Managing DM

Myotonic dystrophy symptoms tend to worsen gradually over several decades. While no treatment exists that slows the progression of myotonic dystrophy, management of its symptoms can greatly improve quality of life. Taking steps early to prevent or treat problems as they come up can help avert complications.

Treatment	Symptom
Medications	
Anti-diabetic drugs	• Treat high blood sugar levels • Manage mild diabetes symptoms
Anti-myotonic drugs (such as mexiletine)	• Control myotonia that impairs normal activities
Nonsteroidal anti-inflammatory drugs	• Manage muscle pain
Wakefulness-promoting agents	• Control excessive daytime sleepiness
Rehabilitative therapy	
Physiotherapy	• Treats muscle weakness, myotonia and contractures
Speech therapy	• Helps with swallowing and pronunciation issues
Psychiatric therapy	• Addresses behavioral and psychological issues (such as attention deficit, depression and anxiety disorders)
Individualized support	• Helps with learning disabilities and cognitive delays
Devices	
Assistive devices (such as neck braces, arm and foot braces, canes, walkers, scooters, and wheelchairs)	• Ensure safe navigation
Eye crutches	• Support droopy eyelids (ptosis)
Pacemaker or implantable cardioverter defibrillator (ICD)	• Address irregular heartbeat issues
Incentive spirometry and cough assist devices	• Improve respiratory function
Continuous positive airway pressure (CPAP) device	• Ensure respiratory sufficiency
Surgery	
Orthopedic surgery	• Correct gait issues and contractures
Cataract removal	• Improve vision
Eyelid surgery	• Correct droopy eyelids

Regardless of the form of DM or the severity of symptoms experienced by a patient, individuals with myotonic dystrophy can have severe reactions to anesthesia and should be monitored carefully whenever anesthesia is administered. For more information, please refer to our anesthesia guidelines.

Management of congenital, childhood-onset, and pregnancy

The congenital and childhood-onset of DM appear earlier in life with more severe symptoms. Therefore they present more and different management challenges than the adult onset forms of the condition. Pregnancy in affected mothers poses serious complications for both the mother and the newborn, often requiring intensive intervention.