

The Humanistic Burden of Myotonic Dystrophy Type 1: A Literature Review

Aaron Novack,¹ Annalyn Gilchrist,¹ Carolina Casañas i Comabella,² Rachel Huelin,³ and Ashish Dugar¹

Complete Study Listing

Table 1: Study Listing

Author, Year	Country	Sample Size	Study Type	Type of Humanistic Burden Reported	Key Instruments Used
Baldanzi 2016 ¹	Italy	65	Observational	Patient QoL and Mental Health	INQoL, AES, BDI, TMT, MIRS
Balloy 2020 ²	France	32	Observational	Patient QoL	GIQLI
Beauchesne 2021 ³	Canada	72	Observational	Patient QoL	EQ-5D
Callus 2018 ⁴	Italy	31	Observational	Patient Mental Health	SCL-90-R, MMSE, FAB, ENB-2
Endo 2019 ⁵	Japan	51	Observational	Patient QoL and Mental Health	SF-36 (v2), CES-D, ESS
Fujino 2018 ⁶	Japan	60	Observational	Patient QoL and Mental Health	MDQoL, CAT, TMT, PHQ-9, ESS, MFI
Gallais 2015 ⁷	France	38	Observational	Patient QoL and Mental Health	LARS, Walton Functional Scale , MMSE, KFSS, MINI
Hagerman 2019 ⁸	US + Canada	1,180 patients + 402 caregivers ^a	Survey	Patient and Caregiver QoL	None (qualitative responses)
Heatwole 2016 ⁹	US	70	Observational	Patient QoL	MDHI, SF-36, INQoL, ESS
Heatwole 2018 ¹⁰	US	52	Observational	Patient QoL	MDHI, SF-36 (v2), INQoL
Heatwole 2021 ¹¹	US	40	Clinical study	Patient QoL	MDHI
Holmøy 2019 ¹²	Norway	22	Observational	Patient QoL and Mental Health	EQ-5D-3L, NPCS
Kurauchi 2019 ¹³	Japan	43	Observational	Patient and Caregiver QoL, Patient Mental Health	Patients: SF-36v2, CES- D, ESS Caregivers: ZBI
Laberge 2013 ¹⁴	Canada	200	Observational	Patient QoL and Mental Health	DSS, SCL-90-R, SF-36

¹Dyne Therapeutics Inc., Waltham, MA, USA, ²Evidera Ltd., London, UK, ³Evidera Inc., Waltham, MA, USA

Author, Year	Country	Sample Size	Study Type	Type of Humanistic Burden Reported	Key Instruments Used
Landfeldt 2019 ¹⁵	UK	60	Observational	Patient QoL and Mental Health	INQoL, MMSE
Miller 2021 ¹⁶	US & UK	39	Observational	Patient Mental Health	BDI, AES, SCOPA-Sleep
MDF 2017 ¹⁷	US	26 patients + 26 caregivers	Survey	Patient and Caregiver QoL	None (qualitative responses)
Peric 2013 ¹⁸	Serbia	120	Observational	Patient QoL and Mental Health	MSPSS, MIRS, AIS, Ham-D, KFSS, DSS, SF- 36
Okkersen 2018 ¹⁹ van As 2021 ²⁰	France, Germany, Netherlands, UK	255	Clinical study	Patient QoL	INQoL, BDI, DM1-Activ-c
Van Heugten 2018 ²¹	Netherlands	66	Survey	Patient Mental Health	AES, HADS

AES = Apathy Evaluation Scale; AIS = acceptance of illness scale; BDI = Beck Depression Inventory; CAT = Clinical Assessment for Attention; CES-D = Center for Epidemiologic Studies Depression Scale; DM = myotonic dystrophy; DM1 = myotonic dystrophy type 1; DM1-Activ-c = Myotonic Dystrophy type 1 Activity and participation scale; DSS = Daytime Sleepiness Scale; ENB-2 = Esame Neuropsicologico Breve 2; EQ-5D = EuroQol–5 Dimensions; EQ-5D-3L = EuroQol–5 Dimensions–3 Levels; ESS = Epworth Sleepiness Scale; FAB = Frontal Assessment Battery; GIQLI = Gastrointestinal Quality of Life Index; HADS = Hospital Anxiety and Depression Scale; Ham-D = Hamilton rating scale for depression; INQoL = Individualized Neuromuscular Quality of Life; KFSS = Krupp's Fatigue Severity Scale; LARS = Lille Apathy Rating Scale; MDHI = Myotonic Dystrophy Health Index; MDQoL = Muscular Dystrophy Quality of Life Scale; MFI = Multidimensional Fatigue Inventory; MINI = Mini International Neuropsychiatric Interview; MIRS = Muscular Impairment Rating Scale; MMSE = Mini Mental State Examination; MSPSS = Multidimensional Scale of Perceived Social Support; NPCS = Needs and Provisions Complexity Scale; PHQ-9 = Patient Health Questionnaire–9; SCL-90-R = Symptom Checklist–90–Revised; SCOPA-Sleep = Scales for Outcomes in Parkinson's Disease–Sleep; SF-36 = Short Form–36; SRS = Social Responsiveness Scale; TMT = Trail-Making Test; ZBI = Zarit Caregiver Burden Interview.

