

THE MYOSITIS ASSOCIATION - AUSTRALIA INCORPORATED

Keeping in Touch Group

The Myositis Association Australia Inc (TMAA) is a non-profit, voluntary health agency dedicated to improving the lives of people affected by Myositis. Formed in 2003 in Australia as part of the Myositis Association of America, it has grown from 12 patients, who helped form the organization, to more than 150 members, but the actual number of people in Australia with Myositis is unknown.

TMAA conducts a Myositis Awareness Week in Australia during the third week in September to try and raise the profile of Myositis within the community and medical profession.

TMAA is run by a volunteer Committee that includes patients and interested professionals, bringing diverse strengths and perspectives to the organization.

Through member newsletters, publications, support groups, research and advocacy, TMAA helps those who have Myositis today and works to prevent any others from having to experience Myositis in the future.

***The mission of The Myositis Association-
Australia Inc
is to find a cure for inflammatory and
related myopathies, while serving those
affected by these diseases.***

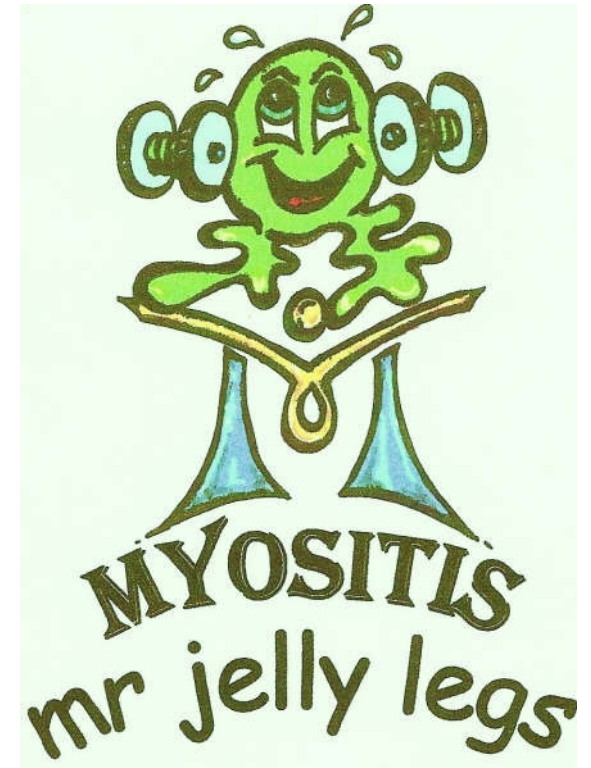
THE MYOSITIS ASSOCIATION AUSTRALIA INC

Contact the Secretary,
14/10 Albany Lane, Berry NSW 2535
Email: geoffandanita6@bigpond.com
www.myositis.org.au
Phone: 02 4464 2043

DISCLAIMER
***This brochure for Physicians
IS A GUIDE ONLY***

***The Myositis Association-Australia Inc
takes no responsibility for its content***

PHYSICIAN'S GUIDE TO MYOSITIS



*Is working to help Myositis patients build
up their diseased muscle tissue by raising
awareness of*

MYOSITIS

WHAT IS MYOSITIS?

“Myositis” describes inflammation or swelling of the muscle tissue. General muscle inflammation can occur after exercising or taking certain medication, or it can be from one of the chronic inflammatory muscle disorders. Dermatomyositis (DM), polymyositis (PM), inclusion-body Myositis (IBM), and juvenile forms of Myositis (JM) are all inflammatory myopathies, or diseases where there is inflammation and loss of muscle.

FIRST SIGNS GENERAL TO ALL CONDITIONS

- General tiredness;
- Trouble climbing stairs, standing from a seated position, or reaching up

SPECIFIC

IBM

- Sudden falling without an apparent reason;
- “Foot drop” (weakness of muscles holding the front of the foot up) when walking;
- Weak grasping of objects;
- Difficulty swallowing.

DM

- A patchy, dusky, reddish-purple rash on the eyelids, elbows, knees, or knuckles. Rashes may also occur on the cheeks, nose, back, and upper chest;
- Scaly, dry and/or rough skin.

Several sub-types of DM are: overlap myositis, when the patient has at least one other autoimmune disease (such as lupus, scleroderma, or arthritis) along with myositis; amyopathic dermatomyositis, or DM sine myositis, when the skin is affected but muscles are not involved; and cancer-associated myositis, when the diagnoses of myositis and cancer occur within two to three years of one another.

PM

- Sometimes discomfort or pain in affected muscles;
- Difficulty swallowing or, rarely, shortness of breath.

Two sub-types of PM are overlap myositis, when the patient has at least one other autoimmune disease (such as lupus, scleroderma,

or arthritis) along with myositis; and cancer-associated myositis, when the diagnoses of myositis and cancer occur within two to three years of one another.

JDM

- A visible, reddish-purple rash over the eyelids or over joints, such as knuckles, elbows or knees;
- Moodiness or crankiness;

With JDM, skin and muscles are affected, causing characteristic skin rashes. In JPM, there is no skin involvement, but many muscles are affected. Two sub-types of juvenile myositis are: overlap myositis, when the child has at least one other autoimmune disease (like lupus, scleroderma, diabetes, celiac disease, or arthritis) along with myositis; and amyopathic myositis, or DM sine myositis, where the skin is affected but muscles are not involved.

GENERAL TESTING FOR MYOSITIS

The patient may report about his/her health in general, including health history and when he/she first saw signs of muscle weakness. Do a physical exam to assess muscle strength.. Other tests that complete the evaluation and rule out another type of disease include:

- Blood tests for muscle enzymes (including CPK and aldolase) and other blood factors
- Electromyography (EMG) and nerve conduction velocities (NCVs)
- Muscle biopsy
- Magnetic resonance imaging (MRI) of the muscles – DM, PM, JDM

GENERAL TREATMENT OF DM, PM & JDM

Medicines used to treat DM, PM & JDM aim to slow the immune system and stop the inflammatory attack on the muscle, skin and other body systems. Prednisolone, a corticosteroid medicine, is often effective as a first-line treatment in controlling the inflammation and increasing muscle strength. monitor the patient for possible negative side effects, including weight gain from fluid

retention, osteoporosis, cataracts, mood swings, high blood pressure, and diabetes. (Diabetes is an increased risk if the patient has a family history of adult-onset type-2 diabetes, or is overweight.) You should carefully consider the potential benefits and risks of this and other medicines.

Other immunosuppressant medicines may be prescribed – medicines that also slow the body’s immune system and inflammatory response – to be used in place of or in addition to corticosteroids. When used in combination with a corticosteroid, the additional immunosuppressant allows patients to use a lower dose of the corticosteroid, thereby lessening the corticosteroid’s undesirable side effects. Immunosuppressants include methotrexate, azathioprine, and cyclosporine. Intravenous immunoglobulin (IVIg) has been used with some success in treating difficult cases. Some medicines require extra caution, so blood tests need to be monitored closely. Other immunosuppressants are being studied, and there is considerable work currently underway to develop new and more effective treatments. Topical forms of corticosteroids or other medicines to treat the skin symptoms could be prescribed. Complementary, non-medical treatment like physio and occupational therapy, appropriate exercise, and especially sun protection (DM, JDM), as in many cases exposure to sunlight exacerbates the disease.

IBM

There is presently no significantly effective treatment for IBM. New immunosuppressant medicines are being considered.