscular Dystrophy and

accelerating the development and availability of new drugs.

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