^a Included all types of DM, 39% confirmed DM1

Most Common Instruments

Table 2: Most Common QoL Instruments (Used in ≥2 Studies)

Instrument	Instrument Details				
Most Common QoL Instruments					
SF-36	 Generic measure of health-related QoL, with 36 items across 8 domains (physical function, role limitations due to physical function, bodily pain, general health, vitality, social function, role limitations due to emotional function, and mental health), as well as two summary scores for physical components (PCS) and mental components (MCS)^{6,15} Scores are normalized to 0-100, with 0 representing poor QoL and 100 representing optimal QoL¹⁴ 				
INQoL	10-item assessment of muscle disease-related QoL, including the burden of motor impairment and psychosocial limitations ¹				
	Section and total scores are calculated as percentages, with higher values representing worse burden ¹				
EQ-5D	 Generic measure of health-related QoL with 5 domains (mobility, self-care, usual activities, pain, and anxiety/depression) as well as a VAS to assess general health state¹² Domain scores are transformed into an index value from 0 to 1 and VAS scores range 				
	from 0 to 100, with 0 representing the worst possible QoL and 100 representing the best possible QoL ^{3,12}				
Most Common Physical Health Instruments					
MDHI	DM1-specific instrument including 17 subscales relating to major symptomatic themes in this population, including (but not limited to) mobility, upper extremity function, fatigue, and pain ⁹				
	Total scores range from 0 to 100, with higher values representing worse disease burden ⁹				
Most Common Mental Health Instruments					
BDI	 Likert scale-based questionnaire measuring symptoms of depression¹⁶ Scores range from 0 to 63, with higher values representing greater severity¹⁶ 				
AES	 18-item assessment of self-reported apathy¹⁶ Scores range from 18 to 63, with higher values representing greater apathy¹⁶ 				
CES-D	Questionnaire focusing on symptoms of depression, with 20 items rated on a 5-point scale ¹³				
	 Scores range from 0 to 60, with higher values representing greater depression and a total score ≥16 implying the possibility of depression^{5,13} 				
SCL-90-R	90-item scale measuring primary psychological symptoms across 9 dimensions, with 3 global indices (Global Severity Index, Positive Symptom Distress Index, Positive Symptom Total) ¹⁴				
	Dimension and index scores are transformed into T-scores, which show how much a patient diverges from the normal range for the general population ^{4,14}				

AES = Apathy Evaluation Scale; BDI = Beck Depression Inventory; CES-D = Center for Epidemiologic Studies Depression Scale; EQ-5D = EuroQol-5 Dimensions; INQoL = Individualized Neuromuscular Quality of Life; MCS = Mental Component Summary; MDHI = Myotonic Dystrophy Health Index; PCS = Physical Component Score; QoL = quality of life; SCL-90-R = Symptom Checklist-90-Revised; SF-36 = Short Form-36; VAS = visual analog scale

References

- 1. Baldanzi S, Bevilacqua F, Lorio R, et al. Disease awareness in myotonic dystrophy type 1: an observational cross-sectional study. *Orphanet J Rare Dis.* 2016;11:34.
- 2. Balloy G, Derkinderen P, Emonet A, Pereon Y, Magot A. FSHD / OPMD / MYOTONIC DYSTROPHY: P.236 Spectrum and impact on quality of life of gastrointestinal disorders in myotonic dystrophy type 1. *Neuromuscul Disord*. 2020;30(Supplement 1):S114-S115.
- 3. Beauchesne W, Savard C, Cote-Hamel M, et al. Characterization of cannabis use by patients with myotonic dystrophy type 1: A pilot study. *Neuromuscul Disord*. 2021;31(3):226-231.
- 4. Callus E, Bertoldo EG, Beretta M, et al. Neuropsychological and Psychological Functioning Aspects in Myotonic Dystrophy Type 1 Patients in Italy. *Front Neurol.* 2018;9:751.
- 5. Endo M, Odaira K, Ono R, et al. Health-related quality of life and its correlates in Japanese patients with myotonic dystrophy type 1. *Neuropsychiatr.* 2019;15:219-226.
- 6. Fujino H, Shingaki H, Suwazono S, et al. Cognitive impairment and quality of life in patients with myotonic dystrophy type 1. *Muscle Nerve*. 2018;57(5):742-748.
- 7. Gallais B, Montreuil M, Gargiulo M, Eymard B, Gagnon C, Laberge L. Prevalence and correlates of apathy in myotonic dystrophy type 1. *BMC Neurol*. 2015;15:148.
- 8. Hagerman KA, Howe SJ, Heatwole CR, Christopher Project Reference G. The myotonic dystrophy experience: a North American cross-sectional study. *Muscle Nerve*. 2019;59(4):457-464.
- 9. Heatwole C, Bode R, Johnson NE, et al. Myotonic dystrophy health index: Correlations with clinical tests and patient function. *Muscle Nerve*. 2016;53(2):183-190.
- 10. Heatwole C, Johnson N, Dekdebrun J, et al. Myotonic dystrophy patient preferences in patient-reported outcome measures. *Muscle Nerve*. 2018;12:12.
- 11. Heatwole C, Luebbe E, Rosero S, et al. Mexiletine in Myotonic Dystrophy Type 1: A Randomized, Double-Blind, Placebo-Controlled Trial. *Neurology*. 2021;96(2):e228-e240.
- 12. Holmoy AKT, Johannessen CH, Hope S, van Walsem MR, Aanonsen NO, Hassel B. Uncovering health and social care needs among myotonic dystrophy patients: Utility of the Needs and Provisions Complexity Scale. *Acta Neurol Scand.* 2019;139(6):526-532.
- 13. Kurauchi G, Endo M, Odaira K, et al. Caregiver Burden and Related Factors Among Caregivers of Patients with Myotonic Dystrophy Type 1. *J Neuromuscul Dis.* 2019;6(4):527-536.
- 14. Laberge L, Mathieu J, Auclair J, Gagnon E, Noreau L, Gagnon C. Clinical, psychosocial, and central correlates of quality of life in myotonic dystrophy type 1 patients. *Eur Neurol.* 2013;70(5-6):308-315.
- 15. Landfeldt E, Nikolenko N, Jimenez-Moreno C, et al. Disease burden of myotonic dystrophy type 1. *J Neurol.* 2019;266(4):998-1006.
- 16. Miller JN, Kruger A, Moser DJ, et al. Cognitive Deficits, Apathy, and Hypersomnolence Represent the Core Brain Symptoms of Adult-Onset Myotonic Dystrophy Type 1. *Front Neurol.* 2021;12:700796.
- 17. Myotonic Dystrophy Foundation. Voice of the Patient Report. 2017.
- 18. Peric S, Stojanovic VR, Basta I, et al. Influence of multisystemic affection on health-related quality of life in patients with myotonic dystrophy type 1. *Clin Neurol Neurosurg.* 2013;115(3):270-275.

- 19. Okkersen K, Jimenez-Moreno C, Wenninger S, et al. Cognitive behavioural therapy with optional graded exercise therapy in patients with severe fatigue with myotonic dystrophy type 1: a multicentre, single-blind, randomised trial. *Lancet neurol.* 2018;17(8):671-680.
- 20. van As D, Okkersen K, van Engelen B, et al. FSHD / OPMD / MYOTONIC DYSTROPHY: P.230 New insights from post-hoc analyses of the OPTIMISTIC trial into the relation of the DM1-Activ-c questionnaire with other commonly used outcome measures. *Neuromuscul Disord.* 2020;30(Supplement 1):S113.
- 21. Van Heugten C, Meuleman S, Hellebrekers D, Kruitwagen-van Reenen E, Visser-Meily J. Participation and the Role of Neuropsychological Functioning in Myotonic Dystrophy Type 1. *J Neuromuscul Dis.* 2018;5(2):205-214.